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Mouri Tū, Mouri Moko, Mouri Ora!

Moko as a Wellbeing Strategy

**A thesis submitted in fulfillment of the requirements for the
degree of Doctor of Philosophy**

By Mera Penehira

(Melda L Penny)



THE UNIVERSITY OF
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**Te Putanga o te Tangata
Mai i te Tapu o Te Tai Ao!**

Ko te mouri e runga!

Ko te mouri e raro!

Ko te mouri o Tamanui te rā!

Ko te mouri o Papatūānuku!

He mouri a-atua!

He mouri whenua!

He mouri tangata!

Tihei mouri ora!

**Birth of Humanity
From Natural Universal Law**

Mouri from above!

Mouri from below!

Mouri of radiating sun!

Of nurturing dynamic earth!

Dynamics of potentiality!

Potency of land!

And of human endeavour!

Sneeze, dynamic life force!

Hoani Heremaia (Ngāti Ruanui, Ngā Rauru, Taranaki whānui).

Dedication

Ivan Roderick Penny

25 March 1941 – 31 December 1992

Heather Nancy Penny (nee Barron)

7 October 1938 – 11 August 2010

To Mum and Dad,

For all that I never had the chance to thank you for.

Love, Melda xx

Abstract

This research has been undertaken within the Health Research Council funded International Collaborative Indigenous Health Research Partnership (ICIHRP) program, “The role of resiliency in responding to blood borne viral and sexually transmitted infections in Indigenous communities”. Some Indigenous communities in Australia, New Zealand and Canada have been shown to experience higher rates of blood borne viral infections. There are a number of categories of health intervention that have been shown to be effective in prevention and enhancing access to treatment for blood borne viral infections, including various forms of health promotion, enhanced diagnostic and treatment services, and harm reduction measures related to injecting drug use. The present research was undertaken with the understanding that development of effective responses of this kind among Indigenous people would benefit from a better understanding of the social and cultural factors that might protect against these infections and their consequences. It is argued that such factors are linked in various ways to Indigenous resistance and resiliency, which is described as the means by which people choose to make use of individual and community strengths to protect themselves against adverse health outcomes and enhance their health and wellbeing.

In this thesis I explore how people and their identity are affected when you are part of a marginalised or vulnerable population – namely, Māori women who have contracted the Hepatitis C Virus (HCV). I argue that traditional knowledge and healing practices are central to Māori getting well and keeping well, and that the use of cultural frameworks and practices have potentially restorative, therapeutic and healing values that are not yet researched or understood by the health field. I argue that a Māori framework of wellbeing, namely ‘Mana Kaitiakitanga’, provides the context in which tā moko (Māori traditional tattoo) fits naturally as a healing intervention. I share the stories of Māori women with HCV who have applied this (tā moko and other forms of tattoo) in their lives and in their journeys back to wellness. 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. It is argued however that through pain comes understanding; through pain comes a RE-membering of strength; through pain

comes joy; and finally through marking comes identity of who we are and how well we have been and can be again.

Issues and intersections of identity, marginalisation, gender, health, and wellbeing are at the forefront of this research story and of the journeys of the three women whose case studies are presented in this thesis. What makes this thesis unique is that it researches all three of these potential cornerstones of health: identity; wellbeing (spiritual and emotional), and physical wellbeing, in relation to a specific health problem, namely HCV. It is intended that this work will add power to what might be viewed as a particularly Indigenous solution to a virus that disproportionately affects our Indigenous population. This is not about rejecting Western health solutions, but it is about recognising and returning to Indigenous health solutions.

Acknowledgements

The women who have contributed their stories and experience to this study are both the reason and the potential for this work. Thank you for your availability, for your honesty, and for putting it on the line to better the future for all of us. Christine, who embodies the term ‘mouri moko’, thank you for sharing your work and for continuing to be the inspiring moko artist that you are for women and men alike. Forever may the beauty of your work continue to be carved on our skins!

This journey has been far from solitary and at the forefront have been my family to whom I am ever grateful. My mother was a constant source of encouragement as only mum can be in the early years of this writing. Thank you for your pride and confidence in me mum. And to my brother and 2 sisters, Michael, Maree and Kararaina, and the wee tribe of children we have between us, you keep me grounded and real! Thank you.

Much of my learning in terms of being and speaking Māori comes from Taranaki. It is the first place I return to for my academic guidance. Te Huirangi, ko koe tēnā, he pou aroha, he pou reo, he pou mātauranga, ki ā koe, koutou rā ko te whānau whānui o Taranaki maunga, tēnei te mihi. Tēnā koutou.

Apart from the universities of Waikato and Auckland where I have completed my studies, two other institutions have supported this thesis. To be a doctoral scholar funded by the Health Research Council of New Zealand is a privilege and honour and I thank the council for both the generous funding and the personal and professional support of the Māori Health Committee. In particular I acknowledge the work of Rachel Brown whose practical support and encouragement makes the world of difference. Ngā Pae o te Māramatanga has provided many avenues of support for doctoral study undertaken by Māori students, Linda and Graham thank you for the years of work undertaken that set the platform for this institution. To Michael, Linda, Tracey and Charles who have all held leadership within Ngā Pae o te Māramatanga and continue to provide inspiration, thank you.

My wider whānau and friends, who have watched and participated in this writing epoch, be it from a distance or just around the corner, thank you all. Leonie who showed belief in my work way before I did, Donna, Jenny Lee, Rihi, Aroha and

Lyn, you have kept me going through our shared tangi, celebrations and everyday milestones alike. I would not have done this without you. Paul and Clive, you are the 'blokes' in my life, and you are also extremely supportive and clever academics that I have been lucky to have around. Alison you have watched out for me all the way along and both your friendship and professional advice are awesome.

Te Wharepora Hou, Te Whāinga Wāhine, you represent the voices of women who have passed and women yet to come, with the women's voice that we set free today. Thank you to you all, Leonie, Marama, Ngaahina, Bianca, Helen, Lena, Annette, Deb, Mereana, Betty and Maxine, and so many more, your inspiration and your challenges are heard and we are all the better for it.

This thesis and I are privileged to have had the 'A' team of supervisors: Professor Linda Tuhiwai Smith, Professor Ngahaia Te Awekotuku and Dr Clive Aspin! Critical feedback and perseverance to see this to completion has been totally appreciated. You all have contributed to teaching me the important lessons of how to write and research with honour and integrity, and by your example, how to do this whilst maintaining a life as a mother, partner, daughter and sister. Thank you so much. The whānau from the office of the Pro-Vice Chancellor Māori ki Waikato, Tubby, Herearoha, Nadia, Dee, Tammy, Hohepa and Sharon, thank you all for making my return back to Waikato so welcoming and easy, from organising car parks, coffee and kai on arrival, to copying and binding so many 'final drafts'!

Tū Te Kiha, my girl who was just a baby in my arms (well one arm and a lap) while I typed the first ideas around this study, using just one hand. And now you are 6! You above anyone have kept this work real and grounded in whānau and wairua wāhine, wairua Maori, mouri tangata. You teach me so much and I look forward to learning more. Ko te taonga o taku ngākau, ko taku Tū Te Kiha e!

Te Puna Reo o Manawanui, Te Kura Kaupapa Māori o Hoani Waititi, nā koutou tou tātou kōtiro i poipoia i ēnei tau kua pahure. Tēnā koutou, nei ka kore koutou, kua kore hoki ahau e wātea ana ki ēnei mahi. Tihei mouri ora, tihei mouri reo!

Preface

Ko Tararua te maunga

Ko Waikawa te awa

Ko Tainui te waka

Ko Raukawa ki te Tonga, Ko Rangitaane ngā iwi

Ko Kapumanawawhiti te hapū

Ko Kapumanawawhiti te marae

Tihei Mouri Ora!

This preface is to situate myself in the thesis and to state from the outset the context from which I work and why I have undertaken this research. Whilst it is understood that there are now a number of published writers on the topic of moko, their work is discussed and referenced elsewhere in the thesis. These are my personal reflections. As a Māori woman I live the joy and pain of my own identity and the shared history of injustice and survival of other Māori women and other Indigenous peoples. Doing this work and writing this story is something I feel okay about doing because of my identity. Although I could be classed as a member of a number of marginalised groupings and therefore subject to discrimination on a number of levels, my journey has and continues to be somewhat privileged in relation to many of my friends and whānau. I don't have Hepatitis C (HCV) or any other blood borne virus so I'm 'luckier' than many. I am shocked at how many actually, and that is a big motivator for me in doing this work. Māori women in particular are subject to this virus. Yet it remains one that is well silenced, hardly ever talked about much less researched. I want to understand why it affects us, I want to understand what we can do about it, and I believe that we have women who have the virus, who can teach us how to do things differently with better outcomes. I believe I can gather that information and tell that story to ultimately be a part of the solution to what is a growing problem. In addition to this I am excited about the international nature of the larger research project. Engaging with Indigenous researchers has enabled tremendous growth for me as an individual and as a Kaupapa Māori researcher. I want to tell that story too.

Telling these stories begins with my story. Before I spoke to contributors and other participants in the study, I made my own identity known. It was important for people to know me in order to understand why I wanted to tell their stories, and perhaps more significantly, how my place as gatherer and storyteller could be justified. Moko is a significant part of the stories that will unfold and although the greater depth of moko is discussed throughout the thesis, it is important from the outset that the reader has a brief understanding of what moko is. Moko is the art of traditional Māori tattoo and as such the visual patterns and the processes involved in attaining moko, draw on the traditions of our ancestors. Specifically moko generally depict genealogical ties that are particular to the person concerned and the iwi (tribes) to which they affiliate. A number of different styles and forms of moko are discussed throughout the thesis. The first is that of moko kauwae, which refers to Māori women's traditional facial moko. Moko kauwae is placed on the chin or kauwae, and may or may not involve tattooing of the lips or ngutu. Moko kauwae has undergone a recent resurgence, along with other forms of moko, and is a significant aspect of contemporary Māori women's cultural reclamation and tino rangatiratanga, or sovereignty.

I now begin my 'own story', contained appropriately in the preface section of the thesis. I have used the preface section also to allow the use of more colloquial language as contained in my journal notes, which begin one week and two days on from when I received my own moko kauwae:

13 November 2006

On Saturday the 4th of November 2006, I received the carving of my tūpuna Te Rangi Topeora¹ (attained my moko kauwae). I walk with her markings that have been made my own and in so doing have another language that is spoken without movement of lips, without breath of air. I have been transported and am still flying on the whāriki of our tūpuna encapsulated in all that is aroha, pono, and whakatipuranga.

¹ Te Rangi Topeora was a leading female figure of Ngāti Toa and Ngāti Raukawa and was well known as a composer. My grandmother Ngatira Wahine Gray named her only daughter Melda Topeora, after Te Rangi Topeora whom we link strongly to in whakapapa (geneology). I was given my aunt's English name Melda, but not Topeora, as Ngatira believed that it had been too strong for her own daughter, and that because she was named Topeora, it inhibited my grandmother's ability to discipline and constrain her in her growing years.



Figure 1. Te Rangi Topeora (G. Lindauer)

I feel as though I am one of the most fortunate people in our world, to be born Māori and to be born wahine is to be born to live, to struggle, to fight and to celebrate. Indeed, that is likely so for many others also, but I speak for myself at this time.

We live the lives that are mapped out for us from those who know, yet it is fully in our power to remap and renegotiate the paths we choose to walk on in that map. Indeed it could be considered to be our responsibility to remap and renegotiate. Sometimes it's called the geography of life. So that's what I have done and the way I choose to live my life. Living and remapping in my world is about facing life in a proactive way creating the reality of my dreams and assisting others to do the same when our lives bring about such connections. Living and remapping is also

about facing the challenges of the day ... hei whakamātau atu hei whakamātau mai ... and responding in ways that see progress forward at a personal level as well as affecting transitional changes at a broader level. Always having an analysis of how our personal or individual journeys affect and intersect with the journeys of others, of whānau, of hapū, of iwi ki te kāinga, ki tāwāhi hoki. Committing to actions that support those journeys, is to live well as a wahine Māori. In life I seek opportunities to learn to grow and to teach ... Akoranga, to teach is to learn. Oranga, to live is to be well. And sometimes it's hard and sometimes it's easy. I say clearly to myself as I read back over this beginning writing, that it isn't about expectations to be a goddess who never gets it wrong. A true goddess knows how to treat herself and others when things stray from where you want them to be, when I stray from where I want to be and how I want to live. The goddess is innately within.

Life is not devoid of struggle and it is through that that we have an analysis of our power and strength and our history. Struggle is easily perceived as a negative yet if I think about some of the activities people choose to engage in for leisure and pleasure, they often include purposeful struggle. In which case struggle might better be sited in the positive realm. I am thinking of things such as struggling to complete a marathon physical event, struggling to achieve top marks in an academic realm, struggling to eat the last piece of cake, struggling to find the words to tell someone special that you love them, and the list goes on. Maybe it's just a play on words, and if it is I say perceptions in life are all about playing with words. Through playing with words we play with thoughts and perceptions and can find a place of optimism and peace with how things are. When I create my space of optimism and peace I am a stronger mother, I am a more learned friend, I am a caring daughter, I am a more effective student and I am happy and free to explore and roam.

In my circles we are pretty much all aware of the history of fighting of our peoples and the oft warrior nature of the lives many of our tūpuna. Te Rangi Topeora is one of those tūpuna, known as a warrior princess to some, hē wahine toa, hē wahine tū tika hei tiaki i a ia anō, i te whenua, i ngā tupuranga whai muri ake. She is whom I draw my strength from. Ka whawhai tonu mātou is a catch cry

shared by many of us born of the days of hīkoi and struggle just a matter of decades ago and still within our lifetime. And so we continue to fight for our land, our sea, our rivers, and our birds our children our mothers and fathers. It is a fight to retain them in our kaitiakitanga, to maintain them and glorify them as they so deserve and as has been done for many generations before me.

I was recently asked if I would be prepared to put my baby on the line in battle for the land and forced to consider fully my real life politics, my preparedness for battle of a different nature than I am familiar with in everyday speak. My baby is 2 years old, Tū Te Kiha is her name ... to stand strong and breathe and speak with strength. She is stunning, her first language is Māori and she comes of land and people who have fought to still be here. The battles have cost lives; the battles have maintained and retained the life and kaitiakitanga of our mother Papatūānuku.

My response back to the woman who asked the question of life or death of my baby for the land, was to rephrase the question ... 'Would I be prepared to put my mother on the line in battle for my baby, or would I see the death of my mother for the life of my baby?'

The land is my mother, she is I, she is my baby and to lose Papatūānuku is to ultimately lose all. To lose what is present, past and future. And so my answer is yes, I would fight. I would fight for my baby and I would fight for my mother. You see to save Papatūānuku is to save pēpi. Would I lose my baby for my mother by choice? Never! "Ko tou uri ka whai mai i ou koutou tapuwae" (your offspring follow in your footsteps). What point is the land if there is no one to walk on her? What point is a mother without children? What point is the battle when those for whom we fight no longer exist? In the 80's I belonged to pacifist and feminist groups who at all costs rejected violence in any form. Things have changed and as I write this piece I am reminded of the words of someone else's rhyme ... 'not to fight is to commit suicide'. We pick up our arms and we fight these battles because we are on a battlefield, whether we like it or not we have been born here in this time that often requires us to be warriors. It is our responsibility to our land, it is our life and we are grateful for her in every respect.

22 November 2006

Kauwae met kauwae x2 today and it feels strengthening and cosy. It's kind of like entering a new realm being at one with other kauwae but it is not all exclusive, in that it is a door that is open to all who are born with a chin! I liked sharing the special time of those first few hours after kauwae has become a part of this person. She felt special ... like the ultimate makeover, which is really more of a remake because it is all about just putting back, taking back what has always been there.

19 October 2007

Now it is almost a year that I have walked with my new but old skin, and almost a year since I have written in this journal. It's kind of strange as I thought when I began that this would be almost a complete book by now. It isn't in a written sense but I am certain that I have lived many more chapters in my life in this short space of time. And I see the journey of the last 12 months as the 'background reading' that will feed the writing I yearn to do. So sometimes, because I am working towards my PhD and now just into my second year of that, I feel concerned that I haven't been reading enough, haven't been writing regularly enough ... but as I sit to do this now I realise that living life is in some ways creating the library of books and papers that can later be read and then written about again.

Do you get it? It's like many things that are Māori; they start from the opposite end to where a western starting point might be. In this instance I'm talking about how we arrive at our analysis about certain things, how we develop a thesis, how we construct our learning and thinking. I'm exploring the idea that instead of engaging in a rather linear approach of reading, reflecting, analysing, writing and then acting on those new found ideas for change, I might just live and experiment with life and change, develop an initial analysis of that and write about it as I am now, reflect on it and finally read what others have said about it ... and so on the cycle continues. Luckily I have supervisors and other mentors and friends who believe enough in me and who have seen this kind of processing in themselves and others, to trust it and indeed encourage it, without fear that it will fail, that I will fail in my academic pursuits.

Back to the kauwae journey ... a day never goes by where I forget that it is there or forget my appreciation of being Māori and having taonga such as moko kauwae. But there are definitely times when I forget about the visibility of it to others, only to be reminded with a question at the shops such as 'wow did it hurt?' or 'far ... is it real?' It's hard case really, these are all opportunities for learning and teaching, but they can come when you might least feel the urge to add to the knowledge of the present generation in this wonderful universe of ours! Like when I'm at the supermarket and just need to hurry through those aisles before the darling 2 year old completely loses it, or when I've just stormed out from an argument with a loved one to take time out. But then I guess you just draw on the energy of the kauwae herself, of the tūpuna, and somewhere that tenacity and undying strength of Topeora comes out and I find myself answering with acceptable levels of enthusiasm. I'm glad people ask questions, silly ones and deep ones ... I never wanted kauwae to separate me from others, but fully wanted to embrace and make happen the potential togetherness that it can bring, and this is what happens when people question and I answer and we engage in conversation.

It's exciting; I know that my journey has helped spark the journeys of other sisters and brothers even.

8 May 2008

My own journey with moko kauwae began over 10 years ago now yet it is only a year and a half since I have had the markings carved on my skin ... A major motivation for me to focus a large part of this thesis on the intersections of moko, identity and wellbeing was my own experience. Irrespective of the placement and design of moko it is my contention that it is a process that has incredible potential to enhance on one's wellbeing through enhancing, cementing and indeed reclaiming one's identity. It is also noted that there are accounts of negative experiences of receiving moko that have the opposite of this effect and these will be explored later in the study. Moko kauwae in particular is not a process that begins when the needle or uhi touches the skin. Preparation and therefore the beginning of this journey is generally well in advance of the actual application and in my own experience began formally some 10 years prior to application.

Many have asked me when and how I decided to have moko kauwae. Some assume that it was something I was asked or directed to do by elders, some have thought that I simply decided one day that it would be a cool thing to do, and others understand that the process was no doubt relatively long and complex, and sitting somewhere between these two things. It was the latter, though I also believed it was a cool thing to do and felt it was important to have some direction from elders.

My first recollection of moko kauwae was seeing those of our ancestors in the paintings by Goldie and Lindauer. I was given a Lindauer book when I had just turned 20 and remember thinking that I wished our elders still walked with such majestic markings. I remember thinking how would it look though on people closer to my age and wearing contemporary clothing and hairstyles? How would it look on someone walking down the supermarket aisles in their jeans and t-shirt? How would it look on someone dancing in a nightclub? How would it look on the sun goddess lying on the beach in her bikini? These are all issues of identity and how we find a fit between images that are totally Indigenous, with images and situations that have come to be a part of in everyday life.

Wearing moko kauwae was not of course the first time I had mixed the images in my own life. As a relatively fair skinned Māori, in my younger years I couldn't wait for the summer months. It was the only time of the year I thought that I actually looked unmistakably Māori. My skin tanned and made me look that way. As I've grown older however and let my hair be curly, long and dark, wear clothes with Māori logos and words, and have a very Māori/Samoan looking child, the issue of mixing image has long been with me.

I recall attending my first international conference with a group of 12 other Māori women that happened to be held in the USA. The conference addressed in the main, issues of Indigenous sovereignty and the impact of genetic engineering and other forms of colonisation on our peoples. I had spent over a year preparing for this experience, which was to me quite a milestone.

I had recently moved to the city and decided to cut my hair quite short and was attempting to dress in a more trendy manner than I had in the past e.g. ditching

the track pants and sweatshirt on the marae for the more tailored office look. So it was with this image that I landed in America at my first Indigenous-inspired conference. I think I was there for about two hours when I realised how out of place I looked. Here I was with short cropped hair and “labelled” clothes amongst other Indigenous women who took pride in their long dark hair and wouldn’t be seen anywhere with Nike trainers or similar labels. Image, identity, self-determination and Indigenous pride screamed at me to get hair extensions to return to my former more authentic look, and ditch the labels I had so long aspired to be able to clothe myself in.

Interestingly and thankfully many of the other women present were less shallow than my line of thinking I have just described. They were able to look past the image and were much more interested in what people were saying, what people were doing and how they were doing it. The days and nights I had spent packing and unpacking my bags deciding what was to be worn on what day would in fact have been much better spent doing some preparatory reading. And so I learnt also that although my preference was returning to an authentic Indigenous image for myself, that image was about reflecting the authenticity of my thoughts and learning. In other words I realised somewhere in that travel in America that I was happy with what was going on inside of me as a developing, thinking and active Māori woman, and that I wanted my image to reflect that that was who I was in whatever way it could.

My most recent piece of moko is completely non-traditional. It is essentially 3 stripes, one red, one white (well more fawn as I’ve discovered that white doesn’t really work as a solid block of colour), and one black, placed like a wristband on my right forearm. It is solid, it took about 30 minutes under the needle and was decided on pretty well on the spur of the moment the night before with my then flatmate who had the exact same piece applied to her arm. Why? Well firstly, because we had a housewarming party at our new home the next day and the theme we had set required guests to all wear something relating to ‘tino rangatiratanga’, our sovereignty movement. Neither of us could afford much and although we started out designing a t-shirt we soon realised that we had left it too late and the moko was a cheaper and faster thing to do. We got a real mixture of

reactions. Most people when they first saw our arms thought, 'chur, that's an easy one, you put stickers on your arms, thought you might have gone to a bit more effort!' Then on realising it was a moko they either thought, "what the hell did you do that for?" or "chur, staunch alright!"

21 May 2008

The second reason and most importantly to me as a new wearer of kauwae was dispelling the myth that everything about wearing kauwae, or indeed any other traditional skin marking, is serious and sacred and traditional. Certainly moko kauwae holds much that is serious and sacred. But it is much more than that. It is fun, it is stunning and it can be cheeky. These are important things to note when considering how for so long women have not chosen or in many cases been directed not to wear moko kauwae. The myth of it being something for the chosen few, some elite experience and gift that is bestowed upon the chosen ones has gone a long way to maintaining its scarcity in recent history. It is part of the colonising out of moko kauwae. It is part of the colonising out of something that is precious and innately, Indigenously, female. There is a role then for wearers of moko kauwae to become de-colonisers and dispel the myths. Carving the sovereignty stripes on my forearm was part of that. It speaks of the freedom that we can take hold of to be true to both our traditional and sacred selves and the freedom to take hold of our contemporary selves living as active freedom fighters in the highly political context of what it is to be a wahine Māori in Aotearoa.

This brings me to another point in this narrative ... that is to speak of the certain sense of urgency I felt about the need to wear kauwae that seemed to arise in the four or five years prior to its application. I also wear traditional moko on my back, left forearm and around my ankles and feet. My skin is therefore no stranger to carving, to neither its pain nor its beauty. That is not however the point of this narrative. The point is that I came to a time where I realised that it could easily be perceived that I was in some way avoiding placement on my face, or that I had bought into the myth that it was the right of only the chosen few. As a Māori woman active in the sovereignty and Indigenous education movements this was definitely not something I wanted to suggest. On further reflection however, I realised that my initial carvings were quite possibly purposely chosen to be in

places that could be covered when I chose, or rather when I felt it wouldn't be to my advantage for them to be seen. This I know is typical of many virgins to the needle. I know many who have said things like ... "oh it's great now that I'm not working in the corporate world anymore I can finally get my moko", or "if I get something on my upper arm it's going to be easy to hide under a nice office shirt", or "I don't want anything too big, just something cute that I could cover up if I need to". These comments are real and people are not wrong in assuming that moko are unacceptable in many environments. What it says essentially is that being Māori is unacceptable in many environments, or that being Māori is acceptable as long as you don't really look like one, or 'one of those ones'. As I came to this realisation I was determined to ensure that my wearing of moko, and the placement of moko, said clearly to any would be analysts, that I was proud to wear these carvings and proud to be Māori.

A statement such as 'I am proud to be Māori' is one that can be taken as a simple and obvious affirmation, as highly political, or as provocative, dependent on the environment and context one is in when making such a statement. Those involved in political activism, in progressing Kaupapa Māori in any realm, are not strangers to making such statements. They might occur simply as part of general conversation with whānau, peers or colleagues, and they are the type of statements that often occur in prepared speeches, lectures or on a protest front. This is the same statement that the wearer of moko who has chosen placement on an easily covered body part makes when that body part and carving are showing. However, whether voiced or not, the recipient or in this case the viewer of that statement, may determine any number of things from this: 'it's nice that it's not too large'; 'it's nice but it's great that they can pop a long sleeve blouse on when they need to'; 'I like that because it's not in your face'.

My 'journal entries' end here, signalling a different approach to writing the PhD. It is now a time to be more focussed, a time to consider writing into the chapter framework of a thesis. This second part of the preface begins to explore some of the issues of my own journey in a broader context. One of the key reasons for this narrative is to discuss explicitly the connection between moko and identity as described in part above. Furthermore, it is useful for moko wearers to understand that moko placement on any part of the body makes a statement outwardly. These

statements may however, by virtue that the recipient/viewer makes their own interpretation of the statement, not always be as intended. That is, the wearer may take on moko as a symbol of their pride in identifying as Māori, yet due to placement, that pride could be perceived as half-hearted. And as mentioned earlier, the wearing of moko on any other part of the body than the face, could be perceived as a 'buying in' to the myth described earlier that facial moko is for the chosen few, or indeed, that the wearer does not feel safe or secure enough in their identity as Māori to wear moko in a place that cannot be covered.

It is important here to see the connectivity between identity and context. That is how one feels about oneself and in this case their ethnic and cultural identity may not change, however, their preparedness to express that either by voice or by visual statement of moko may change according to context. In placing moko on almost any body part outside of the face, the wearer has an option to express (or not), their identity by way of visual statement. They do not however have control of how that statement is received or even the clarity of the statement they are making as that is up to the interpretation of the viewer. The only time they do have control over that is when the viewer chooses to engage in conversation with the wearer. During that conversation the wearer can affirm viewer perceptions, and conversely misconceptions can be challenged or righted.

Wearers of moko kauwae or other facial moko have chosen to give away the ability to consciously decide when they are prepared to make 'the' statement and when they are not. I suggest that for most, this is a conscious decision though the full implications of that decision may not have been apparent at the time they made it. For example, I do not contend that in deciding to become a moko kauwae wearer the person decides that each time they pop to the dairy they will make a statement, or that whilst struggling with a toddler at the supermarket to do the weekly shopping they will make a statement. Rather, they are likely to have been consciously aware that their presence with moko kauwae would make a statement wherever they went, but not necessarily have been prepared for all contexts in which that would occur, nor the follow up or immediate conversations that may consequently take place. I do not presume that all moko kauwae or facial moko wearers have had the same experiences as myself, however, I do think that a similarity between wearers exists.

Before taking on moko kauwae I had a great sense of wanting to further my own political consciousness and simultaneously support others to become more politically aware. I was able to choose my ‘moments’ around being active in this according to a number of factors. Firstly, was I in a good frame of mind and able to articulate clearly what I wanted to say. Secondly, were the other people I was engaging with in a space to enter positively into the dialogue? Thirdly, was the social, academic or otherwise context a safe one for all involved to enter into the dialogue? And finally, what was the purpose of the dialogue and would I be able to meet that purpose in this dialogue? This is not by any means an exhaustive list of the type of internal analysis that one goes through prior to engaging in political consciousness raising dialogue. Nor is it to say that this type of dialogue does not simply occur spontaneously on many occasions. However, it is an example of the complexity of analysis that can be involved in political activism, identity and the like.

After taking on moko kauwae I felt somewhat of a relief to be able to let go of that decision-making. I was no longer in a position to choose when and where I made a statement or to whom. I had already chosen to make that statement at every moment and every day by walking out of the door of my house and going wherever. However as I write this piece I am keenly aware that the statement I intend to make may differ radically from the interpretation of the viewer/recipient of my dialogue. Similarly to those who wear moko on other body parts, misinterpretation can occur. My statement may be read as any one of the following: ‘oh here’s another radical trying to terrorise us into giving up our land’; ‘who does she think she is, a princess?’; ‘why does she have to be so out there’; ‘wow she must be a fluent speaker and up on everything Māori’? These are not comments I have ever heard personally, but are similar to comments that have been shared with those close to me.

Many, however, see moko and take the opportunity to ask questions, to enter into dialogue that would otherwise not be available to them. I have mentioned some of the questions that I am asked earlier in this introduction. What is important to highlight here is that when one chooses a very visual, and what many consider a very beautiful way to illustrate their Indigenous identity, such as moko, people have the opportunity to enter into that identity and therefore gain an

understanding, not only of the wearer's personal identity, but more broadly of the cultural identity from which it stems. They further have the opportunity, which in my experience many take, to enter further into the identity dialogue by engaging in conversation with the wearer.

I recall the very first time I went out socially with moko kauwae. I was accompanying a friend to a birthday party for one of her friend's who was non-Indigenous and we were two of four Māori present in a gathering of around thirty. My friend also wore moko kauwae. After about 30 minutes of being there, a group of four non-Indigenous men began talking to us and had many questions about moko kauwae. Their first comments were about the aesthetics of the work and were extremely positive. Then they moved into questions about the pain involved, and when we answered saying that the pain was present but not unbearable, explaining the inner work that one undertakes in preparation for that, they determined that we must be 'really staunch' to do such a thing.

We spent the conversation trying to contextualise the so-called 'staunchness' into what is for us just a very normal part of our identity as Māori – that our actions of taking on moko kauwae, although not all that common in our community today, and certainly extremely uncommon in the community of these people, were immensely achievable and obviously not out of touch for anyone who chose that action. It would have been a much simpler conversation had we bought into the pedestal that they were creating for us to stand on, that is, to have agreed with the 'staunchness' that they associated with our carvings and actions. Simpler, in that the political discussion around context, culture, identity, action, and self-determination that is implicit in wearing moko kauwae, could have been avoided. However, that was not our choice. As much as our intention that evening was to just go out and enjoy a relaxing social event, we had chosen moko kauwae, and therefore chosen to partake in conversations such as this when and where they occurred.

This does not mean there is no choice beyond moko kauwae. Rather it means that because we wear moko kauwae wherever we go, our choice in terms of where and when we make statements is made by where we go and when we go. In so being, the moko not only is the outward expression of our inner identity, but as we live our lives and make those choices, the moko becomes significant in determining

how our lives and therefore our identity develops. This is not to say that every decision about where I go and what I do each day is consciously decided by moko, however it has definitely impacted on many of my daily life choices. By way of explanation, previously I may have chosen to attend a function irrespective of my preparedness or not to engage in political discussion. Since receiving moko kauwae I often check myself prior as to whether I have the energy and desire to engage in any discussion.

In recent conversation with a peer the day before she was to herself receive moko kauwae, I spoke with her in an email about some of the ‘lighter’ moments she might expect as a woman wearing kauwae:

“This is your final day without kauwae ... it’s so exciting! There will be lots of deep and meaningful things perhaps that you are thinking about. Here are some of the lighter ones:

- You can’t walk down the supermarket aisles having a tiff with your loved one or pulling your son into line without being noticed anymore
- You can walk into a room and not know whether people are staring cause your skirt is tucked into your knickers or cause you have this amazing skin marking
- You can’t go to a gathering of non-Māori without them all thinking everything about you is staunch and serious and you must be a comrade for all things Māori and have huuuuuge knowledge and wisdom
- Even on days when you are too tired to think let alone talk you make an awesome political statement without even trying ... just by being visible
- You have this double life going on by virtue of how people respond to moko ... you come to learn in what situations it means you are taken much more seriously than ever before, and in what situations you will not even be listened to at all
- You go to the beach for a swim and quiet time finally talking yourself into the fact that it doesn’t matter about your white legs, arms etc, who’d be bothered looking anyway, then notice to your far left the cameras from the

Asian tourists and the bus driver on the side giving a running commentary about the native on the beach!”

I began this narrative by way of introduction to me, as the gatherer and storyteller of this thesis. My feeling is that the preceding pages fulfil this purpose, but this thesis is intended to tell the journeys of others, which it does in future chapters. In the next chapter of this section I will formally introduce the thesis topic and outline the chapters.

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Section One: “Whāia Whāia!”

Whāia whāia!

Whāia i te urutapunui o Tāne

Tāne te waiora

Tāne te pūkenga

Tāne te wānanga

Tāne te whakaputa nei ki te whai ao ki te ao mārama

Tū te ngana

Te te maranga

Te tuhi

Te rarama

Tēnei au te noho mataara nei

Tihei mouri ora!

This karakia (H. Waikerepuru, 1990) or incantation evokes the spiritual essence of Tāne and is placed at the forefront of this first section of the thesis to lead into the discourse of traditional knowledge and healing practices. “Whāia, whāia” is an opening or beginning karakia, and as such, it is aptly placed here at the ‘beginning’ of the thesis journey. Tāne is known as the superior kaitiaki or guardian of knowledge, in particular, traditional knowledge. In Māori genealogical terms then, these words are most appropriate in this part of the thesis. Finally, the phrase ‘tihei mouri ora!’ gives life and energy to the work which follows.

Chapter One

Introduction

What is this about? What is the story I want to tell? Why am I doing this? The answers to these questions are what will give you the reader the opportunity to know what this thesis promises to be about! Here I intend to articulate the storyline of the research journey and thesis, in a way that is simple and to the point.

In the context of Māori health it is critical that we address the issues of being well and staying well. This is important because we know from numerous studies that Māori are disproportionately represented in a number of diseases. We die earlier when compared to non-Māori and there are issues with Māori accessing present healthcare systems. This study is significant in that it contributes to the growing literature and activity centred on Māori and Indigenous solutions to critical health concerns. It is significant as it contributes further to the reclamation of traditional knowledge and healing practices in seeking such solutions.

In this thesis I explore how people and their identity are affected when you are part of a marginalised or vulnerable population – namely, Māori women who have contracted the Hepatitis C Virus (HCV). I argue that traditional knowledge and healing practices are central to Māori getting well and keeping well, and that the use of cultural frameworks and practices have potentially restorative, therapeutic and healing values that are not yet researched or understood by the health field. I argue that a Māori framework of wellbeing, namely ‘Mana Kaitiakitanga’, provides the context in which tā moko (Māori traditional tattoo) fits naturally as a healing intervention. I share the stories of Māori women with HCV who have applied this (tā moko) in their lives and in their journeys back to wellness. I have collaborated with other Indigenous health researchers, working in the field of Indigenous resiliency and blood borne viruses, from both Australia and Canada, to support the research. We have been able to identify and discuss commonalities and differences between our peoples and contexts, and the research journey itself has encouraged us all to consider how we as Indigenous researchers can collaborate. I argue in this thesis that international Indigenous research collaborations require careful consideration and indeed have formulated a

methodological framework for this work, building on Linda Tuhiwai Smith's (1999) early studies, 'Decolonising Methodologies'.

Approach to the Research Question

When I talk to people about my research, and indeed when I proposed this project, I stated that this thesis is about Māori wellbeing. Before I returned to university, and in the years of being an active member in the hapū and on marae, we never talked about 'wellbeing'. We talked about getting healthy, about fixing ourselves up when we get sick, about being happy, about not getting 'stressed out', about feeling good after 'mirimiri', about feeling good after 'wānanga', and about knowing about ourselves and where we come from. Knowing ourselves and where we come from, was about much more than being able to recite our 'pepeha'. When I began thinking about returning to university to do post-graduate study I remember having a head full of different ideas of what work needed to be done and how I could be a part of that through study. I recall vividly a whakataukī that was told to me on several occasions when I talked about my ideas: "Kia mau ki ngā kupu a kui mā, a koro mā". It is essentially about knowing and remembering the teachings of our ancestors, and of our elders, for this is what offers protection. It is about identity and it has to do with being resistant, resilient, and keeping well. It is about order. If we leave our home (whānau, hapū, and iwi), to pursue development elsewhere, before we have ourselves sorted in the context of our own people and our own place, then we put ourselves at risk of ill health. We go out into the world arena less than fully armed and only partly clothed. I argue in this thesis, that identity, part of which is a secure home-base, are the cornerstones of Māori resistance, Māori resilience and Māori wellbeing.

The Research Context

This thesis is being undertaken within the Health Research Council funded International Collaborative Indigenous Health Research Partnership (ICIHRP) program: *The Role of Resiliency in Responding to Blood Borne Viral and Sexually Transmitted Infections in Indigenous Communities*. Being part of a larger project presents both challenges and opportunities and these will be explored more fully in the methodology chapter.

Indigenous communities in Australia, New Zealand and Canada have experienced higher rates of blood borne viral and sexually transmitted infections than their non-Indigenous counterparts. There are a number of categories of health intervention that have been shown to be effective in prevention and enhancing access to treatment for blood borne viral and sexually transmitted infections, including various forms of health promotion, enhanced diagnostic and treatment services, and harm reduction measures related to injecting drug use. Development of effective responses of this kind among Indigenous people would benefit from a better understanding of the social and cultural factors that might protect against these infections and their consequences. It is hypothesised that such factors may be linked in various ways to Indigenous resiliency, which is understood as the means by which people choose to make use of individual and community strengths to protect themselves against adverse health outcomes and enhance their health and wellbeing.

Returning to the three questions asked at the outset of this chapter, in answer to the first question: What is this about? My work is centred on Māori women and explores Indigenous health initiatives and responses to HCV. As a Māori woman working in the health arena, I feel well connected to Māori women's health, and I understand through my networks that research undertaken in relation to HCV is sparse, in particular for Māori and other Indigenous groups. I have engaged a case study approach in examining how traditional knowledge and healing practices, in particular the traditional practice of tā moko (tattoo), might be utilised as an intervention strategy in New Zealand, Australia and Canada. So, "how can penetrating the flesh and marking the skin be a health healing intervention?" This very question that was put to me early in the editing of my work and I realised that as a wearer and creator of moko I have an intrinsic understanding of 'how' it can be so, but this is not immediately apparent to those who do not hold moko. Throughout the thesis it is my intention to answer this and to argue that it can be so: that through pain comes understanding; through pain comes a RE-membering of strength; through pain comes joy; and finally through marking comes identity of who we are and how well we have been and can be again. These are but a few of the markers of how 'carving', 'pain' might be presented as a healing tool which will be more fully explored in the narratives of the participants.

Understanding Hepatitis C (HCV) in Māori Context

What is HCV?

This thesis is not about giving a definitive or in-depth explanation of the disease of Hepatitis C. There are, however, basic points of information relating to the disease that are necessary to foreground the discussion of traditional knowledge and healing for those who have contracted HCV.

First identified in 1989 and affecting approximately 3% of the world population (180 million people), HCV has become recognised as a worldwide problem in recent years. In 1998, the World Health Organisation (WHO) commissioned a report containing a recommendation for each country to develop a plan based on both the primary prevention of HCV and the prevention of HCV related chronic liver disease. As a blood borne virus, the predominant mode of infection is currently through injecting drug use (IDU) (World Health Organisation, 1999). In New Zealand prior to 1992, when blood screening was introduced, HCV was also transmitted through blood products. HCV is a viral infection of the liver with the potential to have serious health implications in one's life including, cirrhosis of the liver, cancer of the liver, and liver failure.

In Aotearoa, there is both a lack of current research on HCV, and limitations with findings due to the complexities of data collection (Brunton, Kemp, Raynel, Harte, & Baker, 2000). The WHO fact sheet on HCV for example has not been updated since 2000, whilst the corresponding information for Hepatitis A and B viruses was updated in 2008 (World Health Organisation, 2009). A study conducted in this country in 2000, estimated the number of people infected with the virus in New Zealand, to be 25,000, with an expected increase of 50% by the year 2010 (Nesdale, Baker, Gane, et al., 2000). However, as Brunton and colleagues (2000) have identified, it is likely that this number represents a severe undercount. They estimate the undercount to be approximately 40%, due to a number of factors including: lack of presentation to primary health care; health care practitioner confusion regarding test analysis impacting on notifications; difficulties with the lack of specific case definition. There has been a haphazard approach to ethnicity data collection generally in Aotearoa (see Robson & Reid, 2001), which means it is even more difficult to obtain accurate data regarding prevalence of HCV amongst Māori. We do know, however, that one of the major

‘at risk’ populations is the prison population, of which Māori generally represent 50%, and for Māori women that figure increases to 60% (Department of Corrections NZ, 2007). We also know that Māori are less likely to access primary health care than other ethnic groups and therefore it is suggested that Māori make up a greater number of undiagnosed and unreported cases of HCV (Jansen, Bacal & Crengle, 2009).

The ‘Action Plan’ developed in New Zealand (Ministry of Health, 2002) to address the issues, as they present in this country, it describes current treatment stating:

“Treatment with interferon and ribavirin combination antiviral therapy can produce a sustained viral response in an increased number of patients (ie, no detectable virus in the blood), thus preventing progression to chronic liver disease. Although such treatments have resulted in improved cure rates for hepatitis C, their use is tempered by their varying efficacy in different groups of patients, their availability, entry criteria and side effects. Unlike hepatitis B, no hepatitis C vaccine is currently available and the development of an effective vaccine is not imminent. The key to control of hepatitis C therefore lies in prevention programmes focusing on those at risk of infection, and those already infected, to avoid further transmission of the disease.” (p. 5)

The treatment programme, though successful for some, is reported as rigorous, intrusive, and physically demanding (Ministry of Health, 2002). The difficulties in accessing the treatment offered in New Zealand, for Māori women in particular, is discussed by participants in this study in the data analysis sections of the thesis.

Issues and intersections of identity, marginalisation, gender, health, and wellbeing are at the forefront of this story and of the journeys of the three women whose case studies are presented in this thesis. A number of Indigenous writers have explored current thinking, literature and historical perspectives of how identity links to wellbeing (Grieves, 2009; Lapsley, Nikora & Black, 2002; Moeke-Pickering, 1996; Nikora, 2007; Stewart, 1997; Te Rito, 2007; Thomas & Nikora, 1996; Webber, 2008). A growing number of Western health practitioners are working with how one’s emotional and spiritual wellbeing can contribute to or

detract from one's physical wellbeing (eg. Csikszentmihalyi & Csikszentmihalyi, 2006; Kahneman, Diener & Schwarz, 1999). What makes this thesis unique, is that it researches all three of these potential cornerstones of health: identity; wellbeing (spiritual and emotional), and physical wellbeing, in relation to a specific health problem, namely HCV. It is intended that this work will add power to what might be viewed as a particularly Indigenous solution to a virus that disproportionately affects our Indigenous population. This is not about rejecting Western health solutions, but it is about recognising and returning to Indigenous health solutions.

Being part of an international study it has also been important to look at issues of engagement and practices of and between Indigenous researchers. Defining, refining, holding on to, and at times letting go of international Indigenous research methodologies has had a constant beat throughout the research journey.

I am telling a number of stories and so this thesis could be viewed as an anthology of sorts, and until a recent encounter with one of my kaumātua that is the framework I was sorting it all into. The problem with an anthology (defined as a collection of works), is that although it brings various ideas and thoughts together it does not by definition, (an anthology is defined as a collection of works), have to flow in any particular way. Hence, whilst working in this framework I found myself ducking and diving around the ideas and at times frantically looking for the best order of things, resulting in a more forced flow to the work as opposed to something that just slotted together naturally. It took the wise words of an elder to remind me that our stories have proven through the generations to be most aptly narrated in the form of karakia, waiata, ngeri, mōteatea, whakairo and haka. Unlike many of my whānaunga I don't carve, I am not in any way a talented artist, and I don't have the voice of the tui or any other songbird. That left karakia, and hence karakia is the framework for my storytelling – I am comfortable with and indeed implore the use of traditional karakia in our everyday lives – it makes sense and gives flow as well as safety to the work. It honours the depth of sharing that individuals have contributed to the thesis.

Organising the thesis

There are three karakia that define three distinct parts of the thesis:

Part one, “Whāia! Whāia!”, gives space to enter into the multiple layers of discourse at the foreground of this study. This includes the methodology and framework chapters and deals with the following: Kaupapa Māori; Indigenous Research Protocols; Mouri; Moko; Māori Frameworks of Wellbeing. (Chapters one, two, and three).

Part two, “Tēnei Au”, defines the space where the critical issues of identity, resilience, and indigeneity are explored in relation to Māori wellbeing. This section of the thesis also includes the significant chapters of participant and key informant narratives, presenting the case studies and analysis. (Chapters four, five, and six).

Part three, “Unuhia! Unuhia!”, addresses the current Māori health context and the opportunities and potential outcomes (findings and conclusions), moko or traditional² tattoo, contributes to Māori wellbeing. It also includes the chapter concerned with ‘engagement’, placed here as an important link between the information presented in the thesis, and the findings drawn from analysis. How we ‘engage’ with people in order to implement ‘findings’ is critical to achieving successful outcomes. (Chapters seven, eight and nine).

The relevance of each of the karakia are explained at the beginning of each section of the thesis. The following is an outline of the key concepts or themes explored in each section. I will return later in the thesis with more in depth analysis of some of the issues I now outline.

² For the purposes of this thesis traditional covers work both by machine or hand tools but refers to the nature of the design

Section One: Whāia! Whāia!

Kaupapa Māori and Indigenous Research Protocols

Kaupapa Māori research is the major methodology informing this thesis. As a Māori researcher working in the health sector I see little point in questioning this as my working framework. It has a proven record as the most appropriate research methodology for, with and by Māori. Notwithstanding my position is that Kaupapa Māori is an evolutionary experience that is as old as are Māori, and has an unmarked future that spans the generations yet to come. And so, whilst Kaupapa Māori theories and practice are not new to health, there are a number of ways that Kaupapa Māori has been engaged in this thesis that contributes to the ongoing development of Māori and indeed Indigenous Health Research. In particular the methodology chapter addresses: how Kaupapa Māori is engaged to work with people who are multiply marginalised; the relationship between Kaupapa Māori and other Indigenous research methodologies. My intent is to practice utilising Kaupapa Māori as a liberator research framework.

Mana Kaitiakitanga³

What is Māori Wellbeing?

My centre point in approaching the main research question has been to identify what the smaller questions are that need to be answered in order to piece together the bigger picture. In order to explore traditional knowledge and healing practices for Māori women with Hepatitis C, I needed to clarify what ‘being healed’, or ultimately ‘being well’ is ... what does it look like. As a Māori researcher and given Māori research participants, I needed to clarify what that meant to Māori. In chapter three, Mana Kaitiakitanga is explored as a Māori framework of wellbeing. It provides the logical explanation as to how and why ‘moko’ or traditional Māori tattoo, might be considered a legitimate healing practice. Indeed, this might be the only space in which people can make sense of using a needle as a way to heal a person whose illness has been in fact been caused by a needle. Essentially, it is argued that Māori wellbeing has much to do with Māori identity. It is further argued that because tā moko, at its core, is about identity, then it is valid and

³ Mana Kaitiakitanga is the term used to name a specific framework for Māori wellbeing that is presented in chapter 3. It is used here as a term to describe the concept of Māori wellbeing.

natural to consider it as a potential site for significant healing, thereby leading to enhanced wellbeing.

Mouri⁴

What is this thing called Mouri?

In addressing the ‘identity’ issue, and indeed as one of the key elements of Mana Kaitiakitanga, the concept of Mouri is explored in some depth in chapter three. I argue that mouri is something of significance to our Māori being and to our wellbeing. I explore how Mouri exists in relation to Māori women with Hepatitis C, and the potential for strengthening this relationship through the process of moko. Finally, I have argued that Mouri is already deemed a legitimate element in Māori health discourse, and as such, it furthers the notion of moko as a valid healing intervention. I have explored questions around the concept of ‘mouri moko’ and whether indeed this exists, and if so, in what ways it might be evidenced; by both referring to the literature and drawing on participant case studies I have indeed drawn evidence to support the concept of ‘mouri moko’. Mouri refers to the innate life force within each of us and this alone, evidences its significance to the current study. In terms of our wellbeing and the wellbeing framework of Mana Kaitiakitanga, mouri engages us in conversation around the wellness of our energy, of the forces that activate us to do things and to operate and interact with our world. Mouri is also discussed in this chapter in relation to the “Mauri⁵ Tū Mauri Ora” project. This thesis is part of the “Mauri Tū Mauri Ora” project which is part of the International Collaborative Indigenous Health Research Partnership (ICIHRP) programme, funded by the respective Health Research Councils of Aotearoa, Australia and Canada. I have given a brief history of the naming of the project, and the significant role that the project team believes mouri plays in terms of Indigenous resilience and the development of Indigenous health interventions. Literature from early theorists such as Elsdon Best, and more contemporary academics such as Ngahuia Te Awekotuku and Charles Royal, provide a greater understanding of mouri and how it links to both moko and broader elements of being Māori.

⁴ The term ‘mouri’ is more commonly spelt ‘mauri’, however I have used the spelling which is correct in the Taranaki dialect throughout this thesis. This is explained in chapter three.

⁵ The term ‘mauri’ is used here in order to be consistent with the naming and spelling of the research project referred to.

Whare Tapawhā

What do Māori health frameworks provide?

The ‘whare tapawhā’ model is introduced in chapter three as part of the discussion of Māori frameworks of health and wellbeing. The point of this thesis is to argue that moko has a valid place in Māori healing interventions and Māori health frameworks provide the logical context in which this occurs. Mason Durie has been working with this model since its inception in 1984, and it provides a widely accepted and understood Māori view of health and wellbeing. The simplicity of the model has aided greatly in its ‘acceptability’ and uptake by Māori and non-Māori alike, thereby enabling the general health sector access to a Māori health framework, that previously was not accessible in this form. Whilst its simplicity might lend itself to critique as something ‘too light’, my view is that it has enabled Māori health development on many levels that might not otherwise have occurred. I have engaged the model purposely as a conduit between the newly presented model, Mana Kaitiakitanga, and moko as a valid healing intervention. Chapter three contributes a diagrammatical presentation of the relationship between these three things: Whare Tapawhā; Mana Kaitiakitanga; and Moko; and how they intersect with Māori wellbeing.

Traditional Healing Practices and Tā Moko

How does moko fit within a Māori health framework?

I take the position that moko is a valid part of Māori healing, health and wellbeing, and this is central to the thesis. Chapter three explores the ‘story’ of moko and further literature concerning moko development and practice. One of the ‘up-front’ challenges to this thesis is that of using needles as a healing intervention for a blood borne virus generally caught through the use of needles. That is, a great percentage of people diagnosed with HCV, have been infected via the use of intravenous drugs. The idea of employing a process of moko, which uses needles in its application, would seem foreign to many. I argue that in the context of traditional knowledge of healing and of moko, this is not the case. Chapter three provides Māori views on traditional healing and tā moko that contextualise moko as part of a valid healing process.

Section Two: Tātai Whakapapa

Māori Identity

What is being Māori and how does it connect to being well?

In dealing with Māori wellbeing, one is dealing with Māori identity. My approach to this part of the research has been to address the broad question of what it is to be Indigenous, and what it is to be Māori. This chapter identifies and explores the context for Māori and Indigenous researchers and for Māori and Indigenous peoples and their communities. Issues such as colonisation and the impact this has had on who we are and how we behave in today's world are discussed. It is argued, that the notions of identity, wellbeing, gender, and culture, intersect with each other in particular ways that then impact on the lives of people living with HCV, or those who are at potential risk of contracting HCV.

Māori and Indigenous Resistance and Resilience

What are our battles and how do we fight?

When talking about the wellbeing of any Indigenous peoples, the notion of resilience is ever present. In chapter four, I present, and argue, that a continuum exists that ranges from resistance at one end, to resilience at the other. This chapter (Identity and Resilience) further explores our context as colonised peoples and the negative impact colonisation has had on our wellbeing. Māori continue to be marginalised peoples in our own land, who suffer ongoing ill health and deprivation as a result of continued racism amidst government policy that does not serve us well. On a day-to-day basis we battle the stereotypes and negative myths that come with living as Māori in Aotearoa. There are times when we are able to behave as pro-active agents who resist, in a variety of ways, the pressures of further colonisation and marginalisation. There are other times when we are in more reactive positions, again for a variety of reasons, and our best option is to manage ourselves in response to certain situations. It is at these times that Indigenous resilience is displayed. Indigenous researchers, now more than ever, have been engaging the term resilience, and it is particularly popular in Indigenous health discourse, hence its significance to this thesis.

Traditional Knowledge and Healing

What about blood and healing it?

Although there is a plethora of material relating to Māori notions of blood contained in traditional chant, incantation and song, cultural concepts and tikanga around blood remain hugely under-researched and provides a possible direction for the future, but it is not the topic of this thesis. The central argument of this thesis is that moko, as a representation of whakapapa and identity, has a critical role to play in the wellbeing of Māori. I have applied this specifically to Māori women with Hepatitis C. Chapter four deals with what is both at the core of this virus, and at the core of moko or traditional Māori tattoo as the proposed healing intervention. Blood! An understanding of Māori conceptualisation of blood has been critical in order to understand the relationship between moko, HCV and healing. A Māori view of blood is intrinsically linked to whakapapa, and whakapapa similarly linked to identity. This chapter adds significantly to the argument for moko to be viewed as a valid healing intervention in that it makes explicit these important elements of Māori wellbeing. This chapter was challenging, in that little research literature exists to tell us about how we as Māori conceptualise blood. However, through conversations with key informants and colleagues, with moko practitioners, and other whānau, this chapter has been able to present an overview of current and past conceptualisations of blood. In essence, blood is our life line, blood is surrounded by understandings of tapu and noa, and it is understood as something to be protected both in terms of whakapapa, and illness or disease. Blood is what binds us together in wellness and keeps us necessarily separate in illness or indeed spillage. Blood, and the spilling of blood, is not something taken lightly and nor is moko, as an act which in effect, contains purposeful shedding of blood. The spilling or shedding of blood is done with purpose in the process of moko. Through this process, where the skin is carved and blood exposed, something new enters the body alongside the blood and into the skin. It is a physical and visual embodiment that has historical and ancestral origins that come forth in the contemporary body space. Blood is central to the process, and therefore, central to the thesis.

Data Analysis A: Case Studies One, Two and Three

What can we learn from each other?

I have engaged the participant narratives and key informant data in part two of the thesis, using the Mana Kaitiakitanga framework and a thematic analysis approach, as tools for contextual analysis. This enables us to view Hepatitis C and relevant notions of wellness, in terms that make sense to us, and more importantly make it clearer for us to deal with in terms of enhancing wellbeing post contracting the virus. Each of the case study participants share their experiences and journeys with HCV and with moko, presenting real life examples of the healing ‘properties’ of moko. The challenges of living with HCV, from diagnosis through to treatment, and the realities of marginalisation, discrimination, and racism, faced by participants are shared and analysed.

Data Analysis B: Key Informants

What do we know already?

Key informants to this study included tā moko artists and recipients, as well as kaumātua. Their data contributes valuable new knowledge to Kaupapa Māori approaches to health, wellbeing and healing. In particular, new perspectives regarding traditional knowledge in relation to mouri, is explored in some depth. Key informant data is presented using a thematic analysis approach in order to capture the new knowledge in meaningful ways.

Section Three: Unuhia! Unuhia!

Contemporary Māori Health

So just how (un)healthy are we?

A health focussed thesis such as this requires an understanding of the health context in which its findings and recommendations are focussed. This chapter is essentially one that highlights the unfortunate state of Māori health but importantly contextualises this as a direct result of the colonisation of the Indigenous peoples of Aotearoa. The mismatch between progressive and potentially transformative health policy, and implementation, is examined and argued as a major barrier to changing the state of Māori health. In so doing, chapter seven strengthens the thesis argument to engage new and innovative approaches such as the Māori interventions and healing as discussed throughout

the thesis. Furthermore this chapter positions the Hepatitis C Virus as just another area of health in which Māori are disproportionately affected – thus adding to the thesis aim to de-marginalise those affected by HCV.

Engagement

How do we exist with each other and others?

Chapter seven is about relationships. Relationships between people, between people and their families and communities, between people and the crown, and between researchers and participants. This thesis is concerned with a population of people often marginalised. Marginalised as the Indigenous population of Māori, marginalised as women, marginalised as people who at some point engaged in risky behaviour that has resulted in them contracting HCV, and finally, marginalised as people who carry a blood borne virus. Understanding the context in which people live and how they engage with society, and then how society responds in return, is important to understanding the particular significance of identity to the research participants. The thesis aims at one level to argue for moko as an intervention for HCV. In doing so, this chapter serves to understand the complexities of the spaces we occupy and indeed the relationships that we create and maintain, or resist, in order to keep well within these spaces. Marginalised populations in Aotearoa occupy a unique position in relation to the crown and government policy - political decisions and indeed policy is, at the end of the day, at the whim of a majority voting system. The majority of the population determine who will govern the country and, therefore, who makes final decisions regarding policy affecting us all. Marginalised populations more often than not, lack influence on the majority population and indeed remain invisible to many. Those with Hepatitis C, the majority of whom have become infected through injecting drug use, represent a part of the population whom many perceive as dangerous at one time or other. I argue that this population, in contrast to being dangerous, are in fact vulnerable members of our society. Vulnerable because they remain invisible to the majority, and when visible they tend to be marginalised as people who many would say, ‘deserve what they got’. Vulnerable because their identity, beyond that of a current or ex-drug user, and a blood-borne virus carrier, is not deemed worthy of celebration.

Many from the general Māori population and other ethnic groupings have discovered the overall benefits to wellbeing, of enhancing and strengthening their identity through moko or tattoo, that represent themselves and/or what is important to them. However, when suggesting this as an intervention for people with Hepatitis C, or for members either current or past of the injecting drug community, it is a suggestion met with surprise and perhaps even disgust. Sadly this ‘disgust’ from time to time comes from other Māori who wear moko. For some, moko has given them a self-perceived elite status that they don’t want to denigrate by sharing the taonga with others whom they perceive as less worthy. Suddenly, moko in this realm becomes either something for privileged more ‘worthy’ people, and where access to one’s identity, to one’s cultural and spiritual identity in particular, might be considered something we would want open to all, the door begins closing and people perceive moko, for people with past drug issues, as something coming with other than positive intentions.

Findings and Conclusions

Chapter eight presents the main findings of the preceding data analysis chapters and draws the final conclusions of the thesis. It further makes recommendations for future research directions in this field.

Chapter Summary

In summary, this chapter has articulated the storyline of my thesis in a way that is simple and to the point. I have used significant questions, to help manage what has at times been a struggle, to connect the ideas which are central to the thesis. I have introduced critical theoretical tools that are used to create and tell the story of this study. In particular these include: Kaupapa Māori; narration; case studies; and karakia. The following chapter, methodology, explains these tools more fully in the context of this study.

Chapter Two

Methodology

Notions and practices of Indigenous research have been evolving since the early 1990's and we now have the privilege of working in a research context in which these things are relatively commonplace. This does not mean however, that they are always accepted, nor that they go unchallenged. Rather, the Indigenous researcher plays a significant role in the continued development of research ideologies and methodologies that ensure the safety and respect of the Indigenous researcher, those researched, and the Indigenous research outcomes. Most importantly they are responsible for research processes and outcomes that see that the ultimate aim of self-determination of Indigenous peoples is reached.

How then do we set about designing research in such a way that we become active agents in the struggle for Indigenous self-determination? How do we articulate the importance of research to ourselves and others who have suffered at the hands of racist researchers using their research to further entrench colonising attitudes and practices? How do we organise ourselves as Indigenous researchers in international collaborations whilst still developing independent Indigenous research frameworks in our own lands, and what and how does Kaupapa Māori research contribute to international Indigenous collaborations?

These are the questions to be explored in this chapter, and there are 2 key areas to be addressed in seeking to answer these. Firstly, to unpick the issues of colonisation and how it impacts on researchers, those researched and most importantly on the research outcomes. Secondly, to examine Kaupapa Māori theory and how it might be applied in an international context.

Colonisation and Research

Researchers have a torrid history of using research as a tool for further oppression of Indigenous peoples (Mead, 1994; Pihama, 2001). For many generations non-Indigenous researchers have entered our communities to glean information, collect data, and then analyse it in ways that are devoid of Indigenous ways of knowing and behaving (Kidman, 2007; Smith, L.T., 2007). The end results being to produce de-contextualised research findings that position Indigenous peoples as

victims of their own wrongdoing; thus justifying the continued role of the coloniser to teach us the ‘right way’, their way, in order to save ourselves from our own destruction.

Colonisation is a process whereby Indigenous peoples are systematically taught to do things according to the colonisers view of the world (Smith, C., 2002; Pihama, 1993; Smith, G. H., 1997). In so doing, Indigenous ways of knowing and behaving are lost. Worse, they may no longer be deemed as of any importance whatsoever. These are experiences that are shared amongst Indigenous peoples from many lands. It is these shared experiences that “Indigenous communities associate with racism, with inequality and injustices” (Bargh, 2007, p. 57).

This section of the thesis is written with an awareness that numerous Indigenous peoples and non-Indigenous peoples alike have already written about colonisation (Jackson, 2007; Walker, 1987; Alfred, 2005; Battiste, 2008). Accordingly, it could be argued that there is little more to be contributed to the discourse. As such, one might query how additional contributions could be viewed as anything that will actually assist progress of our peoples, as opposed to creating a space for whimsical reflections on our sore history. In short however, the answer to such a query is that it is the very question in itself that implores the discussion to be continued. Not to rehash the same cries and bemoan our position, nor to traverse already well travelled thoughts and conversations. Rather, this discussion is necessitated by known experience, which tells us that at each point in time, the effects of colonisation are felt in different ways. The ripple effect of the stone does not stop; however, the waters in which we continue to feel the waves of colonisation are ever changing. Our skills to duck, dive, sink or swim, or indeed to surf these waves, are developed through continued careful analysis of the current contemporary situation.

The analysis presented here is multi-layered and shares commonalities with many other Indigenous writers, and with many other Indigenous peoples to whom I have spoken and shared experiences with. These layers include: how colonisation affects one’s ability to think and speak; how we view our position in the communities in which we have been raised, and the communities in which we now live; how we view our freedom or our entrapment; how we view our position in the environments in which we move – ie. the academic institutions, the

business world, the governance institutions, social institutions, sporting institutions ... the list is as broad as the lives we lead, and this is a critical factor.

It can be argued that the analysis of colonisation is indeed critical to every facet of one's life. One's ability to apply that analysis is, however, dependent on one's preparedness to look and do. It is my contention that many of us in the academic arena are well skilled in applying decolonising methodologies to a literature review, a lecture, or a research project. I am not so sure though that we are able to apply the same methodologies or thinking space to our everyday experiences. Many have argued that the academic arena is treacherous ground in which to apply Indigenous analysis (Battiste, Bell, & Findlay, 2002; Witt, 2007; Castleden, Garvin, & Huu-ay-aht First Nation, 2008; Walker, 1990), and for a long time it has been. However, it could also be argued that there are many areas of academia in which it would now be considered treacherous for an Indigenous person to do otherwise. This represents the groundbreaking work of the academics who have preceded our own work, and the foresight and bravery of activists who work outside of academia in order to create a broader context of eventual transformation of our world. It is acknowledged that there remain vast fields within the academic institutions yet to experience this, nonetheless the fields of health and education are well used to being viewed and 'shaken-up' through the Indigenous lens. Given this, we can as Indigenous academics, challenge ourselves to move outside of that 'comfort zone' of the institution and start applying the Indigenous lens to the rest of our lives. If in fact that is not what we are doing already, or what we were doing before we even learnt to apply it to the institution.

Indigenous peoples have shown both resilience and defiance against early attempts to keep us in our place as 'lowly educated natives'. However, many have not. Many of us still would never dream of stepping foot in a university. So, what are the key elements that influence our ability to overcome the obstacles of universities that exist as further attempts at keeping us colonised? What are some of those factors of resilience, or perhaps a more apt term, self-determination?

The work of Linda Tuhiwai Smith (1997), whose doctoral studies centred largely on de-colonising research methodologies, goes some way to answering these questions. In order to begin this discussion it is necessary to consider firstly the converse of de-colonising methodologies, that is, 'colonising methodologies'.

Colonising research may be considered, amongst other things, as that which privileges academic literature and empirical evidence, over and above oral accounts (Smith, L.T., 1999; Pihama, 2005; Smith, C., 2002). This is not to say that de-colonising methodologies counter this by privileging oral accounts over academic literature and empirical evidence however. Rather, it is about giving voice to material previously not recognised as valid in terms of research documentation. This includes but is not exclusive to, oral accounts. De-colonising methodologies also acknowledge for example, the historical and contemporary narratives contained in traditional carving, song and performance. Rarely however would a decolonising research methodology such as Kaupapa Māori, consider the single source sufficient to deem the data valid. Most Kaupapa Māori researchers would consider the triangulation of data sources as a given. That is, in order to ‘count’, data would generally need to be taken from one source and then be backed up by at least two other sources in order to be considered truly robust. For example, an oral account of an elder might be backed up by both documentation of traditional waiata, and of historical evidence contained in the elaborate carvings of a traditional meeting house.

De-colonising research seeks to unravel data from all sources, including those mentioned above, as well as material from non-Indigenous researchers. It is important to note that it is not the sole intent of Kaupapa Māori or other Indigenous research to counter the research of colonisers, as could be suggested by the term ‘de-colonising methodologies’. Rather, it is about doing what is necessary in order to assist people to become de-colonised, to become self-determining, and to be resilient to the forces of colonisation (Bishop, 2008; Durie 1998; Walters, 2006). Sometimes this results in direct challenges to past research. However, to solely focus a methodology or research theory on this task, would be to fall short of the ultimate aim of self-determination. This aim cannot be achieved by simply deconstructing historical or recent research alone, given the narrow foci of the majority of these works in terms of the dimensions of our lives that it has covered.

Kaupapa Māori and International Research

Kaupapa Māori researchers began largely in the area of education, closely followed by the health sector. Currently, there remains a larger force of Kaupapa

Māori researchers in both of these areas than in any other. However, with the current drive to increase numbers of Māori graduating with PhD's, we are seeing a greater spread of Māori researchers throughout the various faculties of our universities. Concurrently, we have many researchers emerging from our own Indigenous universities known as *whare wānanga*. It is important to note however, that not all Māori researchers practice Kaupapa Māori research. How then, does one identify as a Kaupapa Māori researcher? It is simply a matter of stating explicitly at the outset of the research that this is your position and providing the rationale for that. The methodology, and most importantly the analysis, will further evidence that claim. Ultimately, the findings of a Kaupapa Māori piece of research will be such that they add to the self-determination of Māori and/or Indigenous peoples.

The present discussion has eluded to the notion of Kaupapa Māori research being not just something we do in our work, but rather it being a way of life. Kaupapa Māori by literal definition is simply 'about Māori'. Māori is defined in dictionaries as 'natural' (Moorfield, 2005). So it could be theorised that Kaupapa Māori is about 'what is natural' or about 'being natural'. It is my contention that it is a difficult task to purport to undertake Kaupapa Māori research and therefore be working in a 'natural way', yet live everyday life in other ways. It could be further argued that neither Kaupapa Māori research, nor Kaupapa Māori education, health, art, or scientific endeavours, can ultimately be achieved by approaching them as you might any other job. In many other jobs it is quite acceptable that the job is a completely separate facet of one's life. In Kaupapa Māori positions however, one is more likely to succeed in their role if the values and underpinnings of their work are generalised to other facets of everyday life and vice versa. One could go further and suggest that conflict arises when we attempt to live our lives by one code, the coloniser's code, whilst working by another code, the Kaupapa Māori code, and this is particularly so for Indigenous peoples.

The discussion of Kaupapa Māori research links and often overlaps with that of Kaupapa Māori theory. Theory is defined by the Encarta World English Dictionary (2008) as 'a set of circumstances or principles that is hypothetical' (p.1). Having experiences, and indeed a life centred on things Māori, gives the

‘circumstances’ and the ‘principles’ by which everyday life routines and events are carried out. It does not however, feel in any sense of the word ‘hypothetical’. How then does one who practices or lives in a Māori way come to have an understanding of Kaupapa Māori theory? I argue that to develop theory from a lived base of understanding, is simply to develop and undertake analyses of those circumstances and principles by which that living is framed. It could be concluded therefore that a Māori analysis of things Māori, is one manifestation of what Kaupapa Māori theory is.

By contrast, how does one who has essentially grown up removed from Māori ways of being and doing in the world, but who is well versed in theory and analytical skills, develop and conduct work using Kaupapa Māori theory? A number of Kaupapa Māori researchers currently practicing in Aotearoa fit this category. Indeed, these numbers are growing as the numbers of Māori achieving doctoral qualifications increases. Many of these graduates have discovered being Māori through their university studies. Simultaneous to this, it is noted that the requirements of research funding bodies are such that it is the academic qualifications and experiences of principal investigators that are priority factors determining funding success, as opposed to their lived understanding and experience of Kaupapa Māori. The circumstances and principles of Kaupapa Māori in this instance might be almost solely those experienced inside the academic arena. The experiences and discovery of being Māori, of identifying as Māori, have begun for some in a university setting far removed from the ‘natural’ environment of Māori, and many would go so far as to say it is a setting that is in direct conflict with being Māori. Educational institutions are after all a bastion of colonisation of Indigenous peoples, and this raises an interesting albeit contentious opportunity for further discussion.

The previous paragraphs have begun to describe two distinct types of Kaupapa Māori researchers: those whose Māori knowledge has come about through their academic experiences and endeavours; and those whose academic experiences and endeavours have come about from their lived Māori knowledge. The purpose of this writing is not to privilege either one over the other, but rather to acknowledge the differences, in order that any potential impact of these differences can be mediated and indeed progress any advantages borne from them.

Given this, it is not deemed necessary to identify nor cite specifically under either 'label' as such, it is rather more important to acknowledge the reality.

How might an understanding of these differences assist in the development of international Indigenous Research protocols? Firstly, it may be found that these differences amongst Māori researchers' experiences exist also within other Indigenous researcher groups. Secondly, that these differences bring with them different approaches to Indigenous knowledge and practices within the research teams. And thirdly, that these differences will therefore have an ongoing impact of differing approaches across the teams in international Indigenous collaboration.

Exploring the differences and similarities of Indigenous approaches within and across the teams is a critical first step in the development of international collaborations. This cannot be done without sensitivity to the notions of identity that underlie the current discussion. The differences amongst Māori and Indigenous researchers being explored are essentially differences of identity, and more specifically the basis of identity. That is, both the academic base of one's identity and the lived base of one's identity. Given the context of colonisation and the various stages that individuals might be at in working towards de-colonising, this is a sensitive area. Many might be cautious about the exploration of such an area, however, to not do so, would be to miss an opportunity for both individual and systemic de-colonisation. Referring to Linda Smith's (1999) model of the Indigenous research agenda, this would ultimately detract from self-determining research.

A self case study is one model that provides some safety in which to begin the exploration. Implicit in my practice as an emergent Māori researcher is the ownership of this model (the Indigenous research model), for self. This ownership implores me to analyse both my living and research practices at regular intervals in the research journey. For example, at a macro level I ask myself if the ultimate aim of the research is to assist Māori and other Indigenous peoples to become self-determining. Then, how self-determining is the life that I live and the research that I engage in? As research methods employed may need to be fine-tuned throughout the process to ensure it stays on the ultimate self-determining track, so too does my life or rather life-style, require intermittent 'tweaking'. This self-application of the ultimate aim of the research is perhaps one critical difference

between the job of a Kaupapa Māori researcher and any other researcher. It may also be a difference between the Māori or Indigenous researcher who grows identity through academia, and the researcher who grows academically through their identity as described earlier. That is, the academic Māori researcher may not be as likely to self-analyse, or to apply the self-determining research methods and purpose to their own lives, or might do in a different way to the Māori academic.

This raises the notion of an insider-outsider researcher. Historically, much social research has centred on ‘proper research’ being considered as such when it is conducted in an impartial or objective way. Kaupapa Māori research, by contrast, actually requires the researcher to situate him or herself in some way ‘inside’ the research and largely remove levels of objectivity. Being subjective, that is, to see oneself as a part of the subject or subject group, is advantageous in Kaupapa Māori research because it implies one’s accountability to the research group and the research outcomes. Subjectivity is indeed necessary in order for the research to be deemed valid under Kaupapa Māori terms. This accountability and responsibility to the people is particularly important in the context of the historical injustices perpetuated by research on Indigenous peoples discussed earlier in this paper.

The notion of insider-outsider research has differing levels of application. For example, some Kaupapa Māori researchers (Royal, C., 1996; Smith, C., 2008) go so far as to state that the researcher should have direct genealogical ties to the group whom they are researching. The rationale given is three-fold. Firstly, it ensures the same level of accountability to the group applies due to the researcher’s familial ties. Secondly, the background and contextual knowledge of the research area and people is much more likely to exist within the researcher, because they know and are known to the community. Thirdly, the researcher remains tied to the community beyond the life of the research, and is therefore able to be held accountable for both the research outcomes and the longevity of the impact of these outcomes.

The accountability that comes with familial ties goes beyond the obvious: that the researcher is one of the people and therefore has a stake in, and is to an extent responsible, for outcomes in the community. The tribal nature of Māori communities contains a complex matrix of roles, positions, and responsibilities.

Many relationships exist within whānau; tuakana-teina is one such relationship. Tuakana Nepe (1991) writes about tuakana-teina as it relates to her personal knowledge of whānau, hapū, and iwi, and the family relationships she has experienced:

At my immediate whānau generation level I am teina to my older sisters and tuakana to my younger sister and two younger brothers. This information influences how we interact, in terms of our reciprocal roles and commitments, to one and other. By virtue of our standing as either tuakana or teina to each other these roles and commitments are binding and fixed. (p.21)

This appears quite straightforward. At an iwi level however the complexities are increased:

At the iwi level my tuakana-teina relationships are complex and are varied in relation to all my great grandparents, siblings, great grandchildren. The important fact to remember is that the tuakana-teina kin relationships are not restricted to immediate whānau of the generation level referred to, but are applicable too at the extended whānau, the hapū, and the iwi levels ... these kinship complexities are applicable to all social relationships. (p. 22)

Clearly the more extended the interactions, the more complex the relationships. In terms of facilitating research this raises interesting issues. How do the interrelationships and whakapapa between different hapū and iwi impact on the tuakana or teina status of the individuals participating in research? How do researchers mediate these relationships? Do they have enough knowledge to determine the status of participants or is that the role of other members of the tribe or family? These questions stem in the main from a methodological focus. For Māori researchers they will be answered in the construction and use of Kaupapa Māori methods and frameworks. Other Indigenous researchers have developed and used their own research tools to answer a similar set of questions.

Linda Tuhiwai Smith (1999) introduced the notion of an Indigenous research agenda that in essence highlights important contextual issues to be mindful of when conducting Indigenous research. It provides a framework for mediating and

traversing the complexities that arise in such research, ultimately aimed at bringing about self-determination in Indigenous communities:

The Indigenous research agenda is broad in its scope and ambitious in its intent ... some things make this agenda very different from the research agenda of large scientific organisations or of various national science research programmes. There are other elements, however, which are similar to any research programme, which connects research to the 'good' of society. The elements that are different can be found in key words such as healing, decolonisation, spiritual, recovery (Smith, L.T, 1999; p. 117)

The chart below encompasses these concepts and provides a visual representation of the Indigenous research context. Smith (1999) presented this chart as a metaphor of ocean tides, with the processes of healing, decolonisation, transformation and mobilisation, being indicative of the four directions of our world: the northern, the eastern, the southern and the western. The research processes that we engage in need to be mindful of these four processes. That is, from design through to outcomes, and everything in between, an Indigenous researcher needs to be aware of the context in which the research is placed, and more importantly, that the context is ever-changing as with the tides. This entails one considering how the research aids or impedes the processes of healing, decolonisation, transformation and mobilisation. In this way the 'research agenda' can be viewed as both a framework to guide research and a framework for analysis on any aspect within it.

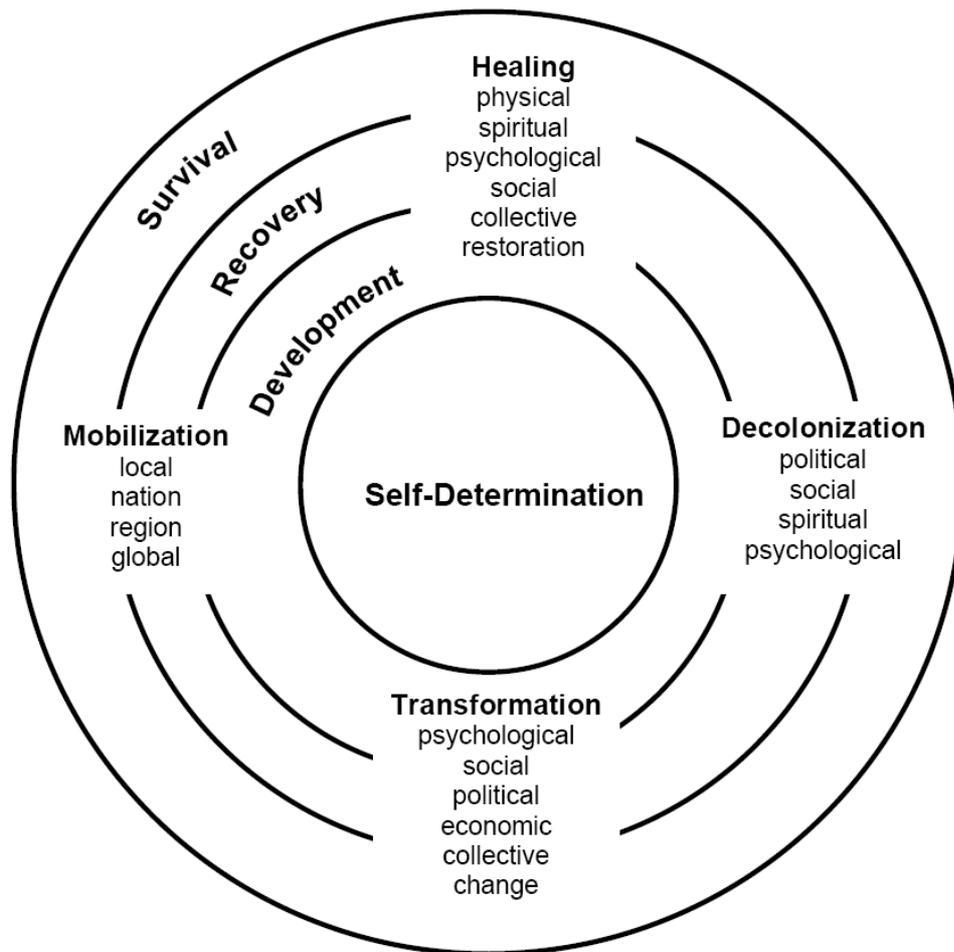


Figure 2. ‘An Indigenous Research Agenda’

Linda Tuhiwai Smith, 1999, *Decolonising Methodologies, Research and Indigenous Peoples*, Zed Books, London, p.117

Survival, recovery and development, and self-determination are “the conditions and states of being through which Indigenous communities are moving” (Smith, L.T., 1999, p.116). The Indigenous researcher is not exempt from this and neither are the communities in which we work and live. Acknowledging our own position and that of our research participants at all points in the research journey will assist us in ‘fitting the research to the community’. This is important because when research ‘fits’ it is more likely to result in meaningful outcomes that can be immediately applied and taken up, adding to the transformation and self-determination of people, as the ultimate aim of the Indigenous research agenda.

A Community-Up Approach to Defining Researcher Conduct

A community-up approach to defining researcher conduct (Smith, L.T., 2006) is grounded in both Kaupapa Māori and participatory research methods. Linda Smith (1997) first presented the cultural values in her doctoral thesis, which have been built on by Fiona Cram (2001) who:

translated how the selected value statements in Decolonising Methodologies could be applied by researchers to reflect on their own codes of conduct ... This could be described as an exercise of ‘bottom-up’ or ‘community-up’ defining of ethical behaviours that create opportunities to discuss and negotiate what is meant by the term ‘Respect’. (p.11)

In terms of Kaupapa Māori research there are a number of ways these values might have application to our work. Firstly, there is consideration as to how we as researchers have experienced and built up knowledge of these cultural values and therefore how we apply them to our daily interactions with others. Secondly, there is consideration as to how research participants might have experienced them and how this experience might have been for them in any previous research engagements. Thirdly, there are both similarities and differences that exist amongst the different whānau, hapū and iwi, (family and tribal) groupings we affiliate to. These groupings may determine the subtleties of how cultural values have meaning in everyday events and which of these might be of greater or lesser importance in the tikanga, or protocols of a particular grouping.

The table below (Smith, L.T., 2006, p. 12) provides an example of how these values are applied in a Kaupapa Māori research paradigm.

Table 1. “Community-Up” Approach to Defining Researcher Conduct

| Cultural Values (Smith, 1999) | Researcher Guideline (Cram, 2001) |
|--------------------------------------|---|
| Aroha ki te tangata | A respect for people—allow people to define their own space and meet on their own terms. |
| He kahohi kitea | It is important to meet people face to face, especially when introducing the idea of the research, “fronting up” to the community before sending out long, complicated letters and materials. |
| Titiro, whakarongo ... kōrero | Looking and listening (and then maybe speaking). |

| Cultural Values (Smith, 1999) | Researcher Guideline (Cram, 2001) |
|--------------------------------------|---|
| | This value emphasises the importance of looking/observing and listening in order to develop understandings and find a place from which to speak. |
| Manaaki ki te tangata | Sharing, hosting, being generous. This is a value that underpins a collaborative approach to research, one that enables knowledge to flow both ways and that acknowledges the researcher as a learner and not just a data gatherer or observer. It also facilitates the process of “giving back”, of sharing results and of bringing closure if that is required for a project but not to a relationship. |
| Kia tūpato | Be cautious. This suggests that researchers need to be politically astute, culturally safe, and reflective about their insider/outsider status. It is also a caution to insiders and outsiders that in community research, things can come undone without the researcher being aware or being told directly. |
| Kaua e takahia te mana o te tangata | Do not trample on the “mana” or dignity of a person. This is about informing people and guarding against being paternalistic or impatient because people do not know what the researcher may know. It is also about simple things like the way Westerners use wit, sarcasm, and irony as discursive strategies or where one sits down. For example Māori people are offended when someone sits on a table designed and used for food. |
| Kaua e māhaki | Do not flaunt your knowledge. This is about finding ways to share knowledge, to be generous with knowledge without being a “show-off” or being arrogant. Sharing knowledge is about empowering a process, but the community has to empower itself. |

The ‘Indigenous Research Agenda’ is useful in providing an overarching framework for Kaupapa Māori research, reminding us of both the ultimate aim of our research, and the context in which we live and work. The ‘Community-Up Approach to Defining Researcher Conduct’ gives a more detailed set of values that are closely adhered to in the process.

The matrix below was developed by myself in 2006 to facilitate a Kaupapa Māori approach to the work of the ‘Mauri Tū Mauri Ora’ Indigenous resilience project

being undertaken at the time. It illustrates how the cultural values and researcher guidelines might be engaged in a methodological approach. It is strengthened by linking whakataukī (proverbs), and could be broadened to include karakia (spiritual incantation), pertinent to various aspects of the research. In this way the research is simultaneously grounded in the teachings of our ancestors and therefore more likely to result in a ‘community-fit’.

Table 2. Mauri Tū Mauri Ora: Kaupapa Māori Methodology Matrix

| Cultural Values (Smith, 1999) | Researcher Guideline (Cram, 2001) | Mauri Tū Mauri Ora Methodology | Whakataukī |
|--------------------------------------|---|---|--|
| <i>Aroha ki te tangata</i> | A respect for people – allow people to define their own space and meet on their own terms. | <ul style="list-style-type: none"> • participant interviews • research team meetings • Indigenous caucus conferences • hui | <i>Ka ora pea I a koe, ka ora koe I au.</i> Mead 1981:13 ‘Perhaps I survive because of you, and you survive because of me.’ Each member of the tribe is essential to the survival of all the others. Likewise in any group enterprise the performance of each member is important to its success. |
| <i>Titiro, whakarongo... kōrero</i> | It is important to meet people face to face especially when introducing the idea of the research, ‘fronting up’ to the community before sending out long complicated letters and materials. | <ul style="list-style-type: none"> • community researcher/s developing relationships • annual international team meetings • utilising and maintaining existing networks • individual whānau, hapū and iwi relationships | <i>He kanohi kitea.</i> ‘The seen face’. The face that is seen is the one who is listened to and the one who will receive new knowledge. Being seen is to ‘walk the talk’, and shows a commitment beyond words. |
| <i>Manaaki ki te tangata</i> | Sharing, hosting, being generous. This is a value that underpins a collaborative approach to research, that enables knowledge to flow both ways, acknowledges the | <ul style="list-style-type: none"> • koha for participants • checking data analysis with participants • reporting back to communities and participants • meeting planning | <i>Kai ana mai koe he atua, noho ana au he tangata.</i> Best 1901a:87; Brougham 1975:56 ‘You are eating like a god while I am sitting here as a man.’ This illustrates a lack of |

| Cultural Values (Smith, 1999) | Researcher Guideline (Cram, 2001) | Mauri Tū Mauri Ora Methodology | Whakataukī |
|-------------------------------------|--|---|---|
| | <p>researcher as a learner and not just a data gatherer or observer. It also facilitates the process of ‘giving back’, sharing results and of bringing closure if that is required to a project but not to a relationship.</p> | <p>and facilitation</p> <ul style="list-style-type: none"> • inclusive meeting practices | <p>hospitality. If visitors arrive as you are eating, they should be asked to join in. This rule holds whether the visitors are important or not. In ancient times it was thought that even a visitor who seemed common and ignorant might possess powers of magic to destroy one.</p> |
| Kia tūpatō | <p>Be cautious. This suggests that researchers need to be politically astute, culturally safe and reflective about their insider/outsider status. It is also a caution to insiders and outsiders that in community research things can come undone without the researcher being aware or being told directly</p> | <ul style="list-style-type: none"> • research team professional development plans • Relationships with key stakeholders • Working collaboratively with research team members • Own strength in whānau, hapū and iwi | <p><i>Ehara koe i te taputapu.</i> Smith n.d. a:137; Williams 1908:21 ‘You are not great at all’. Take care! Be careful of what you say or do.</p> |
| Kaua e takahia te mana o te tangata | <p>Do not trample on the ‘mana’ or dignity of a person. This is about informing people, guarding against being paternalistic or impatient because people do not know what the researcher may know. It is also about simple things like the way westerners use wit, sarcasm and irony as discursive strategies or where one sits down, for example Māori people are offended when someone sits on a</p> | <ul style="list-style-type: none"> • Whānau, hapū and iwi awareness • Timeliness and planning of hui • Recognising the skills of others and encouraging ongoing development • Acknowledging and allowing for the diversity of Indigenous peoples involved in the project internationally – development of international Indigenous protocols • Student mentoring | <p><i>Me paopao oti? He mokopuna rānei nā Rahiri?</i> Williams 1908:19; 1971:258; Turnbull n.d. 17 ‘Should (you) refuse? Or are you descendants of Rahiri?’ Rahiri was the principal ancestor of all Ngāpuhi people and refused no one on the basis of whakapapa (lineage). From his son Kaharau were descended all the fighting chiefs of Ngāpuhi. The</p> |

| Cultural Values (Smith, 1999) | Researcher Guideline (Cram, 2001) | Mauri Tū Mauri Ora Methodology | Whakataukī |
|-------------------------------|---|---|---|
| | table designed and used for food. | | message of this proverb is that it is better to be open-minded and open-hearted than to treat people with unkindness. |
| Kaua e māhaki | Do not flaunt your knowledge. This is about finding ways to share knowledge, to be generous with knowledge without being a ‘show-off’ or being arrogant. Sharing knowledge is about empowering a process but the community has to empower itself. | <ul style="list-style-type: none"> • shared facilitation and planning of research team meetings • individual and team workplans and feedback sessions • creative report back methods to participants and communities • international meetings and Indigenous caucus meetings • ‘ako’ – understanding and enacting the dual nature of learning and teaching in research engagement • consideration of the broader research/academic and community contexts in which this research exists | <p><i>Ehara ahau i te rangatira, engari he ata ahau no te tangata.</i> Stowell n.d. b ‘I am not a chiefly person but rather the reflection of one.’ A self-effacing expression of humility.</p> |

Source: (Penehira, 2006)

These methodological frameworks provide strong, yet ever-evolving mechanisms through which Kaupapa Māori researchers continue to develop their work. As we move into international collaborations with other Indigenous researchers however, we need to negotiate new ways of working that enable each collaborator to stay true to the Indigenous values of their own country, without impinging on those of their fellow collaborators. Each international research collaboration would do this in their own unique way to meet the needs of both the people involved, and the research outcomes. The processes that many Māori researchers have created and employed in the development of Kaupapa Māori research (Jackson, M. 2008;

Kidman, J. 2007; Moewaka Barnes, H. 2000) provide rich ground from which we can contribute to the construction of International Indigenous Research Protocols. For example, many of the questions we ask ourselves in creating our own research guidelines could be used as the basis for the development of shared protocols with our Indigenous research peers:

1. What are the critical factors for self-determining research processes and outcomes for Indigenous peoples?
2. What are the historical and contemporary research contexts that need to be accounted for?
3. What are the specific diversities that must be honoured and protected?
4. What are the common elements of Indigenously correct research?

It is important to note that shared protocols are not intended in any way to detract from the diversities between countries, or indeed the diversities within countries. But simply that these differences may highlight the distinct tribal and/or geographical nature of Indigenous peoples, and as such should be reflected in the protocols.

In order to engage the in-depth information sharing between collaborators required to construct protocols, further questions might be posed:

Establishing Rationale and the Indigenous Research Context

- Why are Indigenous research protocols important to you and your research team?
- What difference will Indigenous protocols make to you, to the research and to the research participants?
- Is it important to have shared Indigenous protocols in an international Indigenous collaboration? Why? Why not?

Protocols and Principles for Inclusion

- What are the top three things to be covered in the development of shared Indigenous protocols for this project?
- What, if any, are the key underlying principles that should guide the shared Indigenous protocols for this project?
- Is language translation of the shared Indigenous protocols a necessary part of this development? Why? Why not?

Research Outcomes

- Do you see Indigenous self-determination as a key goal of Indigenous research?
- In what way might indigenous protocols contribute to the self-determination of Indigenous peoples?

Researchers would be encouraged to give responses which reflect the specific Indigenous research processes and context/s of their lands, as opposed to attempting to edit responses in order to ease the ‘sharing and unification’ of protocols for an international project.

Summary of Methodology

This discussion has addressed the issues of colonisation and neo-globalisation in the Indigenous research context, alongside the role of the researcher as ‘activist’ in responding to the effects of these in our communities. Finally an examination of Kaupapa Māori theory and research as it applies in the international Indigenous research agenda has been presented. In conclusion, it could be posited that although Indigenous peoples have much to gain from international collaborations, we have potentially as much to be cautious about in this part of the research journey. Those cautions centre on protecting the unique identity of the Indigenous collaborator/researcher in the conglomerate of international research opportunities that abound. This awareness and protection is what will ensure the greatest likelihood of the ultimate aim of self-determination for Indigenous participants and communities being achieved.

Methods

What has happened in the last 3 years?

In this thesis, I have conducted an in-depth qualitative study, including a combination of semi-structured individual interviews, focus group discussions and key informant interviews. A case study plan was developed with participants to enable a comprehensive study of traditional knowledge and healing with specific reference to moko.

Literature was reviewed throughout the duration of the thesis. This enabled a dual process of literature informing the research, and research informing the literature that was required – in this sense the study took on an action-research process.

The final research plan was completed following engagement and dialogue with community stakeholders, thesis supervisors, and the ICIHRP project teams. The study was completed in the three year full-time allocation allowed for a PhD, with an extra 6 months being added to enable the transition from the University of Auckland to the University of Waikato. This transition occurred due to my chief supervisor moving from the University of Auckland to take up a position at the University of Waikato.

Case studies

Case study participants were gained through my own personal networks. I approached three women individually whom I knew who had HCV, and discussed the research plan with the view to their involvement. All agreed and after discussion with my chief supervisor it was deemed that three people were sufficient for this study. We determined that an in-depth qualitative study was most appropriate and best suited to meet the aims and objectives of the research. After the initial discussion I met each of the participants again and we designed the case study plan. This essentially involved developing question guides and negotiating these until we were happy with the content. Interviews occurred over a period of two years and took place in the environment chosen by the participant at the time. These included interviews conducted at: their respective homes; their respective workplaces; my home; cafes. Case study participants chose to remain anonymous in the study though agreed to photographic work of their moko to be included as a way of enabling a greater understanding of who they are.

Key informant interviews

There were two main key informants to this study: Christine Harvey, who is a female moko practitioner; and Dr Huirangi Waikerepuru, who is a prominent kaumātua from Taranaki. They were both chosen primarily because I knew them well, and because their expertise would make a significant and unique contribution to the study.

My relationship with Dr Huirangi Waikerepuru spans over 20 years, beginning when I studied Te Reo Māori for two years under his guidance in Taranaki. I lived in Taranaki for 10 years and spent a great deal of time attending and organising marae based wānanga and whānau events with him. He has been involved in my previous student research, both in an advisory capacity and as a key informant.

Christine Harvey is a well-respected and highly skilled moko practitioner from Rēkohu and Taranaki. I have known Christine for 10 years, having received moko, including my moko kauwae, from her throughout that time, and we have been involved in a number of moko wānanga together.

Question guides were used in initial discussions with each of the main key informants, however discussion often expanded to related topics which although not originally planned, added significantly to the research. Huirangi in particular, provided guidance to the research itself, providing mentoring and advice on a number of occasions.

Interviews with key informants took place over 3 years of the study, with interview sites and times being arranged to suit the participants. Interviews occurred therefore across a range of environments and in different geographical locations including: in family homes; at marae; at my home; during wānanga; at university; in Taranaki, Christchurch, Rēkohu and Auckland.

There were no set number of interviews determined when we initially discussed their involvement, rather we were all open to meeting on a more ad-hoc basis to fit their busy schedules and to meet the requirements of the research. In all approximately 10-12 interviews and/or in-depth discussions took place with key informants.

Practitioner wānanga (Rēkohu) and focus group discussions

In 2008, I was invited to attend a week-long gathering of female moko practitioners in Rēkohu. The main purpose of the hui was to develop skills in the making and use of traditional hand tools for moko. It also provided the basis for the establishment of the “wāhine mau moko” group, whose aim is to support the development of women moko practitioners working for the reclamation of moko.

This provided the opportunity for me to discuss the research with individuals and for further key informant interviews to be undertaken, using the focus group method. That is, I interviewed five women in two groups. This information is included in the key informant data analysis.

My own work with moko as an apprentice and recipient

Throughout the study I have continued to be involved in a number of moko wānanga and indeed received moko during this time. I undertook training with Christine Harvey for a period of the duration of this study, with the intention of developing my skills to potentially work as a moko practitioner. This may one-day eventuate, however, the demands of being a full-time PhD student and mother, (coupled with a growing sense of a lack of actual artistic talent!), have put this on hold for now.

Chapter Summary

This chapter has set out the methodological conceptual framework underpinning the thesis as well as described how the research was undertaken. It clearly marks Kaupapa Māori theory as the most appropriate methodology to be applied to research that is for, with and by Māori. It is of particular significance to a thesis such as this which engages the multiply marginalised population of Māori women with HCV. This chapter has established the platform for the following thesis work, linking particularly to the latter chapter eight, ‘Engagement’, which argues that engagement with marginalised populations requires special and careful considerations in the research and community contexts.

Chapter Three

Māori Frameworks of Wellbeing

This chapter follows closely that of methodology, and indeed the frameworks presented, discussed, and formulated here, could be considered methodological in themselves. I argue here, that in the context of Māori frameworks of health and wellbeing, moko is a valid healing intervention.

The chapter is in two parts: Part One is devoted specifically to the notion of mouri, which is central to a Māori notion of wellbeing; Part Two explores the frameworks themselves and concludes with the diagrammatical representation of moko within a Māori notion of wellbeing.

Part One -- Mouri

Tuku reo, tuku mouri: Language, culture, crossing generations.

This is the vision statement of ‘*Te Reo o Taranaki*’, a charitable trust that was formed to manage and co-ordinate a strategic direction for the regeneration and continued development of Māori language in Taranaki. It is apt to begin with these words which embody the essence of an understanding of Mouri that goes beyond simple dictionary translations of ‘life force’ or ‘life essence’. Indeed, there are numerous oral narratives (whakataukī; waiata; haka; karanga; whaikōrero; karakia), from the present day to our earliest records of Māori history that engage the notion of Mouri. In linking the concept with linguistic, cultural, and intergenerational terms, as in the Taranaki example, it can clearly be argued that Mouri is indeed something of significance to our ‘being’, and to our wellbeing.

The purpose of this part of the chapter is threefold. Firstly, I intend to examine current understandings of Mouri in relation to the present study. Secondly, I will explore the existing and potential relationships between Mouri and Māori women with Hepatitis C. Finally, this part of the chapter considers the potential position of Mouri in health interventions, by viewing Mouri as a key element engaged in the processes of attaining and wearing moko. I argue that Mouri is already deemed a legitimate element in Māori Health discourse, and as such it furthers the notion of moko as a valid healing intervention.

Mouri and Mauri

There are two versions of the spelling of Mouri, one that uses ‘a’ as the first vowel, this being the version more commonly used throughout Aotearoa. The other version which is particular to Taranaki uses an ‘o’ in place of the ‘a’. I have chosen to privilege the Taranaki spelling for a number of reasons. The first being a response to something prominent Taranaki kaumātua Huirangi Waikerepuru shared with me some years ago when we were writing on the topic: “*Oh, I think we better use the ‘a’ here or they’ll think we have misspelt it!*” An important part of current language regeneration strategies is to regain and retain the dialectal differences that exist in our language. Privileging ‘mouri’ supports that strategy by resisting further generalisation or globalisation of our language and concepts. Finally in recent conversations with another person from Taranaki (Pihama, 2009), I was advised that the ‘o’ may represent ‘mouri’ of a greater spiritual significance than ‘mauri’, and that one may be more appropriately applied to the ‘mouri’ of a person, and the other more apt for the ‘mauri’ of inanimate objects. This would fit with other representations or usage of the ‘a’ and ‘o’ in Māori language.

Mana Kaitiakitanga – Māori Principle of Wellbeing

Developed by Dr 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 (learning institutions) which were ultimately aimed at the resurgence of moko kauwae amongst Taranaki Māori women, it provides an overview of the Māori principle of wellbeing, 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 wellbeing, the other six all referring to various aspects of Hau. 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 wellbeing, which in the context of the Māori principle of wellbeing, includes physical, spiritual and emotional states of being. Māori Marsden (1988) describes the relationship between Mouri and Hau, positing that Hau-ora, 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. He 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 wellbeing are framed by four further institutions or concepts: Health, environment, law and tikanga. In so doing, it is suggested that these institutions engage directly with one’s wellbeing 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 wellbeing. In contrast, our state of wellbeing, 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 practicing tikanga Māori.

The base of the framework includes: tapu, tika, pono, hē/hara, noa. These are concepts which allude to the 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 wellbeing. 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:

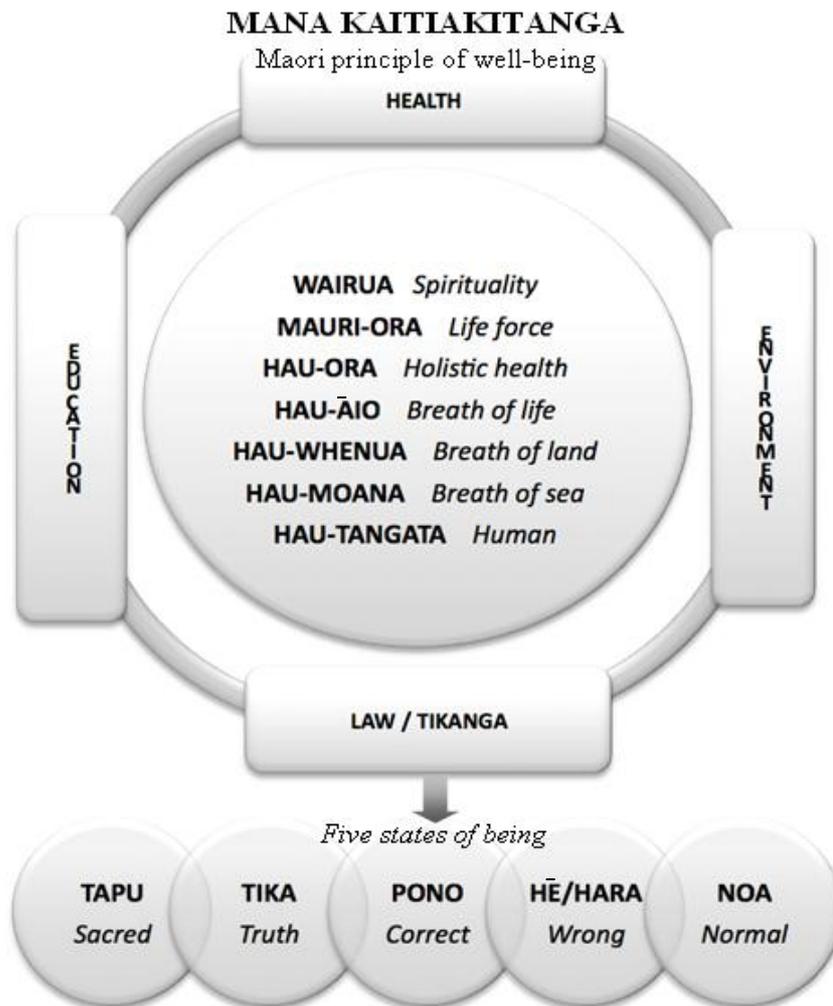


Figure 3. Mana Kaitiakitanga: a comprehensive framework of Māori concepts, elements, and principles of wellbeing

Tapu: (Sacred) A necessary state of being in order to enable certain things to be achieved or events to be conducted. To gain in-depth understanding of karakia and other forms of traditional knowledge, or to participate in events such as tangihanga, 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 wellbeing, it is important that they develop a knowledge and understanding of what is correct. This may be whānau, hapū and iwi 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 wellbeing.

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 wellbeing. However, it is significant to understanding the Māori principle of wellbeing, 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.

So if each of these states have a significant place in our lives, and if collectively they provide the basis for the Māori principle of wellbeing, 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 (prayer or incantation). 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 true and correct (pono and tika), and karakia that caution us about being in the state of ‘hē’ (wrong). Karakia kai or food blessings are perhaps the most common form of karakia for the state of noa (normal). 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 wellbeing.

The seven elements of the Māori principle of wellbeing 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 Dr 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 wellbeing, it is essential that one has a connectedness with Indigenously Māori spirituality. That includes knowledge, understanding and practical application of karakia, pure (specific incantation), and waiata.

Mouri Ora: (Life force) Refers to the innate life force within each of us. In terms of our wellbeing it asks us to give consideration to 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 chapter 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 wellbeing. Hau ora literally may be translated to be breath of life.

Hau Āio: (Breath of Life) Refers to ‘te hau ā 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 wellbeing of humans relating to the wellbeing 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 wellbeing of humans relating to the wellbeing 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: (The breath of humanity) Refers to the unique human spirit within each of us. It speaks of both the individual and the collective wellbeing 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 wellbeing. The descriptions of each of these elements allude to what may be perceived as a Māori view of the overlapping nature of aspects of wellbeing. 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 wellbeing.

‘Mauri Tū Mauri Ora’

The present study is part of the ‘Mauri Tū Mauri Ora’ research project and whakapapa, in that it is doctoral research being undertaken within the framework of this broader project. In 2005 the Health Research Council’s of New Zealand, Australia and Canada, under the auspices of the International Collaborative Indigenous Health Research Partnership (ICIHRP) program, funded the New Zealand project entitled: *The Role of Resiliency in Responding to Blood Borne Viral and Sexually Transmitted Infections in Indigenous Communities*. There are concurrent studies being undertaken in both Australia and Canada within this tripartite research agreement. The Aotearoa (New Zealand) study was developed because it was argued that there is much we need to learn about prevention and treatment in Indigenous people in relation to HIV/AIDs and other blood borne viruses, and to explore how Indigenous people are able to protect themselves against these infections. It was further posited that a good understanding of the notion of Indigenous resiliency would enable development and improvement of Indigenous health programs that would reduce the incidence of these infections, and that furthermore, this would ensure that people could access and receive appropriate care, support, and treatment if infected.

The Aotearoa project is now known as ‘Mauri Tū Mauri Ora’, a name given soon after the project team was first established. It is very much common practice for Kaupapa Māori based research projects such as this, to seek a name or project title

that embodies the nature of the project or its intended outcome. In this case initial discussions centred around the idea of Māori resiliency and our innate ability to overcome adversity, such as that presented in Māori health statistics. I recall us saying things like: “We want to make sure this tells people we are interested in our strength as Indigenous peoples”, and, “It’s about focussing on the positives, not wallowing in concern about such poor stats”. Very clearly, although not a great deal of time was involved, we knew the significance of the name as something which would convey our standpoint. Whilst we didn’t want to over simplify the language, I recall also the desire for something that people ‘would get’! It had to be familiar enough yet not too daunting, for Māori outside of the Māori speaking population, to be able to relate to. The well-known proverb, “Tihei Mouri Ora” (which will be discussed later in the chapter), is used often enough across many contexts, for people to have that sense of familiarity. We talked about notions of identity and Māori pride as significant indicators of well being in our experience, and quickly agreed that the term ‘Mauri Tū Mauri Ora’ both spoke of these things and fitted the purpose and direction of the research. The discussions involved 3-4 of the project team members who then presented the idea to the entire team - they unanimously supported the new name. It is interesting to note, that a direct English translation has never been recorded nor sought. In my view, this reflects current popular analysis amongst the Māori speaking population, that direct translation is not generally of assistance in conveying Māori concepts such as Mauri, but rather, discussions about the concept are what support greater understanding.

The above recollections around naming the project serve as one example of current understandings of the concept of Mouri. A review of both the contemporary and historical literature reveals further understandings. 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.

Charles Royal (2005) considers Mouri alongside two other concepts in particular, those being Mana and Tapu. He states that:

“...mana is the term we use for energy and consciousness that comes from beyond this world, from another reality, and flows into this world. Tapu is the term we use for the sacred and restricted nature of the vessel within which the mana is resident and mauri is the term for an energy within the physical vessel which is necessary for a mana to alight in that vessel.” (p. 8)

Thus he adds another layer to our understanding – that is, Mouri is but one life principle acknowledged by Māori, and furthermore, its existence is co-dependent with a number of other principles. One could argue then, that to look at Mouri in isolation is perhaps of little benefit in a study such as this. I, however, rationalise that there are a number of theorists or experts in Māori knowledge who provide this overview, and there is both a need and space to develop a more in-depth understanding of how specific concepts relate to particular fields of research. I also consider that although Mouri has become a common term in health discourse, as with terms such as ‘Mātauranga Māori’ in education discourse, or ‘mana’ in popular discourse, it is a concept that is in danger of being over-simplified and re-defined by the contexts in which we have become comfortable with its use.

Mason Durie, leading academic in health with a particular focus on Māori mental health, developed the Whare Tapawhā model in 1984. The model centres on Māori philosophies toward health and is based on holistic health and wellness. In the model, Māori health is underpinned by four dimensions representing the basic beliefs of life – te taha hinengaro (psychological health); te taha wairua (spiritual health); te taha tinana (physical health); and te taha whānau (family health). These four dimensions are represented by the four walls of a house. Each wall is necessary to the strength and symmetry of the building. Although Mouri is not specifically addressed in the model, as Best (1934) records, Mouri forms part of one’s psychological wellbeing and so it certainly could be positioned in this context within the ‘taha hinengaro’.

In later work, Mason Durie (2004) examines Māori and Indigenous health promotion in which, drawing on the work of Mihi Ratima, he situates *Mouriora* as an integral element, stating that:

“It is now accepted that good health depends on many factors, but among Indigenous peoples the world over, cultural identity is considered to be a critical prerequisite; deculturation has been associated with poor health whereas acculturation has been linked to good health. A health promotional goal must therefore be to promote security of identity” (p. 10)

In this context, *mouriora* is referred to as one’s cultural identity and having access to the Māori world. Similar links between psychological health and physical health and wellbeing have been made by many in the field, and indeed a Māori approach to health, as mentioned earlier is holistic (Durie, M.H., 2001; Pere, 1991; Ratima, 2001).

A number of writers have also drawn a link between colonisation and poor health. They argue that loss of sovereignty along with dispossession (of lands, waterways, customary laws), created a climate of material and spiritual oppression with increased susceptibility to disease and injury (Durie, 2004). These are all things which have the potential, and indeed have realised the potential, to negatively impact on one’s Mouri. That is, the Mouri of the land and waterways involved, and in turn, the Mouri of the individuals, families and broader Māori communities connected with those places. In considering that Durie (ibid) and others (Harris, et al., 2006; Kearns, R., Moewaka-Barnes & McCreanor, 2009; Robson, 2003) posit that there are links between loss of sovereignty, spiritual oppression, and poor health; *and* if we accept, as moko recipients have attested to in both the current study and previous research (Te Awekotuku et al, 2007), that the attainment of moko is both a positive spiritual experience (and often an act of reclamation of identity and sovereignty), then it is relatively easy to argue that moko can be viewed as something which contributes to the wellbeing of one’s mouri, and in turn, the overall wellbeing of the individual.

Pita Sharples (1995) speaks about the concept 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 wellbeing. 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 wellbeing. 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 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 wellbeing of one's mouri.

Mouri Moko: Mouri Ora

The previous section has gone some way to describe various aspects of mouri and overall notions of Māori health and wellbeing. This section examines the mouri evident in the process of moko and in moko itself, and ultimately, the relationship that has with the mouri of 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, of whakapapa, and of our identity. It is its own narrative, telling its own stories using the language of Māori visual art and spirituality. As Ngahuia Te Awekotuku and Linda Waimarie Nikora (2007) explain, moko symbolises an ideal which includes “bloodlines and life lines, about being Māori. And being more.” (p. 158)

As outlined in the previous section, 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 or not 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 wāhine mau kauae, tāne rangi paruhi, Māori mau 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.” (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 (ibid) 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 wellbeing (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) earlier in this chapter. Accordingly, for those infected with the Hepatitis C Virus (HCV), there will likely be a negative impact on their mouri.

The next section of this chapter considers mouri and other critical traditional knowledge in relation to healing and tā moko.

Part two – Traditional Healing Practices and Tā Moko

“In the present political context of colonial transformation, re-claiming our own healing knowledges is a catalyst for affirming our own power because it locates the source of our power ‘within’ ourselves.” (Reinfeld & Pihama, 2008, p. 25)

I have been told by senior colleagues that a sign of a good researcher is one who doesn’t get concerned about not having the answers but who keeps asking questions until they can form answers of sorts. I remember too, a koroua once saying to me that he assesses what people know by the questions that they ask, not by the knowledge they espouse. So let me begin this chapter by outlining the questions it seeks to address.

What counts as healing and what counts as traditional and what is their significance? What are Māori views about illness, wellness and the broad expanse

of healing that fills the in-between space? What are Māori views and experiences of moko and how do these situate and allow moko to claim the space of ‘healing intervention’, alongside other Māori and Indigenous healing tools and methodologies? Using the Māori principle of wellbeing framework, Mana Kaitiakitanga, how valid is it to present moko as a healing intervention?

Earlier in this chapter I have explored somewhat the terrain of illness and wellness. Mana Kaitiakitanga has been presented as a framework of Māori wellbeing, and is a cornerstone of the present research. Whilst every attempt is made to enable this section to ‘stand on its own merits’, this chapter should be read in the context of this previous information.

What counts as Māori healing?

Healing in a Māori worldview is a multi-layered notion that is situated as part of a whole, with that whole being about our humanity and wellness as Māori and as Indigenous peoples. It is important to note at the outset of this discussion that to enter into the discourse of Māori healing is to engage in the discourse of wellbeing. To consider the notion of ‘healing’ in isolation from wellbeing would risk positioning healing as something only undertaken when one is ‘unwell’, or when there is an imbalance. However, as those who work in this area have noted, the sorts of things that are considered part of the Māori healing ‘package’, are more often than not, part of a total ‘life package’ or ‘lifestyle’:

“Rongoā Māori centralises the importance of healthful and balanced relationships with self, universe and gods – whatever we perceive these to be. They may also continue to include direct relationships with tribal lands and environs or they could be shared due to the multi-affiliate character of many Māori descendants today.” (Reinfeld & Pihama, 2008, p. 37)

Tohunga can be considered the centre point of traditional Māori healing. Paul Moon (2005) who has published a trilogy of writings exploring the life and experiences of Hohepa Kereopa, describes tohunga as those who possess a great depth of knowledge about traditional Māori life, he states:

“Tohunga traditionally possessed this knowledge not because of some ancient, forgotten cultural norm, but because it was fundamental to the community’s survival ... tohunga amassed knowledge not only in practical aspects of day-today living, but they were also the arbiters on matters of tapu, the metaphysical realm, and the complex relationships between people and their environment.” (p. 13)

Thus, the tohunga and their implicit knowledge and practice of Māori healing, are clearly more than something simply ‘enjoyed’ by our people, but rather something critical to our survival. Rongoā and healing were as much a part of daily life as eating and drinking, as opposed to the more common contemporary understandings of medicine and health interventions that are engaged on an ‘as need’ type basis.

From the time of settler arrival Māori have naturally explored and indeed taken on Western health interventions, initially engaging those as a matter of curiosity, latterly as an essential response to the onset of Western ills that beset our communities with settler arrival, and at times in conjunction with our own traditional knowledge. One man well-known to have traversed the junctions between Māori and Western health systems is Dr Golan Maaka (Haami, 1995). Although trained as a medical doctor in a Western framework of health, Dr Maaka both understood and respected the knowledges of tohunga and Māori healing. As Bradford Haami (1995) describes:

“He believed greatly in the efficacy of Māori medicines and often sent Māori back to their old people to be cured by their parents who knew the traditional remedy for their ailment. He knew that the old Māori medicines used by many of his young patients’ grandparents would cure their ailments much better than any modern medicine he could prescribe ... Golan would send people away with the Māori cure for their ailment, which they were to apply for a week. After a week he would study the reaction and if there was no change, he would apply the western equivalent.” (p. 136)

In his Masters study on traditional Māori medicine, Robert McGowan provides a list of things included in traditional Māori healing:

“... that the healer will emerge from a traditional Māori value system and base. Such a healer would be steeped in and live taha wairua as part of their genealogical heritage. A traditional healer would be selected by their group often early in their lives due to their observable giftedness in this area of Māori-centred knowledge and practice. Such a person would be ‘apprenticed’ to senior healers and placed within whānau groups which would nurture and support their gift. Additional to this is a depth relationship with their natural resource system of atua Māori which includes rongoā rākau.” (McGowan, 2000, cited in Reinfeld & Pihama, 2008, p. 35)

Although McGowan is non-Māori and therefore writing from an ‘outsider’ and privileged position, his work is useful in that it gives us some insight into how Māori traditional healing is perceived outside of ourselves as Māori. Also, much of the information we regard as traditional healing knowledge was recorded orally and spiritually and passed onto future generations (or not), by means of hands-on experience, observation, waiata, and discussion. Given this, there has been little written by Māori about our own views and knowledge of our healing and wellbeing practices. What McGowan provides is somewhat of a means of filling the literary gap, though it needs to be read with the caution that the analysis of data from a non-Māori perspective differs from that of Māori.

Reinfeld and Pihama (2008) describe, in their study centred on healing knowledges in Taranaki, how Māori healing includes, but is not exclusive to, Rongoā Māori, which they posit as something that reflects an Indigenous and holistic view of health:

“Rongoā Māori encapsulates a desire for holistic health and in doing so can also be interpreted as a means of reinforcing long held tribal beliefs regarding the legitimacy and efficacy of whakapapa shared with atua Māori, Te Ao Tūroa and te tangata whenua. In this sense it can be understood as being another cultural marker and means of reinforcing a select group membership. The positive focus of rongoā Māori in restoring whole relationships is reason enough to take an active interest in it. Rongoā Māori is neither magic nor exceptional. It is basic and practical to living a balanced existence with ‘all our relations’. Such a view is shared

by many Indigenous peoples still living close to the land base, forests and oceans.” (p. 39)

As Reinfeld and Pihama (2008) elude to, the reclamation of Rongoā Māori and indeed anything deemed to fit within the realm of Māori healing, whether it be through practice or research as in the present study, has an importance that stretches into an even broader view of health and wellbeing. That is to say, it has a political importance: reclaiming and practicing Māori healing is indeed part of a return to our traditional pre-colonised ways of living. It is, therefore, a de-colonising action, and an action which has the potential to play a vital role in the return of Māori to being the self-determining collective that we once were. In terms of Māori with the HCV virus, particularly women, this is a critical factor in re-dressing the imbalance in their health. As stated earlier, this population suffers great marginalisation in everyday society, self-determining activities, such as reclaiming Māori healing, in my view offer a very tangible way of re-gaining wellness in a positively transformative framework.

What counts as traditional?

“Traditional world views provide an historical example of the complexity of Māori beliefs and understandings of the world ... Māori knowledge represents the body of knowledge which, in today’s society, can be extended, alongside that of existing Western knowledge” (Smith, L.T., 1999, p. 175)

The purpose of this section of the thesis is to further contextualise the position of moko as a healing intervention. Understanding moko as part of Māori traditional knowledge, and indeed understanding what is meant by ‘traditional knowledge’, lays the foundation and adds another layer to the context of the thesis.

To name something as ‘traditional’ however, brings with it inherent risks that it would be naïve to ignore. As Tereki Stewart (1997) explains, there is a:

“...propensity to view Māori society as (a) cultural artefact, and to dichotomise it into the ‘traditional’ and the ‘contemporary’. As a consequence, the significance of Māori is relegated to an artefact of the past with no relevance to the present.” (p. 82)

Whilst it is plainly evident today that moko has claimed a very visible space in contemporary society, it remains that it was borne from Māori traditional custom and practice, and as such, was at risk of being relegated to an ‘artefact of the past’. Indeed that risk came to bear as a reality, the result of which was the ‘near extinction’ of traditional moko, particularly facial moko (Te Awekotuku, 2006), prior to the present day resurgence.

Cheryl Smith’s (1994) MA thesis, which explored matters of colonisation and iwi development, further comments on traditionality, saying:

“...what they [early writers on Māori society] have articulated as ‘traditional’ was viewed as a fixed entity rather than an evolving, dynamic society within a colonised context. This view legitimates the notion that Indigenous groups are part of the old world, it is the Europeans that bring civilisation, progress, development and modernity.” (p. 58)

It is this ‘incorrect’ view that we need to remain cognisant of in our current reflections and re-presentations regarding traditional knowledge. To this end, in reviewing the literature, it became evident that many Māori and other Indigenous writers are employing a variety of terms that are used often interchangeably or in place of the term ‘traditional knowledge’. These include but are not exclusive to: Indigenous knowledge; Native knowledge; Indigenous knowledge systems; Indigenous technical knowledge; local knowledge; Mātauranga Māori; tribal knowledge; and community knowledge (United Nations Environment Programme, 2007). For example, Hart (2007), who reviewed Indigenous knowledges literature noted that:

“Such knowledge is holistic, personal (subjective), social (dependent upon inter-relations), and highly dependent upon local ecosystems. It is also inter-generational, incorporates the spiritual and physical, and heavily reliant on Elders to guide its development and transmission.” (p. 85)

Professor Lee Brown (2004), a First Nations academic from the University of British Columbia, also engaged the Indigenous Knowledges discourse in his doctoral studies centred on Aboriginal emotional competencies:

“Battiste and Henderson articulate that it is the “social process of learning” in the emotional realm that makes traditional knowledge traditional. It is this social process of acquiring and sharing knowledge that is unique to each tribe and nation. Thus, knowledge acquisition is based on ‘social relations’ that are founded on emotional development.” (p. 20)

An Indigenous view of knowledge in itself is therefore multi-layered and encapsulates a broad view of knowledge and the relationships required in the acquisition, use, development, and dissemination of knowledge.

“Indigenous Knowledge can be broadly defined as the knowledge that an Indigenous (local) community accumulates over generations of living in a particular environment. This definition encompasses all forms of knowledge – technologies, know-how skills, practices and beliefs – that enable the community to achieve stable livelihoods in their environment.” (United Nations Environment Programme, 2007, p. 1)

Removing the word ‘traditional’ enables the knowledge to be viewed without bias and with application to today’s people and today’s society. To an extent, it also lessens the potential for the ‘mystification’ of our knowledge (Smith, G.H, 2009), an activity that we need to be wary of due to its inevitable access denial. That is, when we shroud something in mystery, we severely limit access to it. Ngahuia Te Awekotuku (1991) was one of the first Māori women to identify the dangers and impact of mystifying our knowledge in her *Mana Wāhine* analysis of the loss of certain Māori knowledge:

“... prohibitions have nevertheless become much more mystified, and their origins, apart from the roots of obvious male fear, sadly obscured. Much of the mystification comes from the colonising health system which has effectively disallowed one traditional – and essential – link of the Māori woman with the earth.” (p. 68)

Te Awekotuku’s analysis is particularly relevant to this thesis which centres Māori women, in that she explores the implications of how and why the female traditions (especially) of Māori have suffered such great obscurity throughout colonisation. This is of course due to the colonisation by a patriarchal society that continues to entrench such values in our lives today.

In more general terms, people have to ‘prove’ themselves somehow, in order to be ‘worthy’ of attaining the knowledge. Although ‘proof of worthiness’ plays a part amongst Indigenous peoples, and the protection and dissemination of knowledge, it is the de-contextualisation and misuse of this practice that limits knowledge progression and dissemination in ways that are detrimental to ourselves as a people. Therefore, whilst protecting Indigenous or traditional knowledge is important, and this is well evidenced in the literature (see Mead, 1994), we need to ensure that our protection does not hinder the reclamation by our own people of our own knowledge. To do so, is to create a pathway that increases the likelihood of maintaining ‘traditional knowledge’ as a ‘thing of the past’, just as the anthropological approach has done. As Hart (2007) indicates above, the reliance on elders, and I would add, on those whom hold the knowledge who are not always elders, is a significant protection measure in itself.

Charles Royal (2005), who has contributed significantly to the literature and development of Mātauranga Māori, a term often employed in Aotearoa interchangeably with traditional or Indigenous knowledges, suggests that:

“... the revitalisation of traditional knowledge of Indigenous communities – challenges us think carefully about a range of matters including:

- Why is cultural knowledge associated particularly with a population of people so vital to a people’s wellbeing and prosperity?
- Why is heritage, and particularly memory, so important to a people’s health?
- Do we endanger the wisdom of generations at our peril?” (p. 5)

These questions further guide us to consider the place, space, and significance of our own traditional knowledge. With specific reference to the present study, and Royal’s first question, I would suggest that the cultural knowledge of moko is particularly associated with our (Māori) wellbeing and prosperity for a number of reasons. Firstly, moko (as evidenced in chapter four) is an identity marker for Māori, and the links between identity and wellbeing for Māori have been well documented (see Durie, M.H, 2004). Secondly, to engage in a process that

requires significant effort and commitment to one's culture, such as moko, from the position of being an Indigenous person living in a colonised society, further indicates part of a bigger picture of wellbeing. That is to say, those who engage in traditional moko processes are displaying self-determining behaviors, and as many Māori and other Indigenous writers have discussed (hooks, 1990; Meyer, 2008; Reynolds, 2004; Smith, C, 1994; Smith, L.T., 1999; Te Awekotuku, 1991, Walker, 1987), being self-determining is a critical underpinning of the wellbeing of Indigenous peoples.

Royal's (2005) second question poses the notion of there being connections between heritage, memory, and health. Traditional moko is part of our Māori heritage and many have personal memories of their own family members and ancestors who have carried moko. The creation of 'traditional' moko, is the re-creation and the re-remembering of who we are and where we have come from. The following well-known whakataukī or proverb is evidence of the strength and place that 're-remembering' has in our wellbeing:

“E kore au e ngaro; He kākano i ruia mai i Rangiātea”

In short this whakataukī, which is referenced in many waiata, and by orators the length of the country, in my view, reminds us of where we have come from, and that because of our history and ancestry, our knowledge, our selves, is to be remembered and cannot be lost nor stolen.

We know from oral history, from whakapapa (genealogy) records, from waiata, and from many other historical records, that our ancestors were strong and healthy people. It makes sense, therefore, that to engage in, to re-member and re-create our ancestral ways of being, we are more likely to maintain ourselves as strong and healthy people. Karina Walters (2009) has developed significant discourse around the effects of historical trauma suffered by Indigenous peoples through colonisation. In doing so, she has highlighted the importance of re-remembering Indigenous ways of being - pre-colonisation, pre-trauma. For example, she has worked with First Nations communities to identify health interventions specifically targeting those affected by diabetes. She recalls the most powerful approach being that of assisting people to think about why they eat the way they eat, and to remember when and why their people changed from traditionally

healthy foods. People were able to identify and make links between colonisation and the introduction of fast and fatty foods. They were able to remember or recall ways and types of eating that aligned closely to the ‘original instructions’ or values and principles of their ancestors. They were then able to self-determine a change back to healthy eating more easily, simply because they were able to contextualise it as something that was Indigenously their own anyway. The ‘new diet’ was not actually anything new, but rather it was a return to something already known, something of their own heritage, as opposed to something coming from a Western framework of health - the same Western framework that was to ‘blame’ for their unhealthy demise. This provides an excellent example of the significance of the connections between heritage, memory, and health of Indigenous peoples.

Royal’s (2005) final question centres on a caution about traditional knowledge revitalisation ‘endangering the wisdom of generations at our peril’. In terms of the present study, I believe this question serves as a useful reminder again about the fine line that exists between protection and ‘gate-keeping’. It reminds me of the importance of creating safe landscapes, safe environments, in which our traditional knowledges can be remembered, resurfaced, developed, and shared. This makes salient the relationship of protection and the resurgence of moko. The safe landscape for moko being the preparation and groundwork that occurs prior to application of the moko. As described in previous chapters, that includes things such as: connection to family and whakapapa; knowledge of karakia or incantation; connection to and an understanding of being Māori through relationships with people, the environment and access to our own information; access to and engagement in a healthy Māori lifestyle.

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:

1. 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.” (IPCB, 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 particular 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 Awekotuku and Nikora (2007) posit ‘trust’ or manaakitanga 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!” (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 (e.g. 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.

Māori views on illness, wellness and healing

“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 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 an absolutely significant role in how Māori view health, wellbeing, and healing. It states:

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

(2) Every person who gathers Māoris around him by practising on their superstition or credulity, or who misleads or attempts to mislead any Māori by professing or pretending to profess supernatural powers in the treatment of 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 twelve months in the case of a second or any subsequent offence against this Act.

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

Although Maui Pomare, 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.” (Concluding comments)

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 particular 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, wellbeing, and healing discourse is not devoid of political debate and influence.

So, with this Act providing the introduction to Māori views on health and wellbeing, what of Māori views prior to colonisation? How did we perceive illness, wellness and healing? This is important to the thesis 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 in Taranaki. In undertaking this, they discovered some important indicators of Māori original instruction centred on our health and wellbeing:

“Being alone; an individual standing apart, is viewed by Māori as a precursor to dis-ease and imbalance. Whanaungatanga 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. Io 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 wellbeing. Restoring the balance, therefore, was not always focussed 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 ... they were also the basis for a Māori theoretical position concerning illness and sickness.” (Durie, M. H., 1998, 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 in this chapter, 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. Perhaps a useful approach to illustrating this is to describe the relationship between my own wellness, illness and the present study, and how healing could be perceived as part of the methodology to achieving the end product of the thesis.

Though little has been documented about the processes and issues involved in Māori students writing a PhD (McKinley, Grant, Middleton, Irwin & Williams, 2009), there is much oral evidence to support the notion that it is a complex journey to embark upon. What I really want to describe here, is how one's emotional, physical and spiritual wellness or illness impacts on one's ability to work. How I view this piece of work as being a result of not just the research journey, the methodology and methods engaged, the interviews, the literature reviews and so on, but rather it is a product of this point and time in my life. As such it is reflective of, and throughout its construction has been interdependent on, all aspects of my living. The PhD has been shaped by my life, as much as it is shaped by the participants' lives, and therefore, is shaped by our individual and collective wellness, illness, and the mediator of those things - that being healing. There is also an interdependence within these relationships, whereby the PhD and participants have played a part in shaping my life, my wellness, and so on.

In more pragmatic terms:

- When I have been unwell physically, I have slept, or read, or fallen asleep reading.
- When I have been well physically I have written freely and relatively well.
- When I have felt emotionally drained or been dealing with the emotional or physical imbalances of others in my life, I have tended to work on more theoretical aspects of the thesis.
- When I have been well physically and emotionally, and felt supported in my environment, and had strong spiritual connections, I have been able to write and analyse aspects of the thesis that require all of those things to be present and working.

- When the writing flows, I feel emotionally at ease and this gives me a greater sense of physical wellbeing.

My experiences of 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)

Māori 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)

This section of the chapter provides firstly, a brief historical review of the origins of tā moko or traditional Māori tattoo. Secondly, it explores contemporary research on the views and experiences of Māori who undertake moko today. Finally, it leads into the section that deals with how traditional Māori tattoo claims a valid space in a Māori framework of wellbeing.

The origins of Māori traditional tattoo or tā moko have been relatively well documented (Best, 1934; Higgins, 2004; King, 1972; Orbell, 1995; Robley, 1969; Te Awekotuku & Nikora, 2007). My intention here is to provide summary enough of the ‘moko story’ to adequately contextualise the thesis. Whilst there are a number of historical accounts of the origins of tā moko, which vary between iwi, almost all centre on Mataora, Niwareka and Uetonga. Though containing the same themes of: the quest for knowledge; the underworld as the source of knowledge;

the search for knowledge prompted by humiliation and inadequacy; return to the living world permanently marked, another version from the South Island (Te Waipounamu) of Aotearoa, detailed by Te Awekotuku and Nikora (2007), features ancestors of the people of Te Waipounamu. In the more well-known account, it is said that Mataora abused his wife Niwareka, who was from the underworld, who then fled to back to her people seeking comfort. Feeling somewhat remorseful and not wanting to lose his wife, Mataora ventured off to find her. He was dressed especially well and had painted designs on his face, applied to enhance his attractiveness in an effort to win favour with his wife. On arriving at the underworld he was mocked by Niwareka's people – they all carried permanent carvings on their skin, whereas Mataora's painted designs were now smudged by sweat. Mataora humbly sought the forgiveness of Niwareka and her family and further sought the knowledge of her father, Uetonga. He was obliged; returning to the living world of light adorned with tā moko applied by Uetonga. Niwareka was also granted the knowledge of tāniko, traditional weaving, and so they returned together bringing with them these two significant new knowledges. (Te Awekotuku 2006; Orbell, 2005). The act of moko is, therefore, a healing process in our whakapapa, in our blood.

In contemporary times moko is also viewed as part of our political resistance. Many personal friends of mine 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”
(<http://www.digitalus.co.nz/mokomokai/moana.html>)

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 - 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)

Moko and Mana Kaitiakitanga

As previously articulated in this chapter, moko clearly fits as a healing intervention within a Māori framework of wellbeing. The purpose of this section of the chapter is to illustrate the relationship between participant experiences of moko, the Mana Kaitiakitanga principle of Māori wellbeing, and Mason Durie’s (1984) tapawhā model. The purpose being to describe the salient nature of this traditional practice and Māori health and wellbeing. Introducing the tapawhā model shows the relationship between the Mana Kaitiakitanga framework and other more well-known models, therefore, situating it as another valid Māori perspective of health and wellbeing.

The notion of moko as a healing intervention has not been broadly referenced in the literature, however, it is not a completely foreign notion as Kelly Morris (2002) noted in her article in the *Lancet*, where she reviewed, albeit in naivete, the then current exhibition of moko at the National Maritime Museum in Greenwich, UK:

“Although the earliest tattoos seem most likely therapeutic in nature, the practice has repeatedly had unsanitary or more sinister connotations - convicts, soldiers, and prisoners-of-war have been marked in this way. For much of the past century, people with tattoos were considered to be of loose morality or dangerous, and, more recently, as potential carriers of bloodborne infections.” (p. 495)

Prominent Māori health researchers, Keri Ratima and Mihi Ratima (2004), also note:

“Māori worldviews were integral to customary Māori public health systems, and behaviour was guided by concepts that delineated what was acceptable (health promoting) from what was unacceptable (health risk). Despite colonisation, Māori worldviews, beliefs and values have survived and remain relevant to Māori public health action today” (p. 6)

The following explanation of the whare tapawhā is drawn from the Māori Health website:

“With its strong foundations and four equal sides, the symbol of the wharenuī illustrates the four dimensions of Māori wellbeing. Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell. For many Māori modern health services lack recognition of taha wairua (the spiritual dimension). In a traditional Māori approach, the inclusion of the wairua, the role of the whānau (family) and the balance of the hinengaro (mind) are as important as the physical manifestations of illness.” (Māori Health, MOH, 2009)

Taha Tinana (physical health)

This encapsulates the potential for physical growth and development and exerts that good physical health is essential for optimal development. It is taken to mean that our physical wellbeing supports our core wellbeing and provides somewhat of a barrier or protection against negative environmental influences. In a Māori worldview, as posited throughout the thesis, the physical is but one dimension that should not be viewed in isolation from other aspects such as the mind, spirit, and whānau or family.

Taha Wairua (spiritual health)

Describing the capacity for faith and wider communication, the notion of the taha wairua according to the tapawhā model, explores the notion of health being related to ‘unseen and unspoken energies’. It has a synergy with the notion of mouri, which is explored earlier in this chapter of the thesis, which in the simplest sense, is described as one’s life force. Durie (1984) posits that this is what “determines us as individuals and as a collective, who and what we are, where we have come from and where we are going.” (cited in Māori Health, MOH, 2009)

Taha Whānau (family health)

Family health speaks of the capacity of the individual to belong to and engage on all levels with the family or whānau. Whānau being a term that can relate to either the immediate or extended genealogical family to which one is born, or the broader community and societal groups to which one affiliates. As an element of the Māori view of health and wellbeing, Durie (1984) suggests that “whānau provides us with the strength to be who we are. This is the link to our ancestors, our ties with the past, the present and the future.” (cited in Māori Health, MOH, 2009). Understanding the importance of the space of whānau in our health and wellbeing is fundamental to understanding Māori principles of wellness.

Taha Hinengaro (mental health)

The taha hinengaro deals with one’s capacity to communicate with others, to manifest and develop thoughts, and to acknowledge and act with the knowledge that the mind and body are not distinct from each other, but rather operate

interdependently. It is about the notion that thoughts, feelings, and emotions are all significant aspects of our being. This is about how we see ourselves in this universe, our interaction with that which is uniquely Māori, and the perception that others have of us.

In summary then it can be stated that:

“The Māori philosophy towards health is based on a wellness or holistic health model. Māori see health as a four-sided concept representing four basic beliefs of life: Te Taha Hinengaro (psychological health), Te Taha Wairua (spiritual health), Te Taha Tinana (physical health) and Te Taha Whānau (family health). The Whare Tapa Wha can be applied to any health issue affecting Māori from physical to psychological wellbeing.”
(Auckland District Health Board, 2010)

The whare tapawhā can be credited as providing a very accessible tool and mechanism for those who desire an understanding of Māori health perspectives. Its beauty is that very simple explanations such as those above, afford Māori and non-Māori health professionals alike the opportunity to explore how a Māori view of health and wellbeing might be applied in their everyday lives and work. On the other hand, Māori who have more in-depth knowledge, or access to further knowledge, can use the model to gain an understanding into more specific and more traditional and contemporary interpretations of the notions that are included in the model. As a prolific and thorough Māori health researcher, Professor Mason Durie has opened pathways for emergent researchers, such as the author, to engage and develop these and other interpretations of Māori health, that previously were difficult to access.

The following diagram (Figure 2) provides the key elements of both the whare tapawhā model, and the Mana Kaitiakitanga principle of wellbeing, and the intersections between them. It also aligns Māori views and experiences of the moko process to these, thus drawing the relationship between health, and wellbeing, and the traditional skin adornment of Māori.

The inner circle, entitled Mana Māori, is the centrepiece or the ultimate goal of Māori health and wellbeing. The second circle is divided into four sections representing the cornerstones of Durie’s (1984) whare tapawhā model. The third

circle is divided into eight sections each representative of an element from the Mana Kaitiakitanga framework, and aligns these elements to the whare tapawhā cornerstones. Four sections of participant narrative then illustrate the relationship between Māori views and experiences of traditional Māori tattoo or moko, and the two Māori health and wellbeing frameworks.



Figure 4. Diagram showing the relationship between the moko experience, the Mana Kaitiakitanga framework, and the whare tapawhā model.

Chapter Summary

This chapter has explored Māori views and experiences of healing and wellness, and addressed what constitutes traditional knowledges, as it relates to the thesis. The introduction of the whare tapawhā alongside the Mana Kaitiakitanga framework has enabled Māori views and experiences of moko to be viewed as part of Māori wellness and healing ideologies. This completes the contextualisation work of the thesis in order to move onto the broader issues of identity and resilience.

Section Two: “Tēnei Au”

Tēnei au Tēnei au , ko te hōkai nei o taku tapuwae
Ko te hōkai nuku ko te hōkai rangi
Ko te hōkai a to tūpuna a Tānenuiārangi
I pikitia ai ki ngā Rangitūhāhā ki te tihi o manono
I rokohina atu rā ko Io Matua Kore anake
I riro ai ngā kete o te wānanga
Ko te kete Tūāuri
Ko te kete Tūātea
Ko te kete Aronui
Ka tiritiria Ka poupoua Ki a Papatūānuku
Ka puta te ira tangata ki te wheiao
Ki te Ao Mārama!
Here am I, here am I, here am I quickly moving by
The power of my karakia for swift movement
Swiftly moving over the earth
Swiftly moving through the heavens,
The swift movement of your ancestor Tānenuiārangi
Who climbed up to the isolated heavens,
The summit of Manono, and there found Io-the-parentless alone
He brought back down the baskets of knowledge,
The basket named Tūāuri,
The basket named Tūātea
The basket named Aronui.
Portioned out and planted in Mother Earth,
The life principle of human beings comes forth into the dawn,
Into the world of light.

This karakia (H. Waikerepuru, 1990) or incantation is one which affirms the individual in the pursuit of knowledge. It describes the original acquisition of knowledge in a Māori worldview, and positions one to both receive and contribute to the knowledge pool. It is aptly placed as the lead in to section two of the thesis, where the critical issues of identity, resilience, and Indigeneity are explored in relation to Māori wellbeing.

Chapter Four

Blood, Identity and Resilience

This chapter is concerned with issues of blood, identity and resilience amongst Māori and other Indigenous peoples. It contributes important traditional knowledge and contemporary understandings of these things which are central to the thesis. The chapter is presented in two distinct parts: Part One focuses on Māori traditional knowledge and conceptualisation of blood; Part Two focuses on Māori and Indigenous identity and resilience.

Part One: Toto – Traditional Knowledge and Concepts of Blood

The key purpose of this part of the chapter is to explore and construct a discourse around how Māori conceptualise blood both traditionally and contemporarily. It is therefore critical to the thesis in three distinct ways:

1. To engage notions of Māori views of blood in relation to blood borne viruses, in particular the Hepatitis C virus, and in doing so, add to and solidify the argument posed earlier in the thesis: that a Māori framework of health and wellbeing provides a clear context in which to view moko as a potential healing intervention.
2. To unpack and discuss what is at the core of this thesis: Toto or blood. In doing so, I argue that as with homeopathic treatments which treat ‘like with like’, working with blood, indeed spilling of blood which is at the centre of the process of traditional tattoo or moko, is a legitimate healing intervention for a blood borne virus such as Hepatitis C.
3. To privilege Māori notions of blood in the discourse of Māori identity and wellbeing, thus arguing that traditional tattoo or moko has the potential to add significant strength to one’s identity and wellbeing, by virtue of its connection to and reflection of genealogy (whakapapa), of which toto or blood is the lifeline.

Blood, in particular Māori and Indigenous blood is a contested terrain of illness and wellness. First and foremost, this chapter seeks to explore the potential

contradiction between blood and blood borne viruses, and blood as an identity marker and indicator of Māori wellbeing. Blood is at the heart of this thesis, which argues on a number of levels that Māori blood be viewed and indeed enacted as a solution to ill health, rather than as a problem or causal factor as it has been perceived historically from the time of colonisation, and which for many still holds true.

The first part of this chapter maps out the historical discourses of racism around identity and blood, arguing that colonisation has contributed significantly to both negative self-identity and external negative perceptions of Māori.

The second part of this chapter addresses Māori views about genealogy (whakapapa) and identity, traditional and contemporary, exploring how notions of whānau combined with today's societal context, contributes to Māori identity and wellbeing.

The final part of this chapter explores blood as a solution to wellbeing within a Māori cultural framework, this being a critical conceptualisation in the thesis that moko (traditional tattoo) be viewed and enacted as a valid healing intervention.

Racism, Identity and Blood

In keeping my research grounded and inclusive in a broader community than that contained in our academic institutions and databases, I often search broader internet blogs and discussions. Today I did just that to see the breadth of discussion occurring amongst Indigenous peoples on the contentious topics of racism, identity and blood. Before going any further into this treacherous terrain, I choose to insert the words of a First Nations person from an internet discussion board related to native languages. In my view this person summarises the issues around racism, identity and blood, succinctly, and in terms we all understand, and most importantly, from a place known to the spirit and heart. As long as we continue to read this information only in its tidy, edited, academic verse, we maintain a level of detachment. Whilst this is important in order to engage in current academic discourse, it is important to me as an Indigenous academic to remember to engage in the heart discourse.

“Well, the way the government defines whether someone is a "real" Indian or not is they measure their blood. They have some arcane way of doing this by dividing the number of generations since all your ancestors were pure-blood by the number of marriages with people who aren't pure-blood. By their counting, I think I'm 7/8 Indian. Some of it is Muskogee, but they don't care about that. They're just trying to see how close we are or are not to white. We argue about this so much because nobody likes it. It's a really bad way to define somebody's culture and almost everyone agrees on that, but everyone can't agree on a better way, so there's a lot of complaining and it doesn't change. Basically, there are four problems with this. One, it puts pressure on Indians not to marry white people or their children will lose their heritage, and that bothers a lot of people. Two, it means that if some of your ancestors aren't in the records, you can be denied being an Indian. Three, it's wrong for outsiders to tell you if you can or can't belong to an ethnic group. Nobody makes African-Americans prove their entire family line and apply for some governmental Certificate of Degree of African Blood before they can get a scholarship from the NAACP or put "Black-owned" on their business if they want to. And four, most disturbingly: it guarantees the extinction of the American Indian. By this standard, white is the default, and everyone is approaching whiteness. Someone who is 1/8 Indian is considered white, and that is the end of their Indianness - they are white and their children will be white, forever. On the other hand, I am 1/8 white, but that doesn't mean that's the end of whiteness in my line. It keeps sitting there, just as it has since the 19th century when my white ancestors entered my family. Eventually one of my descendants will marry a white person again and hah! We will be 1/4 white. A person can get more white, but not more Indian. Do you see what I mean? ... Now, some yuppie white girl finds out she had a Cherokee great-great-great-grandmother, or somebody says she did, and she wants to be a Cherokee. Well, why not? ... Maybe these "wannabes" have come to take the place of what we have lost. Why not accept them? Not make them citizens of our nations, perhaps, but let's take them in and teach them our ways and our languages and help them raise their children to be some of us. Maybe they do have a little bit of Indian blood and it's finding its way

back to us ... White people assimilated us. Why turn away those who want to assimilate back?" (Lewis, 2008, p.1)

What then of our own historical discourse around this thing called blood quantum, around racism, identity and blood? Amongst my friends and colleagues and in the academic literature I have read to date, the views are mixed. Some believe as the person I have quoted, that our Māoriness or Indigeneity should err more towards an inclusive approach, this being a strategy to increase our population and therefore our perceived power in terms of political or voting leverage. Others have a more puritanical stance, believing that such inclusivity puts us in danger of 'watering down' what it is to be Māori. Furthermore, there is an underlying mistrust of those wanting to be Māori, when in fact their genealogical ties would categorise them differently.

I position myself as a Māori woman, part of the collective of Indigenous peoples, who accepts the support of non-Indigenous peoples in helping us to maintain our distinct Indigeneity. I do not believe nor do I trust the strategy of allowing non-Indigenous peoples to 'become Indigenous'; nor do I believe this is exclusionary or to our detriment. Our history, our own narratives, be they in carving, in song, or in the written word, tells us that to be Māori is to be born with Māori ancestry. That isn't something that can be created at our whim to suit our social or political position in the context of the modern day.

Colonisation, however, has and continues to contribute significantly to our own constructions of identity. An appropriate starting place to examine this is in the chronology of racial and ethnic determinants in our recent history. Historical classifications of ethnic identity in Aotearoa provide a useful backdrop to the present discussion as they can influence and shape how we identify as Māori in today's context (Nikora, 2007; Kukutai, 2004; Davis, 1991). Until recent years, biological criteria have been the major determinant in collecting data on race and ethnicity within the New Zealand population. The first census in 1851 recorded only the Pākehā (white, predominantly British) population and this in itself can be viewed as one of the racist acts of early settlers to our land, deeming Pākehā as the only group of interest for national records.

In subsequent, but still early collection of census information, people who had both Māori and European ancestry were allocated to one, but not both of those categories. The allocation to a respective category was at the whim of the enumerators, who determined whether a person's life-style was more Māori or more European in orientation. In 1891, 2,760 people of both Māori and European descent were counted as 'living as Māori' (probably residing in customary kin-group settings), and 2,184 were counted as 'living as Europeans' (Kukutai, 2007). Although it is not recorded, it is highly unlikely that any of the enumerators were of Māori descent, and therefore a category would have been imposed on Māori regardless of their own view. Thus, yet another example of racism in the history of identification measures in our lands exists. As discussed in part two of this chapter, we continue today to argue for Indigeneity to be self-determined – not only by way of self-selection of ethnic criteria on census collection forms as now exists, but more importantly by determining the criteria by which we are categorised as Māori or otherwise.

The 1867 Franchise Act, which gave Māori separate representation in parliament, heralded the beginning of regular counting of Māori in census information. Māori were counted separately until 1951, and, from 1916 on we were required to state our degree or fraction of racial origin. All races apart from Māori and European were classed as 'racial aliens' (Statistics NZ, 2004). Terminology aside, this fractioning of Māori and casting aside of others, provides further evidence of the settler intent to promote themselves as superior to both Māori as the original inhabitants, and other minority peoples. At no time were Pākehā required to state how much Scottish, Irish, or English blood they held, though many at this time were mixed. They were white and that was sufficient.

The predominant method of determining ethnicity by blood fractioning, stayed in place until 1976, but by the 1970's there was growing protest due to the underlying racist ideology, and difficulty in precisely calculating fractions, resulting in blood percentages largely being determined by guesswork (Kukutai, 2004, 2007). The 1974 Māori Affairs Amendment Act changed the definition of Māori to be 'any person who had Māori ancestry', and in 1976 an attempt was made to acknowledge this new definition in the census. This was done by way of including a two-part question: one for blood fraction, and one for Māori ancestry.

However, this caused respondent confusion and subsequent undercounting of the Māori population. As a result, the 1981 census saw the return to the traditional race-based question which again saw a discordance between how Māori were ‘counted’ and how Māori perceived themselves (Statistics NZ, 2004). Of note also is that a number of Pākehā who supported Māori aims chose to identify as Māori when they had no Māori genealogical basis on which to do so. This attempt by white liberals to support Māori in fact further confuses the definition and numeration of Māori in a context in which Māori have little or no control.

In 2001, Bridget Robson and Dr Papaarangi Reid of the Eru Pomare Centre, wrote a consultation paper for Statistics NZ which presented Māori views on the collection of ethnicity data for census purposes. This paper contributes further significant perspectives and analyses of how ethnicity, ‘race’, and identity are influenced by colonisation and indeed contemporary ideologies underlying the collection and application of census data. In particular, they highlighted:

“Māori and Indigenous commentary that reiterates the sovereign rights of tangata whenua to articulate and name individual and collective identities. The contemporary expressions of these identities draw on many influences. Indigenous rights are distinguished from ‘minority rights’ and are not dependent on the numbers of Māori in the population.” (Robson & Reid, 2001, p. 10)

It is clear that Māori wish to regain and retain in control of what it is to be Māori, or to be counted as Māori, and this is explored in greater depth in part two of this chapter. This is further supported by the UN Declaration of Indigenous Rights (United Nations, 2007), which in its preamble, notes that the definition of Indigenous Peoples is the role of Indigenous Peoples themselves to determine both individually and collectively.

Being cognizant of how the collection of ethnicity data via national census or any other means, impacts on, and shapes our identity as Māori, is an important part of this thesis. Reclaiming and strengthening identity through the practice and application of traditional moko (tattoo) is argued as a valid healing intervention for participants in this study, and this section seeks to make more explicit the links between identity, traditional moko, and wellbeing. In order to do this, an

understanding of the past and present notions and ideologies of Māori identity construction is necessary. For the purposes of this study I have limited the discussion to those notions and ideologies that have a particular connection to ‘race’ and therefore blood, which is at the core of the thesis. I touch on, but do not, therefore, engage the plethora of literature pertaining to social identity theories and the like, but acknowledge the work of other, particularly Māori writers (Kukutai, 2008; McIntosh, 2005; Nikora, 2007; Thomas & Nikora, 1996), whose in-depth work in this field helps create a broader academic context in which my own work can be viewed.

Statistics, such as those collected in census data, are often used to problematise Māori and highlight disparities through analytical frameworks that place us in deficit and as inherently responsible for the disparity (Robson & Reid, 2001). Indeed, I would go further to suggest that the application of census statistical data has historically problematised our very core – our blood. It has done this historically by engaging a ‘blood quantum’ methodological framework to identify and ‘count’ Māori, and then to apply that to statistics that position us detrimentally. For example, when educational disparities have been indicated between Māori and non-Māori, Māori have been presented as underachievers. This analysis situates the problem with Māori, and by way of how Māori have historically been identified using blood quantum, it situates the problem with our blood. This thesis argues that a key agent of change, and indeed healing, lies in our willingness and activity to flip this on its head in order to view Māori blood, not as the problem, but rather as the solution. As previous authors to myself have already identified (Johnston, 1998; Simon, 1990; Smith, G. H., 1991), an alternative view, in the example of ‘Māori underachievement’ in education, is ‘systemic educational underachievement’, which places much of the problem and responsibility for resolution with the education system that continues to fail Māori; thus removing Māori, and therefore Māori blood, from the problematic end of the equation, and creating the space for our placement at the solution end of the equation. Some might argue that this removes responsibility and provides us, Māori, with the opportunity to simply sit back and wait for others to ‘fix things’. This would be true if it weren’t for the most important part of this discourse, which is that in de-problematizing Māori and Māori blood, we create the space for ‘solutionising’ Māori and Māori blood. If we are not seen constantly

as the cause of our ill education, ill health etc, which is something out of our control by the mere fact that our identity is our blood, which we cannot change, then we can be RE-viewed and RE-positioned as the solution. Our blood, our selves, are our own solution!

Kukutai and Didham (2009) caution further on matters to be considered in ethnic determination in Aotearoa, New Zealand. They comment on the recent political debate regarding the potential inclusion of a ‘New Zealander’ ethnicity category on the national census form:

“One of the key substantive concerns to emerge from our analysis is the selectivity of New Zealander ethnic identification ... in theory, if not in practice, national identity (as distinct from legal citizenship) is an affiliation that everyone within the nation can lay claim to, irrespective of symbolic or concrete ties to communities of difference. Moreover, an ethnic group derives its meaning vis-à-vis other groups, which necessitates boundary making, even if those boundaries are porous and changeable. If the meaning of New Zealander evolves to become an ethnic dimension of difference, particularly one that is predominantly claimed by New Zealanders of European descent, where does that leave those who do not lay claim to New Zealander ethnicity? Do they become the outsiders? Should we be concerned about that prospect?” (p. 59)

Given that the majority of those who have previously resisted ethnic ‘labelling’ and used the ‘other’ category in census forms to self-identify as ‘New Zealander’ have been New Zealanders of European descent (Kukutai & Didham, 2009), it seems likely that those at risk of being viewed as the ‘outsiders’ that Kukutai and Didham cautions us about, will be Māori and those of other minority ethnic groups. In my view, which is shared by many other Māori and Indigenous researchers across a broad range of disciplines (see Walker, 1996; Smith, G. H., 2000), this ‘otherisation’ of Māori in our own land, is indeed a site of concern. Kukutai and Didham (2009) go on to say:

“If the New Zealand census follows the path of Australia and Canada, the prospect of a New Zealander tick-box in future is not improbable. ... the New Zealander signifier, once used by colonists as a synonym for Māori,

but now apparently in transition to denote homegrown New Zealanders of European/British origins, exemplifies this process ... patterns of New Zealander identification, and their meanings, may yet expand to include more diverse ancestries. Only the passage of time and generational distance will tell if a more inclusive rendering will emerge.” (p. 59)

Whilst on the one hand such a move to create a separate ‘ethnic’ category named ‘New Zealander’ would remove the relationship between ethnicity and blood, and therefore the problematisation of Māori blood; on the other hand, it has the obvious potential to remove the ‘diverse ancestries’, and more importantly, the ancestry of Māori from our workable vision. The implications of this are enormous and likely to have the most detrimental effect on Māori, who would simply be either subsumed into the melting pot of being a “New Zealander”, or relegated to minority ‘other’. This is in direct conflict with the rights afforded Māori by the Treaty of Waitangi, and globally speaking, the rights afforded all Indigenous peoples via the UN. Despite this, it is of grave concern that in fact the process has already been activated for those of us who travel outside of our own borders to countries such as the United States of America, Canada, the United Kingdom and Australia – the citizenship tick box requires us to identify as ‘New Zealander’!

In summary then, my argument is that the combination of ethnic categorisation, the power to name and determine eligibility to one’s ethnic group, the inherent relationship of ethnicity to blood, and the analytical frameworks engaged in applying ethnicity to other statistical data, are critical factors in transforming the perception of Māori blood from being the ‘problem’ to being the ‘solution. Thus creating the space in which traditional tattoo, or moko, might be viewed, and indeed enacted, as a valid healing intervention - in particular for Māori women with Hepatitis C.

Identity and Whakapapa

“Tātai Whakapapa”

Ko Rangi Ko Papa

Ka puta

Ko Rongo

Ko Tāne Mahuta

Ko Tangaroa

Ko Tūmātauenga

Ko Haumietiketike

Ko Tāwhirimātea

Tokona te Rangi ki runga

Ko Papatūānuku ki raro

Ka puta te ira tangata

Ki te whai ao

Ki te ao mārama

E Rongo whakairihia ki runga

Tūturu whakamoua kia tina, tina,

Hui ē, Taīki ē!!

(Source: Huirangi Waikerepuru 1990)

Although the Māori language is my daughter’s first language, and is the only language we use with each other, I was 22 years old when I went to learn it myself. Indeed, I was well versed in Catholic prayer in English, however, the above incantation was the first I learnt in my own Māori language. For me, and many others whom I learnt alongside, and whom I have spoken with in subsequent years, ‘Tātai Whakapapa’ is a fundamental identity marker. It is as fundamental to my Māoriness as the ‘Our Father’ is to my mother’s Catholicism.

This karakia, named ‘Tātai Whakapapa’, which essentially means ‘our ancestry’, acknowledges key kaitiaki, or guardians that collectively, are for me, the basis of where I come from. I have come to learn about each of them as tūpuna (ancestors), who continue to exist within and around me by mere fact that they lay the foundations for the environment in which we live, and for the ancestors from whence I come. I acknowledge them as part of my whakapapa, as part of my geneology, and evoke their spiritual guidance according to their particular areas of

wisdom and guardianship, and my own needs. I understand, but cannot recite, the genealogical ties from my own family, to my hapū, to my iwi, and through to the tūpuna kaitiaki referred to in this incantation.

The significance of this particular karakia to this section of the thesis, is to introduce and cement the intrinsic presence of whakapapa, of genealogy, to the notion of Māori identity. In so doing it is argued that this furthers the idea of blood as central to Māori identity.

Joseph Te Rito (2007), who works at Ngā Pae o te Māramatanga, the Centre of Research Excellence for Māori at the University of Auckland, describes the significance of whakapapa to Māori identity, saying:

“... to create a continuous line of narrative stretching from the ancestors
some

400 years ago down to today has been highly exciting, extremely relevant
and an immensely empowering exercise ... it has helped ground myself
firmly in place and time ... it connects me to my past and to my present.
Such outcomes certainly confirm identity and a deep sense of ‘being.’” (p.
9)

Ranginui Walker’s (1987) collection of writings ‘Ngā Tau Tohetohe: Years of Anger’, contains a chapter dedicated to ‘Being Māori’. The diversity of writing included in what is essentially an ‘identity’ chapter, goes some way to signaling both the breadth and complexities of what it is to be Māori, and more importantly, what it is to be Māori in a colonised land. Though more than 20 years old now, its contents remain relevant today in that although we have a further 20 years of living with white settlers in our land, and 20 years of cultural evolution that comes with time, much of the same still applies. For example, Walker shares an excerpt from a document that originated from the people of Tuhoe (Rangihau, 1992) around the same time (the late 70’s) that politicians first began voicing the “We are all New Zealander’s” myth. I include some of those statements about being Māori, in order to broaden the perspectives of identity in relation to whakapapa of this thesis:

“Being Māori is –

Having the greatest grandparents in the world ...

Respecting your elders because they have earned it ...

Having 250,000 brothers and sisters ...

To know the difference between a Māori, a Māori-Pākehā, a Pākehā-Māori and a Pākehā and to beware of the last two ...

Belonging to a particular tribe which is the best in the country ...

Running yourself broke to service the marae to service the whole world.” (Walker, R., 1987, pp.135-136)

As evidenced in this excerpt, being Māori is as much about blood as it is about how that blood encourages us to think, behave and live. Having said that, however, it is important to understand that there is not ‘one way’ to be Māori. Urbanisation brought about by colonisation, and now globalisation and neo-liberalism, have greatly influenced our ability to live in ways that anthropologists, for example, would determine make us ‘count’ as Indigenous, as Māori, in our own lands. Whilst still centralising whakapapa, a number of Māori academics in the last couple of decades have expressed the importance of recognising the diversity of Māori identity. (Nikora, 2007; Robson & Reid, 2001; Smith, L.T., 1999; Walker, R., 1987; Webber, 2008).

“Central to tangata whenua identity is whakapapa. Whakapapa is used to connect with or differentiate oneself from others. Many view hapū and iwi identity as a prerequisite to Māori identity ... Although being identified by hapū or iwi is fundamental for some, it may be inaccessible for others.” (Robson & Reid, 2001, p. 20)

Durie (2001), whilst still supporting the centrality of iwi and hapū to Māori identity, acknowledges that not all Māori share this view, with some knowing their iwi connections but not defining themselves as Māori or viewing this as a significant part of who they are. In negotiating the terrain of mental illness and mental wellness, Durie (2003), locates the importance of identity to Māori:

“A secure identity, as opposed to a notional identity, rests on adequate access to a range of identity markers ... cultural knowledge such as whakapapa (genealogy), tikanga (custom), and tribal history are important

for the formation of identity ... identity also rests on being able to have first-hand contact with the wider Māori world: whenua tipu (traditional lands), marae, mahinga kai (traditional sources of food), waterways, opportunities for social and work relationships with other Māori, and a balanced relationship with whānau. Alienation from Māori cultural, social, physical and intellectual resources is a barrier to identity.” (p.52)

The discourse of Māori identity and whakapapa extends itself to connectedness to land as touched on by Durie above. In earlier work outlining factors of identity formation Arohia Durie (1997) states:

“In terms of the constitution of a Māori identity, certain features can be distinguished. Some combinations or all of the following are likely to make up the basis of the claims:

- Knowledge of ancestry (whakapapa);
- Knowledge of mātua tīpuna;
- Knowledge of connections to whānau, hapū and iwi;
- Connections to tūrangawaewae
- Acknowledgements by iwi, hapū and whānau of reciprocal kinship connections;
- Shareholdings in Māori land;
- Upbringing;
- Facility with te reo Māori;
- Understanding of tikanga-ā-iwi
- Active participation in Māori organisations;
- Commitment to fostering Māori advancement;
- Freedom of choice ...

The achievement of a stable sense of identity for those able to choose Māoriness requires a balance between cultural identity, personal identity and enduring self-confidence ... complexities of urbanisation together with a combination of historical and contemporary factors have led to inequalities of social and economic power, creating a minefield for young Māori engaged in identity formation.” (p. 159)

As alluded to, the complex balance of engaging and maintaining a Māori identity is not a straightforward task, and furthermore, may be one not easily accessible to all in contemporary New Zealand society. What does this mean for marginalised Māori, for Māori women with blood borne viruses for example? It is worth considering, as will become evident in the findings presented in chapter seven of this thesis, the further barriers in regaining and/or maintaining a Māori identity, faced by Māori women with Hepatitis C.

Linda Tuhiwai Smith (1999) considers more broadly the complexities of Indigenous identity with particular reference to marginalised peoples:

“The notion of ‘authentic’ is highly contested when applied to, or by, Indigenous peoples ... questions of who is a ‘real Indigenous’ person, what counts as a ‘real Indigenous leader’, which person displays ‘real cultural values’ and the criteria used to assess the characteristics of authenticity are frequently the topic of conversation and political debate ... debates are designed to fragment and marginalise those who speak for, or in support of, Indigenous issues. They frequently have the effect also of silencing and making invisible the presence of other groups within the Indigenous society like women, the urban non-status tribal person and those whose ancestry or ‘blood quantum’ is ‘too white.’” (p. 72)

Kukutai (2004) has shown that there exists several ways to define Māori in New Zealand. These include statutory definitions, which most commonly rely on whakapapa or descent, and official statistics definitions, which rely on self-identified ethnic affiliation without an actual ‘blood’ line that is Māori. Kukutai (ibid) further argues:

“... that any definition of Māori ought to include both ancestry and ethnicity. Persons of Māori descent who do not identify as Māori should

not be counted as Māori for most general policy and legal purposes. They are New Zealanders of Māori ancestry, as distinct from persons who consider themselves to be culturally Māori. Similarly, the small number of persons who culturally identify as Māori but are not of Māori descent should not be considered part of the Māori population because they have no whakapapa claim. This is important since whakapapa remains the lynchpin of Māori identity.” (p. 101)

In my view, a ‘self-identification’ process is not excluded from Kūkutai’s suggestion. Current questions of ethnicity and ancestry could be maintained as they are in the census data collection documentation and should be duplicated in all other documentation and agencies required to collect ethnicity data. It would be a simple matter of informing people of the implications of their answers to the questions. That is, to be ‘counted’ as Māori, you will need to tick both the Māori ethnicity and Māori ancestry boxes. If you choose otherwise you will not be counted as Māori. I further suggest that if the New Zealand government is serious about reflecting Māori viewpoints in policy and action, if they are serious about upholding the Treaty of Waitangi and therefore the right of Māori to self-determine and maintain our identity, then official and other definitions of Māori will include both ethnicity and ancestry as posited by Kūkutai above.

Linda Waimarie Nikora’s (2007) PhD thesis centred on Māori social identities. She interviewed a number of Māori both in New Zealand and Hawaii, primarily to gauge “... how Māori create meaning in their lives and maintain their social identities” (p. i), and found that Māori identity concepts are changing, which has important implications for Māori. In regards to whakapapa and Māori identity she states:

“Māori social identities are relative. The whānau is relative to other whānau as well as to other familial arrangements (eg, nuclear family, sole family), and to those hapū of which the whānau are a fundamental group. In the same way, hapū are relative to other hapū, and to those iwi that allied hapū constitute. The same is true of iwi as they sit alongside other iwi, and of the much broader Māori ethnic group as it is positioned aside others.” (Nikora, 2007, p. 8)

Robson & Reid (2001) ask some pertinent questions and make significant statements in their census consultation paper:

“Are scales of Māoriness measuring the rate of change of Māori culture, rather than the level of Māoriness or acculturation of individual Māori? Identity is a matter of ‘becoming’ as well as of ‘being’. It belongs to the future as much as the past. One’s identity is undergoing constant transformation subject to the continuous play of history.” (p. 20)

Blood as the solution

Here I seek to position Māori blood as a solution, as part of a healing intervention, by exploring the space it occupies within a Māori framework of wellbeing. The Mana Kaitiakitanga framework introduced in chapter 3 has been selected for this section as it is a major part of the thesis and provides a continuity in terms of an analytical methodology and measure to some extent.

The seven key elements of Mana Kaitiakitanga are: Wairua, mouri ora, hau ora, hau Āio, hau whenua, hau moana and hau tangata. Each of these has a relationship to blood, and there could be a perceived relationship between the elements that in some way transpires through blood itself.

When first presented in chapter three, the framework was shown to have five underlying concepts which link to the seven key elements outlined above. These five concepts provide a space in which to explore both contemporary and traditional (Māori notions), of blood. It is my contention that in doing so, blood can be argued as a core component of Māori wellness, or the journey to wellness that we commonly call, ‘healing’.

Tapu ... karakia surrounding blood, practices that guard against the spilling of blood. To be tapu is to be special or significant. Tapu may also relate to a location or a space of sacredness, that may be permanent (as in the ‘urupā’ or burial ground), or created for a specific event or purpose (as in the space where tā moko might be undertaken). Tūpuna who are known to be present in our whakapapa also thought of to occupy space with us through blood itself. To protect our blood, as the process or state of tapu enables us to do, is to protect our

ancestors and our past. It is also to protect our present wellbeing and ensure the future wellbeing of our blood through the generations to come.

Tika ... correct. Notions around protecting whakapapa lines, blood lines, via 'correct' partnering/parenting. Today the protection may take on more practical and immediate forms of correctness e.g. safe-sex. Correct ways of handling blood, which haven't changed in principle over generations, though the mechanisms for upholding such principles have improved necessarily over time to guard against new disease etc. These principles and practices include maintaining clean work spaces in the undertaking of tā moko and disposing of blood in ways that eliminate the risk of contamination.

Pono ... operating from a space of truth, and faith to follow one's truth ... the truth handed down through whakapapa ... the truth of ways of doing, and being, and carrying those traditional concepts through to today's practices ...

Hē/Hara ... making mistakes, and in awareness of this, being able to correct and make right ... knowing and learning from the mistakes of forbears ... understanding how mistakes of the past and present impact on the future, particularly generationally speaking ...

Noa ... the ability to make 'normal' ... everyday care of ourselves and our blood ... our whakapapa and therefore our family and whānau ...

The practice of 'haehae' is an important concept to the Māori discourse on blood and tā moko. Described by Te Awekotuku and Nikora (2007) as an expression of anguish and despair or desperation, is literally translated to mean 'slitting, lacerating or tearing' of the skin, and offers further understanding to the notion of engaging blood as a healing intervention. Although not practiced commonly today, which it is posited by Te Awekotuku and Nikora (2007) is likely due to Christian influences on Māori custom and tradition, 'haehae' provides a significant example of how the offering of one's blood, as it is spilt in the process of laceration, enables a release and relief in times of extreme grief. Indeed it is an ultimate expression of the loss felt by the closest people to the deceased. This gives us an understanding of both the significance and space that blood and pain occupy in Māori ways of being and further contextualises the place of moko as a

healing intervention – it too is an act through which blood is shed, pain is present and connection to those who have passed before us is highlighted.

Part One Summary

Part one of this chapter has shown and explored the contested terrain of illness and wellness occupied by Māori and Indigenous blood and identity. Whilst contradictions exist between blood (and blood borne viruses), and blood as an identity marker and indicator of Māori wellbeing, this part of the chapter has outlined resolution-focussed perspectives from a number of Māori writers. In doing so, it is argued that Māori blood be viewed, and indeed enacted, as a solution to ill health, rather than as a problem or causal factor as it has been perceived historically from the time of colonisation. Māori cultural frameworks and principles of wellbeing provide the space in which this can be accepted and validated.

Part Two: Māori and Indigenous Identity and Resiliency

“I have always had a strong connection to being Māori and generally felt good about that. It’s [my wellness and healing] about lifestyle and the whole package - I do lots of different things but I like to think of them as things that I do to be Māori, to be wahine Māori, and to keep well and be happy and strong.” (‘Ripeka’ - participant narrative)

This part of the chapter begins with the participant voice being spoken, being heard. It is about them, it is for them and so of course their story needs to be told. Indeed as researchers we are gifted their stories and to not let those stories speak would be to ‘look the gift horse in the mouth’.

Part two of this chapter is about who we are as Māori people, as Indigenous people and it is about how we have been resilient in the context of a colonised land. It offers significantly to the discourse of the present study. Specifically I am challenged to consider the duality of the notions of Indigeneity and resilience, as well as notions of both risk and healing that abound in the work of moko undertaken by case study participants. In doing so this section of the chapter explores how identity, wellbeing, gender and culture, intersect with each other and then impact on the lives of people living with HCV or being at potential risk of contracting HCV.

It is my contention that we can learn from both the resilience of the participants who have HCV, and the resilience more generally of Māori and Indigenous peoples. This learning and ultimately the understanding that we gain from increased knowledge, is what we must be cognisant of in developing interventions.

Indigeneity and Resilience

The term ‘Indigeneity’ comes from the base word ‘Indigenous’ and is discussed here primarily because it is central to the identity of case study participants who self-describe themselves as ‘Māori’, known internationally as the Indigenous people of Aotearoa, New Zealand. The greater part of this research has been to explore the use and application of moko by Māori women who have HCV. Whilst the art of tattoo is familiar and practised by many individuals and various groupings of non-Indigenous peoples, moko is quite clearly an Indigenous practice and it stems from an Indigenous knowledge source. Understanding indigeneity and Indigenous epistemology is therefore an important piece of this work.

Indigenous people, as defined in the Encarta World English Dictionary (2004), are “the people who occupy a region at the time of its contact with colonial powers or the outside world” (p. 1). Synonyms for Indigenous people include: native; original; aboriginal; home-grown; and local. The first three of which were much more familiar terms than that of ‘Indigenous people’ until recent years.

It is estimated that there are more than 370 million Indigenous people worldwide who inhabit approximately 70 different countries. Indigenous people practice unique traditions and they retain social, cultural, economic and political characteristics that are distinct from those of the dominant, generally white societies in which they live. Indigenous people are the descendants - according to common definition - of those who inhabited a country or a geographical region at the time when people of different cultures or ethnic origins arrived. The new arrivals later became dominant through conquest, occupation, settlement or other means (United Nations Permanent Forum on Indigenous Issues, 2009).

The “Declaration on the Rights of Indigenous Peoples” was adopted by the United Nations Human Rights Council in June 2006 following 2 decades of discussion,

debate and drafting of the document. During those two decades, Indigenous peoples throughout the world continued their individual yet connected struggles for recognition of these rights in their own lands. The Declaration is the culmination of generations of resistance and resilience undertaken by our collective forbears and formalises to an extent, the unity that has existed amongst us in both traditional and contemporary contexts. It is significant to note for the purposes of the present discussion, that the Declaration does not include a definition of 'Indigenous peoples'. What has been included, however, in explanatory notes to the document, is the rationale for this exclusion: '*Indigenous peoples wish not to be defined by others as has been done throughout their history*' (United Nations, 2007). Clearly the UN wanted a document that reflected and respected the wishes of the Indigenous Peoples themselves, and in their view, the emphasis is instead placed on self-identification. What is important in light of the current study is to understand the notion of indigeneity and then consider how it intersects with the notion of resiliency for Māori and other Indigenous Peoples.

In exploring the literature regarding and/or utilising the terms Indigenous and indigeneity, it is clear that there are at least three camps: One that engages in the discourse providing minimal rationale for the use of such terms (Bargh, 2007; Castro, 2001; Lee, 2005; Narang, 2005; Pihama, 2001; Smith, C., 2007); A second one that engages in the discourse dedicating significant effort to rationalising and validating such terms (Battiste, 2000; Durie, M., 2003; Kincheloe & Steinber, 2008; Meyer, 2008; Nikora, 2007; Reynolds, 2004; Smith, G., 2003; Smith, L.T., 1999); And a third that engages in the discourse employing considerable effort to challenge and often invalidate the terms (Waldron, 2003; Kuper, 2003; Rata, 2007).

Regarding the third 'camp' above, Adam Kuper's (2003) paper 'The return of the native', published in the *Journal of Current Anthropology*, presented somewhat of a 'spanner in the works' for this emerging Kaupapa Māori researcher who proudly belongs to the larger network of Indigenous researchers. I am well accustomed to the usage of the term Indigenous within the two main disciplines that my work is generally situated: health and education. It is valid, accepted, and even celebrated within our work. I have read little if any discourse from those fields that challenges the notion of being 'Indigenous', or perhaps more clearly the right to

define oneself in this way. This is not to say however that our work, our methods of enquiry, and our research frameworks developed as Indigenous researchers go without challenge. Quite the contrary. I have attended numerous hui (meetings and gatherings), conferences and the like, where we have fiercely debated our arguments and standpoints. Our discourse however centres not on whether or not we are Indigenous, nor on the validity of that – indeed, we have had to develop Indigenous methodologies in order to enable us to progress beyond that point. If we didn't, we would never emerge as researchers in our own right. We would forever be arguing for our existence without having the space in which our work could progress beyond that argument.

Given this, I was somewhat loathe to enter into the debate that an article such as Kuper's presents. However, because identity and culture are critical centrepieces of this thesis, it would be remiss to ignore its existence. It is important in doing so, however, that I clarify that the purpose is not to give 'air time' so to speak to the writings of Kuper, but rather to acknowledge the diversity of theory that exists about our existence and our identity as Indigenous peoples, and to respond to that.

Kuper (2003) describes the terms '*native*' and '*Indigenous*' as 'loaded' and furthermore he considers that they are mere euphemisms for what may in the past have been labelled 'primitive'. Well of course they are loaded! They are loaded with the ammunition for the contexts in which they are used. They are loaded with land claims, with calls for language revitalisation, with calls for peace, with calls to end racism, with calls for basic human rights, with calls for the rights that were guaranteed to many Indigenous peoples by settlers in all manner of legally binding treaties. These terms are loaded with all of these things that seek re-dress for historical injustices that have occurred to Indigenous peoples throughout the world. Vocabulary inevitably becomes 'loaded' as Kuper puts it, when it is repeatedly linked to particular types of events and experiences. In the case of words such as native and Indigenous, they are loaded with the aforementioned Indigenous experiences, and in addition to this, media representation throughout the world would have us associate them with things labelled as: terrorism; racist claims; ethnic privilege; cultural calamity, and the list goes on. This labelling, this 'loading', is not at the bequest of those who are Indigenous, but clearly, is as a

result of white academic and media representation of Indigenous experiences and events.

In my view the concerns aired by Kuper are an opportunistic effort to once again lay blame with Indigenous peoples for the aftermath of colonisation. Being labelled primitive was never anything we chose – it is the coloniser’s word. Being labelled native was never anything we chose – it is the coloniser’s word. Indeed being labelled Indigenous is not something we have chosen – it is a word we use yet again for the benefit of the coloniser. The point is, if we were to use our own words, the coloniser, or Mr Kuper in this case, would not understand what we were saying. We use words such as Indigenous for the benefit of non-Indigenous people who do not understand our language, and who require a general term that can be applied to ‘the lot of us’. One could argue that because there are many languages amongst Indigenous peoples, that we too would require a ‘one size fits all’ label for ourselves. The difference is however, that Indigenous peoples respect and value each other’s languages sufficiently enough to learn the various terms that apply in different lands. No, a blanket term is not, as Kuper infers, something we have taken on for economic gain, or in naivety of the gains to be made by others involved in the movement. It is in fact a proactive response, or even an act of resiliency, to what was already put in place by the coloniser’s terms aforementioned: Native, Primitive.

In a further attempt to detract from the validity of the ‘Indigenous-peoples movement’, as he conveniently homogenises the numerous diverse active groups across the globe, Kuper (2005) goes on to say:

“The rhetoric of the Indigenous-peoples movement rests on widely accepted premises that are nevertheless open to serious challenge, not least from anthropologists. The initial assumption is that descendants of the original inhabitants of a country should have privileged rights, perhaps even exclusive rights, to its resources. Conversely, immigrants are simply guests and should behave accordingly.”(p. 205)

As anyone vaguely familiar with Indigenous issues will be well aware however, the ‘movement’ does not rest on ‘accepted premises’, nor does it base its claims on ‘assumptions’. Matters such as basic human rights, including the rights to

resources and issues of immigration, are things often stated in legally binding documents. This is an excerpt from The Treaty of Waitangi (1840), the agreement signed by Crown representatives and Māori chiefs in New Zealand:

“The Queen of England agrees to protect the chiefs, the subtribes and all the people of New Zealand in the unqualified exercise of their chieftainship over their lands, villages and all their treasures” (Article 2).

This clearly confirms for Māori the retention of Tino Rangatiratanga, or self-determination, in our own land. It is not an assumption, it is something explicitly stated in the Treaty document. Whilst not all Indigenous peoples have Treaty agreements with their colonisers, there are many other examples within legislation that make Kuper’s statements inferring ‘assumption of rights’ invalid.

Alcida Ramos (2003) responds to Kuper’s (2003) paper saying that in her view he seems ‘uncomfortable’ with the use of the term ‘Indigenous’. She goes on to provide comment on numerous points in the paper essentially identifying that it presents rather weak arguments. In particular though she notes:

“Kuper seems concerned that Indigenous movements will rock the boat: ‘Wherever special land and hunting rights have been extended to so-called Indigenous peoples, local ethnic frictions are exacerbated.’”(p. 397)

As Ramos suggests, Kuper is perhaps over-cautious given the aftermath of apartheid in South Africa, or other ethnic battles that have resulted in equally horrific ‘messes’. However, this does not give justification in my view to stop using the terminology, or indeed to stop engaging in the discourse to deal with what are essentially issues of colonisation. Ethnic friction is bound to occur when Indigenous peoples resist ongoing acts of colonisation and systems that justify and continue to maintain the vulnerable and disadvantaged position of Indigenous peoples. Should Indigenous people’s then, simply stop the resistance and bow to the oppressive status quo? Or is it the dominant white ethnic group in power, who stop their resistance of Indigenous rights to resources? My position clearly is with the latter suggestion.

As noted above, the intention of this section is not to give an exhaustive response to Kuper's paper, nor is it to reject an anthropological perspective. Indeed as Ramos (2003) concludes:

“Particularly regarding the thorny issue of ethnic resurgence what we need is serious anthropological research, rather than casual generalisations, and open-minded anthropologists who neither adopt Indigenous causes as an article of faith nor reject ethnic struggles as racist manipulations by unscrupulous opportunists. What is an appropriate analysis for South Africa will not be for Amazonia. The enormous differences in historical trajectories, political conjunctures, and local responses should prevent us from assuming that in telling one story we tell them all. This capacity to address broad issues without losing sight of ‘the realities on the ground’ is, after all, a major asset of our anthropological training.”(p. 398)

Clearly there is a strong and historical relationship between cultural anthropologists and the concept of Indigeneity. Modern-day anthropologists contribute to the discourse and indeed our understanding of Indigeneity through their work in the courts providing advice in legal claims based on Indigeneity. Historical anthropological texts also now serve as documents evidencing Indigenous custom (Martineau, 2008). Unfortunately, however, as many of us are all too aware, the relationship between Indigenous peoples and anthropologists has been fraught. The following statement from Linda Smith (1999), relates as much to those who have worked in the field of anthropology as it does to any other researcher:

The term “research” is inextricably linked to European imperialism and colonialism. The word itself, “research”, is probably one of the dirtiest words in the Indigenous world’s vocabulary.” (p. 1)

Anthropologists are, however, attempting to address this history as Martineau (2008) describes:

“Dissatisfactions with this history and a commitment to discussions about the appropriate foci for anthropological research and the best forms of representation motivated the establishment of Cultural Anthropology in 1986, and continue to motivate its contributors, editors, and readers today.

Dialogues and research around indigeneity provide a means for anthropology to continue to remake itself for new conversants and new commitments.” (p. 1)

As I have gone some way to illustrate, much of the anthropological discourse about notions of Indigeneity today is concerned with the changing use of terms to describe Indigenous peoples and with the changing nature of Indigenous peoples themselves through their various responses to colonialism and settler governments, and more recently through the emergence of international Indigenous alliances. Indeed some theorise that Indigenous peoples are in danger of losing their unique identity, and furthermore having that identity re-formed and re-shaped by the dominant majority populations and political spaces in which they live. They further argue that Indigenous peoples themselves are ‘buying into’ the re-formations by mere fact of identifying as ‘Indigenous’, which is but one response to the continuation of government ideologies and systems that continue to disadvantage them.

It cannot be denied that in the case of Māori, we are very fluid and flexible in the way that we live as Māori and our acceptance of the huge diversity of people who identify as Māori. The terms with which Māori have identified with traditionally and which still apply in contemporary society are whānau (extended families), hapū (sub-tribes) and iwi (tribes). These terms have been accepted by government for both legislative and public policy purposes. As more and more Māori now live away from their traditional homelands and communities, and with many families having now been city-dwellers for several generations, there are additional formations of Māori communities. Unfortunately, however, the government tends to take a very rigid view in respect of Māori identity. They afford iwi or tribal structures greater legitimacy than the more recent formations of other types of Māori communities. In effect, current legislation and policy to an extent tend to exclude pan-Māori organisations. I suspect it is a similar rigidity that some in anthropology are arguing, in terms of what counts as Indigenous. As Linda Smith argues however:

“It would be naïve to assume that the ‘past’ either in its precolonial or 19th– and 20th- century colonial formations is not also always present in the way identities, subjectivities, discourses, and social formations are

deployed and contested in contemporary relations of indigeneity, of settler societies and native communities.” (cited in Cadena, Starn, et al., 2007, p.336)

In essence, we are who we always were (pre-colonial), we are who we are (both colonised and de-colonised resisters), and we are who we will be (future responsive and proactive formations). No peoples or communities are devoid of change, particularly those who have been colonised and ‘settled’. Our responses, our resistance to colonisation, and ongoing dominant population systems do not detract from our indigeneity nor our status as tangata whenua, or people of the land. Our pro-active strategies and ways of living aimed at language retention and/or cultural and social survival, and the greater notion of resilience are as much a part of our identity, as our traditional knowledge and ways of being.

Resilience may be defined as ‘the means by which Indigenous people make use of individual and community strengths to protect themselves against adverse health outcomes’ (ICIHRP, 2004). Under this definition, resilience is recognised as a significant contributing factor to the health and wellbeing of Indigenous people in the twenty-first century. This section of the chapter explores the meanings that underpin resiliency in Indigenous peoples in general and those women affected by Hepatitis C in particular.

My approach recognises that resiliency is a multi-faceted notion: that a multitude of factors influence and determine both the need for resiliency and the resilient strategies and behaviours we employ within our own and other Indigenous communities. These include our history, negotiating and meeting challenges in the face of adversity, and the multiple relationships of which Indigenous people are a part. Indigenous peoples throughout the world have solid histories of meeting and overcoming challenges. In Aotearoa this has included two centuries of colonialist oppression that resulted in a severe decline of the Māori population, loss of language, increased health problems and educational failure. In more recent times, there has been a resurgence in Māori population as well as increased recognition of Māori culture and society. Similarly to Indigenous people in other parts of the world, Māori have shown incredible resiliency through our resistance to colonisation. This is but one example of Māori resiliency.

So in understanding resilience it is important to firstly recognise our past and the contribution that this has made to our contemporary understandings of the world.

“The historical encounters between Indigenous peoples and colonisers have led to the development of a range of protective mechanisms that Indigenous peoples have deployed in their efforts to assert their sovereignty and self-determination.” (ICIHRP, 2004, p.1)

Identifying and understanding how people with Hepatitis C, who are faced with a range of potential threats to their health and wellbeing will increase our knowledge of the protective mechanisms that people develop and employ in order to keep themselves well and avoid risk of further potential disease or harm.

The notion of resilience in itself is not one that has been written about to a great extent in relation to Māori or other Indigenous peoples. In the main the theories and models have emerged from non-Indigenous perspectives. The resilience literature focuses largely on the resilience of the individual as opposed to the collective. This poses three challenges in terms of the present study:

1. How do current notions, theories and models of resiliency fit with Kaupapa Māori and other Indigenous theories and models?
2. Given the significance of the ‘collective’ to the Māori or Indigenous lens, what do individually focussed resiliency theories and models contribute to our work?
3. What might a Māori framework of resiliency look like?

Given that there is not a broad body of literature concerning resilience from Indigenous perspectives, my approach to these questions in this section is to consider what I believe are terms that describe in various ways, an Indigenous history and view of resilience. They are purposely coupled as opposing notions which I argue can describe the continuum of strategies, behaviours and outcomes that could make up an Indigenous peoples resiliency framework: Acceptance and resistance; reactive and proactive; survive and flourish; individual and collective; state control and self-determination. These terms are employed rigorously in

Indigenous discourse across a range of disciplines, in particular health and education.

Acceptance and Resistance

One of the major Indigenous criticisms of resiliency theories is that by definition they assume an acceptance of responsibility for our position as disadvantaged dispossessed peoples (Borell, 2005; Sodeke, 2004). That is, by examining and developing theories and models of resiliency we in fact ‘buy into’ the idea that this is ‘the way it is’ and we need simply to get better at coping, at bouncing back and being resilient.

Resistance on the other hand, tends toward an approach of fighting back, actively opposing those things which negatively influence us whether socially, politically, economically or in any other human way. We don’t simply want as, prominent Māori lawyer and activist Annette Sykes states: “... to just look at what is happening *because of* the forces of colonisation but also to look at ways to change that” (cited in Bargh, 2007, p. 122 [italics added]).

In my view, acceptance is at the beginning of the continuum, that is, it is important to know what is happening in response to colonisation. Resistance is at the other end of the continuum signalling the paramount importance of stopping further colonising forces such as the neo-liberal agenda, resisting the continuation of things which will require further acceptance and further resilience.

Resistance offers a much stronger set of political tools and is aimed more at dealing with the causal factors that inevitably require us to employ resiliency. In defining resistance, Sykes draws broadly on practical, political, family and sovereignty contexts:

“Māori resistance to that (neoliberalism), is not to go to McDonald’s and KFC, and lately with the threat of things like the Bird Flu pandemic, to reinstitute traditional tribal gardens ... for me it must come back to personal commitment to change right through to a political commitment to challenge the inculcation of those neoliberal values into our modern Māori institutions, including direct challenges on corporate elites, which are really the living icons of this philosophy, and challenges too to the

government agencies and bureaucrats that corporate elites bribe or co-opt to promote the liberal notions that globalisation promotes.” (cited in Bargh, 2007, p. 116)

Reactive and Proactive

My first interaction with these terms in an academic sense was as a Masters student of Educational Psychology. We were tasked with developing dual behaviour management strategies, the first being those that might be employed as a response to a child’s difficult behaviour (reactive strategies), the second being those that were put in place to elicit desired behaviours and deflect unwanted behaviours (proactive).

In terms of the continuum and to engage the analogy of behaviour management, reactive strategies sit at the beginning. When faced, for example, with a 12 year old boy throwing desks and chairs around the classroom, or a 3 year old child biting into the arm of a baby, you need to react fast. Reactive strategies are linked closely with survival, in this example, survival of the baby, and the classmates or teacher who may be in the path of the chairs and desks. It is also about the 12 year old boy – his survival in terms of his continued presence in the community of the classroom. If this behaviour continues he will be removed and possibly suspended or expelled.

Proactive strategies are about long term sustained change, they are not the emergency type response, they are well planned and thought-out strategies that are aimed at change over time. More importantly however they remove the focus from the undesired behaviour, giving space for parents and teachers to consider the desired behaviours, and to focus strategies aimed at increasing that said behaviour.

So the continuum is not something in my view that we look at, quickly work out which end is ‘the winning end’ and immediately dismiss the opposite end. Indeed I would suggest that our greatest examples of Indigenous resiliency occur when we give ourselves the space to traverse the continuum in order to effect change. Being reactive satisfies our need to respond to risk, to threat or actual harm. Being proactive enables us to reduce risk and more importantly, consider our desired position or state of being.

Survive and Flourish

Survival is unquestionably uppermost to Indigenous peoples, as it is to any member of the human race. It is recognised that resiliency has been critical in assisting Indigenous people to survive colonialist regimes, moreover, I argue that it is fundamental in helping Indigenous people to capitalise on the past with a view to enhancing health and wellbeing in the future.

Dr Stephen Sodeke (2004), in his address to the Traditional Knowledge conference held in New Zealand, described the ability to apply past lessons to the future as integral to the concept he describes as ‘*human flourishing*’, a concept that is fundamental to the self-determination of Indigenous people. As he describes it, human flourishing is critical to the development of Indigenous communities and allows Indigenous people and other vulnerable communities to realise their full potential and to succeed at all levels - human, social, economic, political and spiritual.

I argue that ‘flourishing’ or ‘reaching potential’ is essential to an Indigenous framework of resiliency. That is, resiliency has to be understood as something far transcending survival; notwithstanding, survival remaining an essential beginning point on the continuum. Obviously if we do not survive, we cannot dream of what could be nor ever hope to achieve it.

Individual and Collective

“Ehara taku toa i te toa takitahi engari he toa takatini”.

(Cited in Mead & Grove, 2001)

My strength is not mine alone but belongs to the many. This well-known Māori proverb is testament to the importance of collectivism implicit in the Māori worldview. It is echoed further in songs and other narratives, not only of Māori, but of most, if not all, Indigenous peoples throughout the world.

As stated earlier however, much of the resilience literature focuses on the resilience of the individual, and at best, the attempts to acknowledge collectivity are simply to look at the cumulative resilience of individuals within a given setting or community. This individualist focus is grounded in liberalism, and more

recently, in neo-liberalism as described in earlier in this chapter. A Māori view, however, would suggest that a more appropriate framework would be one that addresses the resilience of whānau, hapū and iwi, as well as the various other contemporary community groupings of Māori.

The continuum that I suggest however, would not necessarily dismiss the notion of individual resiliency. The reality for many of our people is that through colonial oppression and assimilation we have become very adept at living as individuals. Indeed this could be viewed as one of the strategies of resilience employed by some Māori and Indigenous peoples in order to survive and progress in the context of a now neo-liberal land. Moreover, many of us may have all but lost the ability to know and function in the collective. So, for reasons of inclusivity, the continuum of individuality to collectivism is an essential element of this resiliency framework.

State-control and Self-determining

In reviewing literature regarding state control and self-determining peoples, the discourse of Indigenous writers and activists (Bargh, 2007; Battiste, 2008; Pihama, 2001; Smith, L.T., 2007; Te Awekotuku, 1991) points towards state-control being synonymous with the neo-liberal agenda. That is, a neo-liberal context is one in which the state acts as “mediator of the marketplace keeping it open as a place in which individuals can compete” (Smith, L.T, 2007, p. 343). So whilst the initial reading of this might be that the State removes themselves from the position of control, it is in fact indirectly the opposite that takes place. As Linda Smith points out, the State simply distances itself from the individual and allows marketplace negotiations to occur seemingly ‘out of their control’. This would assume a level playing field exists in the marketplace. However, it is not, as Māori are statistically much more likely than the majority population to have greater health problems, achieve lower education levels, and be economically and socially disadvantaged. These inequities, then, result in a reliance on the state, which in turn gives the state a certain level of control; e.g the state determines health and education provisions, social welfare, and funding for those who require assisted living.

Māori activist, Teanau Tuiono, describes the way in which neo-liberalism threatens our life, culture, and language, saying: "... it tries to McDonald's-ify everything" (cited in Bargh, 2007, p. 126). In other words, we will see similar things occurring throughout the world, similar provisions and values in terms of economics, social development and politics. A positive neo-liberal view would have us believe that the choices made available through these types of global enterprise are of benefit to all. That is, that everyone has the same choices and indeed, more choices in this context. However, the reality is that those choices are determined by majority peoples, in that, what survives and thrives in a neo-liberal world are things that are popular and therefore economically viable. If you belong to the majority population, or the majority population reflects what you desire in the world then this works. If you are part of a minority population, whether Indigenous or not, and if your desires differ from those of the majority population, then your situation in a neo-liberal world remains the same. That is, the choices you might desire are out of your control – in a neo-liberal world the control is with the majority population spending dollar, and in an explicitly state-controlled world, the control sits with the state or the government, who despite greater Māori participation, also happen to be largely representative of the majority population.

Many Māori and Indigenous leaders argue that self-determination is the ultimate goal. So what does it look like at the self-determination end of the continuum? As Leonie Pihama (2005) explains:

“The struggle for tino rangatiratanga as noted within Te Tiriti o Waitangi, is a struggle for Māori sovereignty, and as is the case for many Indigenous Peoples around the world, that struggle has been a part of the experience of this country since colonisation. Tino rangatiratanga is an expression of Māori aspirations for self-determination, Māori autonomy, Māori sovereignty. As such it is expressed as a key objective in many Māori movements.” (p. 361)

The term sovereignty has become synonymous with self-determining, and is very much a part of the events and actions that encompass both resistance and resilience. As Pihama states, it is the way that we express and indeed conduct ourselves both in response to colonisation and as pro-active Indigenous Peoples. As a response to colonisation, self-determination is concerned with our ability to

make decisions that are independent of the state that is responsible for our ongoing colonisation. In other words, it provides an alternative to the acceptance of state systems, laws, and policies that represent ongoing colonisation. In becoming self-determining we make our own decisions about how we want to live, and as Māori and Indigenous Peoples we are guided by the traditions and values and structures that are our own. Māori processes and protocols provide the framework in which self-determination occurs.

In summary, the understanding of resilience that underpins this thesis, draws on our past and applies these lessons to the present, so that the strategies we develop and implement will allow us to flourish for the good of future generations. An important aspect of resiliency is the importance of identity for people from ethnic minority groups. Facilitating access to a strong ethnic self-identity, as well as racial socialisation, provides protective mechanisms, which contribute to resiliency and counter negative racial messages experienced by ethnic minority groups. Facilitating resiliency in young people through physical health, connectedness to others, family-oriented interventions, and increased social skills will have tangible benefits for the health and wellbeing of Indigenous communities in general. Research designed to identify the factors that enhance resilience is a fundamental component of this project and will underpin the design of the intervention, which is expected to provide significant benefits for the Māori community by strengthening the historical and current resilience of this community.

Moko: Healing and Risk

“What do you mean moko is a health intervention? It’s dangerous – people stick needles in their arms and get sick, that’s how they got sick in the first place, and now you are saying to put more needles in to make yourself well – aren’t there lots of dodgy backdoor so called tattooists, especially those Māori and Samoan ones!”(Family friend)

This is but one example of the disbelief expressed when I tell people of my PhD work. I realised after the first time that I talked about it outside of my circle of well-covered (with moko) friends and colleagues that the world did not carry the same assumptions or understandings that some of us hold in respect of healing and moko. Indeed many see nothing but negative stereotypes and risk factors

associated with the practice and wearing of tā moko. Until recently, the sole representation of moko in the media was its association with gangs, violent crime, and even terrorism. Although the moko revival means that it is now seen on sporting heroes, music stars, and business people alike, the view that many in Aotearoa still hold is that moko is something associated with the ‘underdogs’ and with the ‘unsavoury’ people in our communities. There is a minority of us who understand that not to be the case though, and who know of its integrity and potential as a healing mechanism. The gap between its representation as a symbol of negativity and terrorism, and its re-presentation as a symbol of identity and healing is what this section of writing is aimed at bridging.

So what are the risks involved in undertaking tā moko? One who undertakes moko does so with a level of understanding of the fact that there is pain involved and depending on the piece of work they have chosen, that may go on for some time. Firstly, given that this study centres on blood borne viruses, it is important to discuss the potential risk of infection that can occur when engaging in processes that involve cutting or carving the skin and exposing one’s blood. Whilst some local councils’ have implemented guidelines and/or regulations for the safe practice of tattooing, there remains a lack of a national code of practice, ethics, or regulations for tattoo or moko artists. The Ministry of Health published a pamphlet in 1999 aimed at assisting people considering body piercing or a tattoo to make an informed and safe choice. They outline the potential risks involved as: contracting a blood borne virus; getting a skin infection; or contracting a sexually transmitted infection (if piercing or tattooing in the genital area). On further searching the literature, however, one is able to explore the broader ‘risks’ from a Māori perspective. Shane Te Ruki, wearer of a full-facial moko has this advice to give to those considering undertaking moko:

“Think long and hard about what you want, your situation, and how it may affect your life, and job, or future jobs. Talk to others who have moko about living with the markings. It can bring expectations about language ability, knowledge of Māori culture and tradition, and even a presumption that the wearer is a great orator.” (Te Ruki, 2009, p. 3)

Te Ruki further speaks about the potential impact on mental health:

"It can be isolating, if you didn't have support," he says. "Your moko may affect your ability to gain good employment. It's not the fault of the moko, it's perceptions, and that can weigh on you." (p. 3)

Participants in the present study echo a similar awareness, which is explored in chapter five. Of note, the risk of mental and emotional stress that one could be subjected to in wider society, is definitely a factor in people's decision making around attaining (or not) moko, and around placement of that moko. Indeed, it is perceived as a great enough risk to completely prohibit women (in this instance) from attaining facial moko at all. Given that moko kauwae is a significant part of traditional Māori custom and practice, and that it might be a significant part of Māori women's resiliency and/or resistance (Te Awekotuku & Nikora, 2007), it is concerning that both these perceived and real risks prevail.

As stated earlier, the perception of moko as a symbol of gang affiliation and other negative connotations is still very much a part of New Zealand society. Linda Nikora, Mohi Rua, and Ngahuia Te Awekotuku, conducted a large multi-disciplinary study in 2007 exploring the experiences of over 80 people who have undertaken moko:

"Represented in the facial tattoo are images that challenge the social relations of, and in, spaces. They are images of marginality (anti-conformists, outcasts, gangs), criminality (antisocial, lacking moral standards, violence) and pathology (madness, impairment, evil). Facial markings intrude upon and challenge 'clean', 'honest', 'open' and 'respectable' faces. Another challenge is also made here. Moko imaged as survival, pride, femininity, beauty and as non-dominant ethnic identity contests the assumed right of dominant groups to dominate. It signals the continued existence and resistance of Māori and points to all the failed efforts to make Māori subservient. Moko takes on a symbolic power that questions hegemony by presenting alternative ways of viewing and being. Moko and the embodied become acutely political." (p. 481)

Ngahuia Te Awekotuku and Linda Waimarie Nikora (2007) recognise moko as part of the 'universe' of 'the compendium of contemporary body modification'

and refer to it as an “extreme challenge to human endurance” (p.215). As they highlight, it is particularly important in the context of the globalised communities in which we live to understand something of the broader art forms with which moko might be associated. These include things such as body piercing and other forms of body adornment, the great plethora of European and Western tattoo, as well as other Indigenous forms of tattoo and body modification. Understanding that moko is able to be viewed in this broader context indeed brings an understanding of further risks associated with it. That is, the risk of commodification and appropriation by others who practice in the same context. The risk is not an individual one, but rather a risk to Māori in general, that being the risk of corrupting (through commodification and appropriation) traditional knowledge that is inherent in moko.

It is my view, that moko is a taonga that comes with much potential. It carries its own mouri (life force and spiritual essence), and as such, has huge potential both positive and negative. The writing above refers to some of the potential negative experiences and responses to moko. The data analysis sections of this thesis explore more fully some of the positive aspects of the process of attaining and wearing moko.

In contemporary society, identifying as Māori for some may not always mean close connection or indeed any connection to ones whānau, hapū or iwi. Many Māori are now 2 or 3 generations away from a time when members of their family actually lived or connected in any real way to their hapū or iwi. Many Māori do not know the name of their iwi or hapū or marae (Nikora, 2007), still, however, they may identify as Māori and be proud of that.

So what does it mean to identify as Māori with a lack of connection to hapū or iwi? I would suggest that it means that rather than focussing on what isn't there, or what is lacking, one focuses on what is there, and what is good about being Māori. Some might argue that this is problematic – the new definitions of being Māori brought about by urban drift, which is essentially brought about by colonisation, take us away from our traditional values about what being Māori is. I would argue, however, that if identifying strongly as Māori is something that leads to increased wellbeing, then why dismiss how differently that identity might be constructed? Clearly, we don't want to simply encourage a colonised Māori

identity without considering the decolonisation discourse; we don't want to promote perhaps an identity as Māori now that strays so far from who we are as a people that we become lost? Indeed, there are many fears and concerns on all sides of this debate, but what is most important to acknowledge in my view, is that Māori identity and indeed Indigeneity, are evolving notions in which we each need to be allowed the space to develop and grow.

Chapter Summary

In part one of the chapter I argued that Māori blood be viewed, and indeed enacted, as a solution to ill health, rather than as a problem or causal factor as it has been perceived historically from the time of colonisation. Māori cultural frameworks and principles of wellbeing have been shown to provide the space in which this can be accepted and validated. In part two of the chapter I explored Māori and Indigenous notions of identity, and literature that challenges and impacts somewhat on these. It is my position, based both on the literature and on personal experience, that identity is clearly linked to notions of wellbeing. This chapter has provided a basis for further critique and analysis of these issues in the following two chapters.

Chapter Five

Data Analysis A: Case Studies One and Two

The purpose of this chapter is to present the findings of the qualitative interviews and case studies regarding the practice of traditional moko (or Māori tattoo) as a healing intervention. The data has been contextualised into themes, which are represented by each of the seven key elements of the Mana Kaitiakitanga framework. As has been described in previous chapters of the thesis, this framework provides a valid Māori health and wellbeing context for the work, and presents the data in what can be described as a Māori worldview. The case study narratives are presented individually as parts one, two, and three of the chapter, keeping their stories ‘intact’ and contextualised in the manner in which they were recorded. Key informant interviews are summarised and analysed in chapter six of the thesis. As a qualitative study emphasis has been placed on the richness and quality of data rather than being concerned with quantitative significance of material. The examination of three case studies is considered sufficient to explore and gain the in depth understanding and knowledge intended in this study.

Part One: Case Study 1 – “Ripeka”

“I grew up in Porirua and it wasn’t cool back then in the 50’s and 60’s 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 ... my family was pretty dysfunctional really and I still don’t have a great relationship with my mother and my father has passed away... Because there was abuse in my childhood I didn’t really see family as a source of support – the whole whānau thing was different for me. I dealt with that by using drugs when I was younger but I’ve come a long way since then. 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. 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's story represents someone who, now a successful Māori businesswoman and one who has contributed significantly to Kaupapa Māori education for around 25 years. As Ripeka states, coming from what she describes as a dysfunctional family and having a difficult upbringing meant she had a complex and difficult journey to success. The notion of whānau as a source of support for Ripeka really doesn't exist and this is an important understanding – that is, we cannot assume in any of our interventions, that whānau is the starting point for wellness or healing, indeed for many it represents a site of abuse a site of unwellness.

For a time, Ripeka led a very different life that included behaviours which put her at risk of contracting a blood borne virus. As with many people who live with the Hepatitis C virus, she has not engaged in 'at risk' behaviours for many years, yet the virus remains and is a stark reminder of that distant past.

“I was 27 when I got diagnosed and now I'm 51 ... to be honest I avoided being diagnosed, other people had it who had been diagnosed who I'd shared needles with, and I just didn't want to know ... it took me 3 years and then I got a partner and I decided I really should know ... It's the same now as it always has been ... a lot of ignorance amongst the professionals. I just feel when I open my mouth and say I have HCV they just automatically assume I've been a druggie, and they're right, but I also feel that it's related to me being Māori as well. That's the automatic assumption, I'm not one of the blood transfusion people - because I'm Māori I must be a druggie.”

Ripeka has a clear analysis of the marginalisation that occurs for her both as someone who has the Hepatitis C virus, and as a Māori woman. She has identified the impact that racism has on those Māori with Hepatitis C, making her (their) journey more complex and increasing the marginalisation.

“I think they look at me wondering if I am still using ... or they're looking at me thinking once a drug addict, always a drug addict – all the stereotypes ... it hasn't changed at all ... it is depressing. I'm 51 years old, I haven't been a heroin addict since I was 25, unfortunately, it follows you. I want to sit there and pretend I'm a blood transfusion person, I just wanted to be treated differently, better.”

Again, the racist and stereotypical nature of marginalisation is recognised, as is the avenue for 'better' treatment. That is, had Ripeka contracted the virus via a

blood transfusion, though she would still suffer the stigma of having the virus, she would not be held in such low regard and would in her view, receive better treatment. At the very least, it would enable her to progress without the impact of further marginalisation. As indicated in the literature (chapter seven), engagement with marginalised peoples requires a different approach, and one that is cognisant, in the case of Māori women with HCV, of the way racism significantly effects this population. Although not explicitly spoken by the participant during the case study interviews, through other interactions I have had with Ripeka, it is evident that she has a clear understanding of the marginalisation of Māori, in particular Māori women, through colonisation and its ongoing manifestations as noted in the literature in chapter four. The presence of gender marginalisation does not escape Māori women with HCV.

Undergoing testing and receiving a diagnosis has its own complexities also, and it is not always something undertaken for the benefit of the person concerned:

“It’s better to know and I didn’t want to know ... it was good knowing and finding out the information, but really it was about keeping other people safe as opposed to looking after myself.”

Taking responsibility for diagnosis was not something Ripeka undertook for her own wellbeing, but rather for the wellbeing of others, which in my view is very typical of Māori women – we are good at putting the health and wellbeing of others before our own. The stress surrounding concern for others is evidenced in the following:

“One time I fell over and my knee was bleeding and a little girl came over and I freaked and thought oh my god its blood ... washing her hands ... I worried and worried for weeks afterwards and thought should I tell her mother, but she would have freaked not knowing a lot ... I used to find it really stressful, what to do, who to tell.”

Wairua: Spirituality

Case study participants were asked if they held any beliefs regarding potential spiritual origins of the virus. Some people are raised with beliefs around illness and/or disability that serious health issues might beset you if you ‘do wrong’ - a kind of karmic explanation for these types of challenges. Indeed this may be

nothing more than an old-fashioned risk-prevention strategy adopted by parents and carried through generations, but in any case it is something that can carry through to adulthood for many. Directly, participants were asked: “Did or do you feel it [the virus] has any spiritual origin?”

“I didn’t think any of that. I know quite clearly I’ve got it as a result of sharing needles and taking drugs.”

Ripeka doesn’t remember a time when she might have questioned the origin of HCV, beyond that of it being as a direct result of her drug taking behaviours. Though some people have in the past questioned, “why me?”, this was not something that occurred in Ripeka’s case.

The spiritual elements surrounding moko, described in chapter three, were included in participant discussion. Ripeka alludes to this, saying:

“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.”

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, 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 ...”

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.

Mouri Ora: Life Force

Intrinsic motivation, life essence, and how that is affected by both HCV and moko was explored in discussion within the case studies. When asked about what being Māori meant to her, Ripeka spoke about her childhood, the place where early formations of identity were created:

“I didn’t really get into knowing about my own [Māori] culture until I was really about 25 ... and that was because I grew up in Canons Creek, Porirua, where to be Māori wasn’t good and because my mother was Pākehā I grew up not wanting to be Māori and pretending not to be Māori ... it was quite difficult ... I can’t say that I was really culturally aware, but in terms of tā moko now ... clearly I have had tā moko done ...”

Ripeka clearly was not a child with a positive view of herself as a Māori, however, this was something that developed later in life, with moko being a part of that journey. As demonstrated by the literature in chapter four, strength in positive Māori identity is fraught with racist and stereotypical attitudes towards Māori that continue to prevail in colonised Aotearoa. So Ripeka’s childhood experiences and coming to a positive identity as a Māori adult are not atypical. They are, however, compounded by the marginalisation and further stereotypes that permeate for those carrying the Hepatitis C virus.

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 – this is something Ripeka discusses more fully later in the chapter. 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 80's and 90's, 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.”

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, which as evidenced earlier in the literature, adds to one's sense of wellbeing:

“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.”

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.

Hau Ora: Holistic Health

As described earlier in the thesis, hau ora in the context of Mana Kaitiakitanga, refers to Māori notions of the holistic nature of health. In this section of the analysis, I have collated the discussion from questions that related to symptoms, treatment, and interventions for HCV. These include both Ripeka's perceptions of the mainstream health provisions and those that she has formulated herself.

HCV symptoms, as discussed briefly in the thesis introduction, are relatively broad and vary amongst those who have the virus. As Ripeka describes, they are not always directly attributable to the virus, or rather, definitive of the virus. Thus it is difficult to ascertain, particularly in the case of those with drug using histories, which symptoms attach to the virus. She states:

“I have memory issues ... that's a problem because I get that with menopause. I have a drug history also, so you don't know what it is ...”

In Ripeka's experience, medical professionals generally hold a narrow view of the symptoms involved with HCV, and there is also conflicting information between general practitioners and specialists:

"In terms of my daily life, I can get unreasonably tired. I get pain in my legs that goes into my back which I believe is related to HCV but the specialists have poohooed that, but my GP says other people [with HCV] get that too."

The concern with what is expressed here is firstly, that the specialists are placing little or no value on the person's view of their illness. Secondly, there is conflicting information between medical professionals, leading to confusion for the person who has HCV; and finally, both of these things are fraught with the knowledge that people with HCV are already burdened with, and fighting against, societal marginalisation. This devaluing of the person's own view of the illness further marginalises, and in the case of Māori women, furthers other similar experiences of racism and stereotypes to which they are subjected to in other facets of their lives.

Case study questions asked participants to consider how they currently, or previously, employed Māori or other Indigenous healing interventions. Ripeka referred to some of the types of interventions that I had listed to prompt thinking (such as karakia, waiata, rongoā), saying:

"I don't think I do them as interventions for HCV, but they are all things that I participate in and are obviously good for my soul ... so in a sense they are healing things, but I wouldn't sit down and go oh yes this is for my Hep C ... but I do think all of those things help in the healing process, in terms of yourself and your wairua ... so I can say that yep, Karakia every day and waiata, and kapa haka, and pōwhiri, and rongoā gets given to me ..."

This indicates Ripeka's more holistic view of what constitutes a healing intervention, and as evidenced in the literature, it also reflects what could be referred to as an holistic Māori view of healing. That is to say, simply living a life that is inclusive of everyday Māori practices, Māori ways of being, is healing, or is as Ripeka says, 'good for the soul'.

“Māori interventions are part of everyday life ... my clinical intervention or medication for pain relief is not medically recognised as being connected to the HCV. Are they looking at me thinking I’m still a drug addict? I feel that is always underlying everything.”

In Ripeka’s view, her pain and associated medication are related to her HCV, yet this is not acknowledged as valid. By invalidating the person’s own view of their illness, the person themselves is questioned, and again marginalisation is present. To understand what counts as healing, there needs to be a corresponding understanding and acceptance of what counts as pain, and indeed what the causal factors might be.

“Sexual abuse, rape, and all of that ... pain can come through abuse etc, holding onto things that then manifest in physical pain.”

In this piece of dialogue it is apparent that Ripeka’s analysis of pain and its possible causes is broad, and I would argue that it fits with a Māori or holistic view of health and wellbeing. That is, if we view good health in an holistic manner then it is only fitting that we view ill health similarly. The understanding that physical pain may be manifested from emotional abuse reflects that holistic position.

Hau Āio: Breath of Life

The breath of life refers to our creation as stated in chapter three. The narrative included in this passage relates to broader life experiences that make up Ripeka’s experience of living with HCV. It records some of the significant points of her story that she deemed important to include.

“With my partner, that was when I had to get tested ... but it was like how do you tell them, when do you tell them, what will they think ...”

As mentioned earlier in this chapter, diagnosis for Ripeka was more important for others, than for herself. As a marginalised Māori woman, it is natural that there is a level of anxiety present regarding the diagnosis, how and when to share that information, and what the response might be. These difficulties are typical of people with HCV.

The life and relationships that we share with others are often reflective somewhat of our own wellbeing, as referred to earlier in chapter three, which explores Māori views of traditional knowledge and healing. Ripeka experienced the ‘breakdown’ of her long-term relationship some years after her HCV diagnosis. She discusses how this turning point in her life inspired a continuation of her moko work.

“Then six years ago when my relationship broke down, it was like a new turning, a new life and I designed the one on my arm representing the tinana, wairua, and hinengaro – it was again a journey in each of those areas that I was undertaking.”

In my view, and in further discussion with Ripeka, it is clear that carving moko both signifies another part of life’s journey, as well as reflecting and indeed influencing her wellbeing. The representations of tinana (body), wairua (spirit), and hinengaro (mind), further portray Ripeka’s own view of wellbeing and give us an example of the significant relationship between moko and hau ora, the holistic view of Māori wellbeing.

“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 ... 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.”

In Ripeka’s continued explanation of the moko she carries, it is evident that her 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 wasn’t commonplace. Indeed, she was one of the first Māori women of this generation to carve the tūhono or arm band 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 80’s 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 have the ability to follow this lead. More recently, Ripeka has undertaken the traditional moko of the buttocks, known as ‘rape’, or ‘pakipaki’.

“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’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 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.”

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 my view, once felt, Hau Āio is something that remains with you forever, and this was reflected in Ripeka’s conversations throughout the case study.

Hau Tangata: Humanity

Humanity, how we perceive humanity, how humanity perceives us, are significant to our being. Having already touched on this to some extent in prior narrative, this

section of the chapter explores Ripeka's narratives about her personal experiences in a little more depth. As she states:

“How you get treated is really interesting ... To be honest, even today when I go to a new dentist, you don't want to say, but you have to ... I had a lump in my breast and had to tell her [the doctor], as they wanted to do a biopsy, but I felt a real change in her with me, like I was a piece of dirt. So the specialists can be the worst. So I don't talk about it a lot – I just want to get on with it really.”

Throughout the conversations we had, Ripeka has described experiences of being treated differently because she has HCV. The responses she receives and the experiences that she has had, are rarely positive and they impact on an overall sense of wellbeing. The guilt referred to below, for example, is not an emotion linked to a positive sense of wellbeing. The continued battling against such feelings takes a toll on emotional health, and as discussed in the literature, there are significant links between one's emotional and physical wellbeing.

“Feelings of guilt were really prevalent with me ... even like telling the dentist ... it's really the responses you get ... they look at you funny and don't want to know you, because you have HCV ... and of course they would be thinking drug addict, and they're right, I was, but how you get treated is really interesting ... you can't let the past go.”

Relationships with whānau were described earlier in the thesis as central to notions of Māori wellbeing. When affected by HCV however, the circumstances leading to the virus often discourage the person from disclosing the illness to whānau. In a Māori view, family can play a significant role in the healing of an individual, which impacts greatly on our cultural ways of being, or rather on a culturally grounded method of healing.

“In terms of whānau, my mother doesn't know, I've deliberately not told her ... My brother and sister know but that's it. My sister broke down and cried. We chose not to tell my mother because she'll just spin out, and it will all be about her, not me. It's just easier not to - I have to be able to focus on my own wellness. Same with friends, close friends yes, but others no.”

In Ripeka's case, she perceives that to inform family such as her mother, would bring about a corresponding responsibility to help her mother deal with the

situation, and that this would detract from her ability to care for herself. I don't doubt this would be the case, not only for Ripeka, but for others in her position. This points to a community responsibility in my view, where if we as a community were better informed, and therefore better equipped to know and understand illnesses such as these, then that onus would be removed from the individual within the family. The community, rather than the individual, would be the place to access information and support. A further notion that likely impacts one's decision to disclose to family and others is that of 'whakamā' or shame. Although not mentioned explicitly by Ripeka, it would be naïve to ignore the 'shame factor' that exists in our communities when one contracts HCV or indeed other blood borne viruses. This shame is not held by the individual alone but inevitably extends to family members. Until this societal change takes place, individuals such as Ripeka will continue to not disclose, thus weakening the very essence of whānau and whānau relationships which are at the heart of a potential healing source. In Ripeka's experience, little advice is available at present, to either herself or her family:

"The only advice I've been given, is what treatment is available now. Nothing about managing on a daily basis. Is there a diet, can diet affect things, are there foods I should be avoiding or having. I don't know any of that. Only things focussed on your liver. Nothing else is offered, and nobody knows anything either."

The lack of information, and the treatment and advice being focussed in the main, on the liver, presents difficulties when analysing against a Māori view of health. The literature has clearly shown that a Māori view of health is holistic, and as such, it would never 'fit' to focus treatment in one area only, even if that area, or organ, is the one most affected by any particular illness, such as the liver with HCV. Ripeka desires information, and particularly information that shares the holistic basis that she operates from as a Māori woman. It is evident from this narrative that a more successful approach, for Māori with HCV, would be one which focuses intervention more broadly than on the liver only, which is the present option. In Ripeka's words:

"The whole problem with this is that there is a lack of (holistic) knowledge about it!"

Hau Moana: Breath of Sea

In chapter three of the thesis, 'hau moana' is discussed in relation to the wellness of our ocean environments, and the wellness of ourselves, and the relationship that we maintain with this part of our environment. However, conversations with Ripeka didn't tend to move into this realm of 'hau moana', rather, this section of the narrative reflects the challenges and triumphs shared by Ripeka in terms of her life with HCV. The challenges and triumphs are echoed, somewhat, by the ebb and flow of the tides- in other words, 'hau moana'.

“[I’m] not very clear what the issues are, that go with HCV – my GP doesn’t really know. There is no treatment provided, they just don’t know ...”

Again, concern is expressed about the lack of knowledge and information about HCV, and it would appear that what information is available is not readily accessible to Ripeka. Although she has the information about interferon and ribavirin, given by a previous specialist to her current medical practitioner, it is not a treatment presently on offer to her, nor are any other treatments being discussed or offered. Whilst I have been able to access HCV information both online and in research literature, my view is that what Ripeka highlights is that this information, like those affected by the virus is somewhat sidelined. That is, although some information might be available, one cannot assume that every GP will have a base knowledge of HCV in the same way that we would assume they know about coughs and colds. Similarly the symptoms and remedies for coughs and colds are widely known, we see posters throughout medical facilities, pharmacies and the like reminding us of what to watch for – HCV information is greatly hidden in comparison.

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' (buttock moko) 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 have to 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.”

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, for Ripeka as an already marginalised woman, this is an obvious and valid consideration. Someone such as myself, for example, without the included margins of bearing a blood borne virus and its implications that constrain Ripeka, can (and did) consider the same things, but from a comparatively less marginalised position. This is something to be explored further perhaps by those of us involved in cultural and moko resurgence – that is, what role do we play in providing greater access, greater potential, for marginalised Māori women to undertake facial moko, moko kauwae? I would argue that we have a responsibility to challenge the societal marginalisation described, which would enable greater uptake by all Māori women.

Hau Whenua: Breath of Land

As described in chapter three, ‘hau whenua’ refers to both our position and identity as tangata whenua, and within that, the relationship between ourselves and our land. Our wellness or otherwise, will from time to time be reflective of the wellness of our land and vice versa. Ripeka’s narrative included here relates specifically to her identity:

“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 ...”

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 it is

apt to further explore this narrative in this section given its relationship to societal acceptance, which in turn relates to the position of tangata whenua in Aotearoa.

“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.”

This raises a significant point which may or may not be particular to Māori women with HCV. Clearly this narrative evidences Ripeka’s hesitation to attract further attention. How much is this hesitation, and this decision impacted on by the marginalisation she already faces as a Māori woman with HCV? Of course, HCV is not generally a visible infection⁶, so the marginalisation I am referring to here is one of internal oppression, or a manifestation at some level, of the stigma associated with the infection. I suggest that whilst the concern for ‘extra attention’, and desire to be able to ‘cover up’ some days, might be shared by others who choose non-facial moko, those with HCV live with a greater stigma in society, thus making them less likely to attain facial moko. It is of concern that this tradition of our forbears is therefore less attainable by these women.

Part Two: Case Study 2 – “Te Rina”

“My father died when I was really little and so I was bought up by my Pākehā Māori and wanted to be more connected ... Every now and then I would go down to Otaki and go and stay at my aunty’s and I really wanted to sort of move closer to that Māori life and be a part of it, but I didn’t really know how, but it was when I got that first moko and then when I got my degree... They (my friends) bought me a pounamu and that was really meaningful for me and that was when I thought, wow I can really do this (be Māori), and my cousin and my aunty came up from Otaki and they bought a korowai and they put this korowai on me and it was really amazing, and they karanga’d me when I came on to get my degree and it was really really amazing! I think that marked for me the beginning ...”

⁶ HCV is not visibly evident unless one becomes significantly jaundiced.

Te Rina is someone who is by her own intrinsic desire, motivation and efforts a strongly identified Māori woman. Although raised by her Pākehā mother somewhat removed from her Māori whakapapa, the connection always remained and has been solidified throughout her life experiences and journeys to date. Te Rina has a pronounced sense of pride in her Māori identity.

“I’ve had Hep C for 23 years – I know exactly when I contracted it. I was in that small percentage of people who get very clear pronounced symptoms, so I know exactly when I got it. My doctors didn’t really know what it was. I had had it for 10 years before I eventually got the diagnosis of Hep C, and it was about 3 years ago that I cleared it.”

Te Rina’s story represents a Māori woman who contributes significantly to Māori development, working specifically in the field of mental health and wellbeing. She is someone who in her youth engaged in ‘at risk’ drug-taking behaviours which lead to her contracting the virus. She is very clear about where, when, and how she contracted HCV.

“I guess that I was pretty clear that it came from a misspent youth – I’d been involved in things, and I was responsible for that situation.”

Although diagnosis took some ten years, Te Rina was told what her genotype was and in time, decided to undertake the suggested clinical treatment.

“I was told it was genotype 2a. The treatment involves having to inject yourself three times a week with interferon ribovarin.”

Te Rina’s very pronounced symptoms have included:

“Being itchy all over from head to toe; orange skin; white poo; dark urine; feeling very sick; I actually got very run down ... following the acute period though it evens out and symptoms are subtle until around 10 – 15 years down the track ... and then you start to notice them again. You know you are very tired, you’re thinking becomes very clouded.”

Although Te Rina did undertake treatment, she first explored other options including more natural therapies:

“I spent a lot of time taking supplements and really looking after myself – managing my symptoms.”

As Te Rina described during our conversations, the supplements and dietary adjustments that she implemented as part of her ‘getting back to wellness’ regime were beneficial and assisted with some improvement in symptoms, but it didn’t get rid of the virus. Te Rina eventually decided that she no longer wanted HCV in her life and undertook the rigorous treatment as described briefly in the thesis introduction. With successful treatment carried out over a 6 month period, the virus has been eradicated.

Wairua: Spirituality

Case study participants were asked if they held any beliefs regarding potential spiritual origins of the virus. Directly, they were asked: “Did or do you feel it has any spiritual origin?”

“I didn’t think about spirituality at that time – it didn’t enter into it.”

Te Rina doesn’t remember a time when she might have questioned the origin of HCV beyond that of it being as a direct result of her drug-taking behaviours. Though some people have in the past questioned, “why me?”, this was not something that occurred in Te Rina’s case. She understands and takes responsibility for HCV being something that was consequential to her risky behaviour at that time.

The spiritual elements surrounding moko described in chapter three were part of the participant discussion. Te Rina alludes to this, saying:

“I wanted to understand more about moko ... [the moko artist] was spiritually very aware and knew what he was talking about, knew what he was doing and did beautiful work and so I felt great like, yes please do my design! My expectation was that he would be more structured, but he told stories. It was a very Māori way of doing it.”

As Te Rina’s moko journey took shape, she too moved from more contemporary design, to processes and outcomes that were focussed in a more traditional sense of tā moko, as Ripeka had done. Te Rina had developed an understanding of the potential for moko to fit the corresponding spiritual awareness that had become a part of her life at this time.

“I wanted to mark the places they [her iwi, Ngāti Raukawa], have had in my life and also about how spiritually motivated my work had become. At that particular time I was feeling very creative and inspired, and the work that I was doing reflected that. It [the moko] felt really special and was a part of that path.”

Feelings of the potential sacred nature of the moko work were emerging, and expressed here as a ‘special’ feeling with ‘spiritual motivation’. Identifying the reflection of whakapapa in moko further strengthens the links between the carving and the spiritual world, in that it connects both to our living relatives, and to those who have gone before and are now a part of the ancestral world. In describing further what moko meant to Te Rina, she said:

“I wanted to mark where my life had moved to, that I felt really empowered and grounded and I wanted to acknowledge all sorts of things in my life that were meaningful to me, particularly on a spiritual level. To me, being Māori gives me a way of expressing spirituality in a more connected way. It just felt like an obvious step that I would be able to do that through moko.”

Moko provided Te Rina with both a way to express and reflect the journey she had already been on, as well as to further progress that journey:

“My inspiration for moko was just really feeling quite spiritually that I had been through a journey and I had come out the other side, and I felt stronger and more confident and I wanted to connect with that and mark that. It was also about grounding myself in my identity as Māori, and largely a big part of it as well, was that I wanted to claim my identity as being Māori. I also wanted to acknowledge my father and have my father ‘present’ in my life because he died when I was very little. I wanted to connect with my father and my iwi and my whānau on his side because they were in Otaki and we were in Wellington, and then we were in Auckland and they weren’t around that much. It [whakapapa and being Māori], wasn’t a big part of my life and I wanted it to be more a part of my life. I wanted to claim that connection and that identity.”

The notion of moko and identity being intrinsically linked, as discussed in chapter three, is clear in this conversation. Connection to whakapapa, connection to hapū and iwi, are all evident and highlighted as being pertinent to the spiritual wellness journey that Te Rina alludes to. This narrative indicates very clearly, the participant’s view of moko both reflecting and adding to her journey.

Mouri Ora: Life force

Mouri ora or life force is discussed in some detail in chapter three. For the purposes of participant interviews, we explored both the person's own view of their mouri ora as Māori women, and the mouri ora relationship involved in the work of tā moko. Te Rina undertook tā moko for a number of reasons, underlying this was:

"I wanted to connect more with Māori whakapapa ... I wanted to identify more with who I am."

This can be viewed as typical in terms of what being Māori means in the new millennium. It is about knowing 'who' we come from and the desire we have to get closer to 'them' (our whānau and ancestors). That signifies to me, a people who have been through a process of disconnection, whether it is one that is minor or one that is more significant.

Historically, a Māori individual might have responded to the question of his or her identity by speaking about the importance of succeeding in both worlds (Buck, 1952; Edwards, 1990; Ngata, 1893; Te Awekotuku, 1991). That is, highlighting how our identity might best be measured by our connectedness or lack of it to the Pākehā world. This is not to say that we ever denied or ignored our Māori whakapapa. On the contrary, historically speaking, that aspect was taken for granted. It did not always need to be stated upfront (notwithstanding the common knowledge that one would always at some point recite their whakapapa), it was taken for granted, because historically, with less cross-breeding with Pākehā, we looked Māori. One didn't have to think about how they could make sure that the person they were engaged with knew they were Māori.

Identifying more with 'who I am' in the participant's experience has everything to do with whakapapa (genealogical ties), and everything to do with how that fits with one's daily life. Being 'who I am' for this participant followed quite a process of her getting to know herself. It meant coming to terms with how she had been raised largely in a 'Pākehā' way, meaning her upbringing was quite detached from contact with her extended family, hapū, and iwi. It meant being okay with that and moving on. For her, moving on involved making her own

connections with extended family and hapū, and iwi. Knowing that as an adult, that was within her power.

“Being Māori is just who I am, it’s about who my ancestors are and what they have taught me via my parents. I love being Māori because sometimes when I don’t really know how to act or behave or respond to something, I can kind of stop and think – ‘what would my nan have said?’, or ‘what would be a real(ly) Māori way of going about this?’”

This could be viewed as a typical response from someone who is at ease with, and proud to be Māori. It shows a framework of analysis and a code for behaviour modification that is intrinsically linked to identifying as Māori. Can it be argued, therefore, that identity correlates strongly with behaviour and wellbeing? What does that mean?

Identifying as Māori is not in itself a complex issue. However, it is clear that there are multiple ways and multiple meanings to one’s identity as a Māori. This could be perceived as having its roots in the notion that ‘Māori’ is not in fact our own construct. As mentioned earlier in the thesis (chapter four), the word Māori is one adopted to describe us as a people, whom prior to colonisation, were identified as members of a particular family (whānau), extended family grouping (hapū), and wider community group linked genealogically (iwi). So for example, in identifying ourselves to each other in days gone by, we would generally say our family name, and the name of the hapū and iwi that we belonged to. For the benefit of the colonisers, however, we accepted the global term ‘Māori’, literally meaning ‘natural’ – it enabled them to stick with their custom of having one overall term for the native inhabitants of a country.

So what it means to be Māori, from very early on is seen here to be dependant in part perhaps on who one is engaging with. To clarify, when one engages with other Māori, they are more likely to discuss their identity in terms of whānau, hapū, and/or iwi. When one engages with non-Māori, however, unless one is asked specifically, identifying as Māori may not even enter the conversation. If asked however, we tend to talk in much more general terms about being Māori, usually by simply confirming that yes you are Māori (as opposed to Ngāti Raukawa which is an iwi affiliation), and perhaps the town that you are from.

For Te Rina though, identity (and implicitly mouri-ora) is further compounded by the diagnosis of HCV, as she describes:

“There is a huge amount of stigma. You feel like a leper, like you don’t want people to know. I got all sorts of responses, some very casual, most worried about catching it. My own mother was horrendous, refused to allow me to use the cutlery and plates and I couldn’t even go into the food cupboard or the fridge. She wanted to sterilise everything I touched. I was very hesitant to let people know, and I really just kept it to myself.”

‘Keeping it to myself’, was clearly a protective and defensive action that Te Rina consciously undertook, which is hardly surprising given the types of responses she grew accustomed to, and particularly so from her own mother. This reflects a silencing of the virus and associated issues. It further suggests a degradation of one of the key potential healing elements for Māori, that of ‘whānau’. Whānau support, whānau involvement, whānau interaction, is a centre point of being Māori, and as with the previous case study, this is not always accessible to Māori women with HCV. Thus, the potential healing interventions are lessened and I restate that there is a responsibility on us and our communities to deal with this issue. As Te Rina indicated in later conversations, with greater information to whānau and community, fear and stigma would be reduced, allowing for knowledge, understanding, and support to be there in its place. Notwithstanding, it is also acknowledged that there are a great many other factors that influence whānau relationships and the ability of the whānau to be informed and supportive.

“As I grew older, understood it better and understood people better, it was easier, but I think I already carried the stigma with me. Another thing that impacted was – how would a potential partner feel about me having HCV? At what point do I drop in: ‘Oh by the way, I have this disease’. How are they going to feel about it? Also, not knowing how an employer might react. Not telling them, but worrying about them finding out. Managing the fatigue, always being exhausted, but not being able to tell people why.”

Partners and employers are also of prime consideration to the person with HCV, and a potential source of support to one’s wellness. On the contrary, however, for the participants’ in this study, they are a potential source of further stress and anxiety, due again to societal stigma surrounding the virus - adding more weight

to the finding that better informed individuals and communities are significant to the healing and wellness of those with HCV.

Hau Ora: Holistic Health

As described earlier in the thesis, hau ora in the context of Mana Kaitiakitanga, refers to Māori notions of the holistic nature of health. In this section of the analysis I have collated the discussion from questions that related to symptoms, treatment, and interventions for HCV. These include both Te Rina's perceptions of the mainstream health provisions, and those that she has formulated herself. In her view, as with Ripeka, medical professionals don't generally share the holistic view of health that is consistent with Māori views. As she says:

“The medical profession doesn't recognise how your quality of life is impacted on by HCV. My specialist didn't deal with that at all. Liver function tests can indicate good liver function even when the person is struggling and not feeling well, and vice versa. Liver tests are really inconsistent and not a good indication – research shows that this is the same for most people.”

Again, as with Ripeka, Te Rina describes a medical approach that is focussed on the liver, which whilst certainly being the most affected organ of the body when one has HCV, is not the sole site for prognosis, intervention, or healing. Te Rina mirrors Ripeka's desire for a more holistic approach and an approach that acknowledges 'how the person feels' as much as what the clinical tests show. Again, Te Rina has had a similar journey with ill-informed medical professionals at the GP level of intervention:

“It is only recently that GP's have got any knowledge. Specialists come with a very academic, limited approach, based on research and tests which don't take into account the broader things going on for the person.”

As well as this, Te Rina described clearly the impact of medical attitudes to HCV and toward those who carry the virus:

“It's very frustrating, often feeling as though they are a total brick wall. Medical professionals can be very patronising, saying things like 'Oh you'll be okay, drink more water', and things like that ... My experience of not being well was not 'my imagination', and patronising doctors did not acknowledge this because liver function tests told them I should be well.”

Although the majority of her experiences have been more negative than positive, Te Rina has encountered some support within the medical profession:

“I have had two that were good, who were supportive, by this I mean they have an idea of what it [HCV] is. Support is also about being prepared to research it themselves when they don’t know; I’d prefer they admit when they don’t know, and do something about that, rather than pretend.”

Clearly, the more informed the doctor, the greater potential for effective support and/or intervention. Professionals who are honest about what they know (or don’t know) are more likely to gain trust and build a good working relationship with the patient.

“I had it for 24 years and so am still dealing with the effects, although your liver is very resilient, I still can’t drink alcohol, though I do occasionally. Once you get cirrhosis though, the scarification doesn’t go away and your liver will be impaired to some degree.”

So finding ways and interventions that assist in living with the ongoing effects of HCV are important, and it is significant to note that even after clearing the virus, Te Rina identifies remaining issues. When discussing moko as a potential part of the ongoing healing, Te Rina had this to say:

“It’s very therapeutic, very grounding and positive ... it’s empowering ... it’s a way of proudly showing who you are and what you are into. It is provocative and it also invites interaction from other people, but not necessarily. It can also invite respect and passivity from other people ... that they don’t ask you or they don’t engage, and that’s really neat ... and then some people will just come right out and go ‘wow, can you tell me about that, that’s awesome!’ ... I’ve always admired beautiful artwork on people’s bodies ... always been curious about moko in particular because of its meaning and how people are connected to it. I had an awareness of what my own curiosity was like, and so I did expect that other people would probably also feel like that ... but I was surprised at how some people will just bowl up to you and start talking ... I like it most of the time”

Moko, therefore, not only has benefits in terms of how one feels about oneself, how it ‘empowers’ the recipient, but it also has the potential to re-engage the recipient with individuals from the wider community who choose to converse about the moko work. Whilst there is the unspoken potential for negative

interactions, moko also has the potential to be a source of external affirmation for the wearer. The negative interactions regarding her moko work are not significant to Te Rina, which is likely due to the strength, identity, and purpose she has gained throughout her journey of ‘healing’, of which moko has played a major role. Negative interactions are viewed as an opportunity for educating others, and her own strength of identity gained through moko, enables her to mediate the negativity.

Hau Āio: Breath of Life

The breath of life refers to our creation as stated in chapter three. The narrative included in this passage relates to broader life experiences that make up Te Rina’s experience of living with HCV. It records some of the significant points of her story that she determined were important to include, speaking about the involvement and responses from family and friends to HCV.

“Mostly, other people didn’t know and then they had a limited understanding, apart from old friends from my drug-taking life. When I moved to Auckland, my new friends hadn’t been a part of that life style, they didn’t understand. It’s not like you’ve got a broken arm and people can see why you can’t play. ... Often I wouldn’t get invited out anymore, people didn’t really get it ... sometimes I was disappointed. All they saw was that I was just tired all the time.”

Again, the lack of knowledge and understanding amongst the wider community impacts significantly on someone with HCV. Friends and family haven’t made allowances for, or understood the impact of fatigue on someone with HCV. Te Rina agreed that greater knowledge of the virus would go some way to increasing understanding and, therefore, improving the lives of those with HCV. At times the challenge of dealing with people’s lack of knowledge and understanding takes its toll:

“It can be very frustrating ... mum was very frustrating and I thought, ‘oh just forget it’ ... you just have to take it in your stride and do the best you can really.”

There is a sense of ‘cutting your losses’, and as Te Rina discussed further on in our conversations, it is important to retain your energy for keeping yourself well and happy, as opposed to expending the much needed energy on informing and

supporting others around you who have difficulty with the diagnosis. Undertaking the moko journey was something that combated surrounding negativity and misunderstandings. It was a part of Te Rina both creating and acknowledging the positive aspects of her life. As she puts it:

“I identify something like having moko as being a strength and a part of my own maturity and development. I deserved to acknowledge it [her own progress]. It was about allowing myself a gift, and I think that becomes a part of your being. You invite that, and you accept that, so this is now a part of my strength and I have acknowledged it and accepted it. Moko becomes an important part of your strength of being.”

Without a doubt, the moko journey has strengthened Te Rina’s identity as a Māori woman, and this in turn, has increased her sense of wellbeing.

“It [moko] works. The intentions that I had, were that I wanted to feel more connected with who I am, and being Māori, and that’s worked. I do feel better because I don’t really ‘look’ that Māori. I mean people always say once I’ve told them I’m Māori, they go, ‘oh yeah, no, I can see that’, but I’ve often had experiences where people have just not figured on it, which has been quite interesting, particularly doing Treaty of Waitangi training - the non-Māori have talked to me about ‘those bloody Māori’s’, and I’m like, ‘hello!’. So now people will look at me and automatically go, ‘oh, she is Māori’, so yeah, the changes I’m feeling are around identification and I like that. I like to be able to say ‘yeah, I am Māori, that’s who I am, like it or lump it’. And in terms of empowerment I think it’s great, I’d like to get more!”

Hau Tangata: Humanity

As stated in case study one, humanity, how we perceive humanity, how humanity perceives us, are significant to our being. Having already touched on this to some extent in prior narrative, this section of the chapter explores Te Rina’s narratives about her personal experiences in a little more depth. The place of whānau, and her connection to it, was discussed in some depth.

“Historically, the most important thing to me was being around other Māori people. I didn’t have a lot of contact with whānau. The whānau were in Otaki and I always felt isolated being up north. The times when I went down and spent time with my Aunt, I always felt really nurtured and cared for ... and just the life-style, I loved it! Every now and then I would

go down and stay with my Aunty and I wanted to move closer to that life and be a part of it but I didn't really know how, and it wasn't really until I got that moko that I knew, that it began."

Te Rina expresses a sense of the potential wellbeing that is housed within our connectedness to whānau, and how for her, this was rather tenuous because of the geographical distance between where she lived and where she was from. Moko became the connector, the 'road back home'. Prior to this, there was a definite disconnection, as she explains:

"About 15 years ago, I was coming out of the drug-use scene. I'm 10-12 years clean now, and those were the early days, dealing with anxiety and depression, mood swings, identity crisis, and god knows what. My confidence wasn't very good and I was trying to get back into the workforce. At that time I was really disconnected from anything Māori. I was just struggling to get on my feet and I didn't have any whānau around me who were connected with anything Māori - it wasn't really part of the picture."

The risk-taking behaviours, the involvement in the 'drug-scene', had further entrenched an already tenuous connection to whānau, however, once determined to turn her life around, Te Rina began re-building and re-connecting with whānau.

"... just before I left Auckland, was when I got the first moko and I had connected a little bit with my cousin up there. He isn't really technically my cousin, though we are related and he started up his studio up there. I got given a taonga for a graduation, and that marked the beginning of me knowing, 'far out I can do this and this is part of my identity'. It was really meaningful because my cousin and my aunty came up from Otaki and they brought a korowai and they put the korowai on me and it was really amazing, and they karanga'd me, and my friends were there, and I got this beautiful pounamu. That marked for me the beginning of my healing, and shortly after that I went and got my moko."

The most significant element in this section of the analysis, and indeed underlying this case study, is identity and strength and wellbeing connected to identity as a Māori woman. As this case study shows, interventions such as moko have the potential to impact on and further develop, and in a sense, re-create the identity of Māori women who have previously been involved in activities that have served to

some extent to further entrench an existing disconnection from being Māori, from whānau.

Hau Whenua: Breath of Land

As described in case study one, ‘hau whenua’ refers to both our position as tangata whenua, and within that the relationship, between ourselves and our land. Our wellness or otherwise, will from time to time be reflective of the wellness of our land and vice versa. The narrative explored here centres on alternative sources of wellness, however, as Te Rina describes, this is not always easily accessible, nor is it always encouraged.

“The conflict really, is with the medical profession who don’t really support anything alternative. They would prefer not to know. You just don’t expect a GP to support it because they won’t.”

As described earlier in the thesis, rongoā Māori, identity, and other life style choices, are all a part of Māori wellbeing. Whilst Te Rina believes there is the potential for this to work in complementary ways with medical interventions, that potential is cut off when medical professionals are unsupportive of alternatives, to the point where the patient has absolutely no ‘expectation’ of discussing complementarities. The issue of accessibility also impacts on the potential benefits of rongoā Māori.

“If rongoā were accessible I would certainly have tried it, I would have preferred it, but it wasn’t accessible and so I ended up using Indian medicine. It’s mad, but Indian medicine is more accessible in this country than our own.”

Clearly, this lack of accessibility to our own methods of healing exists, and is a result of what is evidenced in the literature earlier in the thesis, as colonisation. In particular, I am referring to the Tohunga Suppression Act discussed in chapter three, which saw a definite downturn in the practice and use of our own healing interventions. Moko, however, has undergone a resurgence and is now something accessible to many, and is viewed by Te Rina as a part of her healing. She discusses further aspects of this as follows:

“Identity and aesthetics were all a part of it [the decision to have moko]. The fact that more people were getting them probably made it more

accessible for me, but I think I would have done it anyway. I've always loved art and body art ... healing, yeah that was definitely a part of it ... connection to traditions, whānau, hapū, and iwi. I wanted to integrate that, I wanted that to be part of it. Initially I was vague on what was ok and what wasn't, but in the end I just went ahead and did it ... family didn't generally say much. We tend to keep things like that private I guess as Māori, but no-one growled, it was more like 'sweet.'"

The literature explored, somewhat, the nature of accessibility and potential for exclusivity in terms of who can wear moko. Whilst this might still present a barrier for some individuals, Te Rina's example confirms for us that it is our right as Māori to take on moko, and that in doing so, we are claiming back ourselves and our own healing.

Hau Moana: Breath of Sea

As stated in case study one, chapter three of the thesis discusses hau moana' in relation to the wellness of our ocean environments, the wellness of ourselves, and the relationships that we maintain with this part of our environment. Because conversations with Te Rina didn't tend to move into this realm of 'hau moana', this section of the narrative reflects the challenges and triumphs shared by Te Rina in terms of her moko journey. The challenges and triumphs are echoed, somewhat, by the ebb and flow of the tides, in other words, 'hau moana'.

"My cousin the artist really inspired me - I have a lot of respect for his work. When he started doing tā moko, I recognised that here we go again, he is great. I had every confidence in going to him. I had the concept and I left the design up to him, he just drew it. He explained how it fitted with my concept. I just said 'brilliant'. I admired his art. I am a visual person and I love art and I think the way you present yourself can be visually appealing and can be art. I was frightened about the pain part of it, but surprised that when I got it ... it was weird ... you kind of 'get into it' in a funny kind of way. It's an altered state and human beings are interested in being in an altered state. All over the world people seek out substances that will change their state, and I think interestingly, pain brings you into a different state, it gives you a different way of experiencing things."

I asked Te Rina to explore the 'pain' issue a little more, and in particular, she commented on whether or not, the ability to manage the pain involved in moko

was something she thought she could carry over into other times when she might experience pain. She said:

“I’m sure you probably could. When you’re having moko, you’re not judging the pain, you go there, you sit with it, be with it, and observe it. It’s just happening and yes you can transfer that. [It] allows you not to have the judgement about pain which is what makes it unpleasant.”

And so another, perhaps less obvious benefit of the moko journey is identified in Te Rina’s narrative. The joy and pain of moko, and the ability to manage that, is something that can be utilised in other aspects of one’s life.

Part Three: Case Study 3 – “Sparrow”

“I’m a 53 year old lesbian woman no children brought up in Auckland. I’m of Tainui descent and I come from a very dysfunctional background. I came out at as a lesbian at 14, and left my whānau, and started making a life of my own. I was into drugs at 14 which probably led to my at risk behaviour. Also I was being tattooed at 14 and 15 by professional tattoists ... I didn’t have much of an education because I was getting into a lot of trouble in my early years so I left school at 14 ... I came into a city atmosphere around the central city (Auckland) and so fell straight into the arms of the lesbians! ...

... I found myself ending up in the justice system very early on and running with gangs, because that’s where I felt my first sense of whānau ... where people actually looked after each other, and the fact that I came out as a lesbian very young meant that I was okay, you know I never had the experiences of the guys wanting to get into me or any of that ... maybe because I didn’t behave like I wanted them to, but I always held my own and was pretty tough really ...

Well I’ve lived as a lesbian, and I had in the 70’s to early 80’s ten years as a radical lesbian separatist and that’s different from being a feminist. We had no contact with men, except our landlords who were gay men ... all other men were a waste of space as far as we were concerned in those years. The only thing that changed my mind was that I travelled the world and I realised what was going on out there in the big world and that my life had become quite narrow ... but I found the need for being a separatist answered a lot of things for me, and helped me to gather the strength I needed for my life, and I did enjoy spending that time with women.”

Sparrow's story represents that of a woman who is very clear in her identity and clear in her place in the world. She moved from her family home at a relatively early age and began her journey into adulthood at the age of 14, with a background of dysfunction and complexities, which as she describes lead to her engagement in at-risk behaviours. Sparrow's experiences and life choices, and indeed her intellect, culminate into a narrative that as you will see is largely spoken and self-analysed throughout the interview. My work as researcher in analysing this narrative is somewhat done for me, in the participant's own narrative. Rather than choose to do a secondary analysis, this case study is able to be presented with a greater emphasis on the participant's voice. I collate and present the data in a similar fashion to the two previous case studies and make links between these as well as references to the literature throughout.

Sparrow, as previously alluded to, is a very politically astute Māori woman.

“After the lesbian separatists came the Māori separatists. That movement came on the back of what we were doing already. As women we have always been at the forefront of any political movement.”

Her framework of analysis consistently refers to her politics and her politics consistently refer to her own situation and own wellness. It is apt that this part of her narrative be included in the biographical introduction to who Sparrow is. Situating Māori health and wellbeing in a political context is important to Sparrow hence it will be evident throughout her case study. She is very clear about the place of women as leaders in 'any political movement' and this is important to the thesis on a number of counts. Firstly, it is a thesis about a significant Māori women's health issue, HCV. Secondly it centres on issues of identity, well being, and gender, all of which have been and/or should be at the forefront of the Māori political agenda. Finally the health and well being of Māori women is in my view a reflection of the health and well being of Māori whānau, hapū and iwi.

Wairua: Spirituality

Case study participants were asked if they held any beliefs regarding potential spiritual origins of the virus. Directly, they were asked: “Did you feel it has any spiritual origin?”

“No purely at risk behaviour ... and everybody knows about my infection, i don't keep secrets, secrets make you sick”

Some people hold a view that illness or disease besets those who for some obscure reason ‘deserve it’, that it may be spiritual in origin, of a sort of karmic nature. However, as with Ripeka and Te Rina, Sparrow doesn’t remember a time when she might have questioned the origin of her HCV, beyond that of being as a direct result of sharing needles, though she is unsure if it was contracted in a drug-taking space or an early tattoo space.

“Before I knew a lot about it I thought that the loose behaviour (multiple partners) had been something to do with it and that I could have spread it. It really made me more responsible for the kind of behaviour that I was doing. I knew I wasn't going to get HIV or AIDS but I didn't know about Hep C. I then (after diagnosis) made sure that my partners weren't using my razors or toothbrushes ... I didn't want to have sex anymore when I had my period ... those kinds of things, being more careful”

As described in earlier chapters little was known about HCV in the 80’s and 90’s, indeed until 1989 it was known as ‘non-A non-B’ hepatitis, so it is little wonder that Sparrow didn’t consider it a risk. Given that HIV AIDS was not a disease greatly affecting the lesbian community it also fits that Sparrow had little concern in that regard. Greater information and awareness is now available (although not as readily as is desirable), nonetheless, this part of the narrative highlights perhaps the need for greater vigilance than in earlier years, amongst lesbian communities in terms of engaging in risky sexual behaviours, just as is required amongst the heterosexual population.

Participants were also asked if they had at any time suffered feelings of guilt or regret for the behaviours that lead to contracting HCV, Sparrow has a clear analysis of the unnecessary place of these things in one’s life:

“Ah, guilt or regret? No I've got bigger fish to fry than to have time for that!”

The spiritual elements surrounding moko, described in chapter three, were included in the conversations with Sparrow. She alludes to this saying:

“Definitely I see moko as really healing, it’s where I get my strength from, they are very very important to me ... there is definitely a wairua to this”

The healing, strength and indeed wairua are clearly named as part of the moko process and are significant to Sparrow as with the other case study participants. Again as with Ripeka and Te Rina, moko represents both who she is, and where she has come from in that they tell the story of her life’s journey. They are used as markers of important events, people and experiences in one’s life as described here:

“I was telling a friend that I’ll never be brave enough to have moko kauwae, but I know that as soon as my mother dies that’s the time ... there will be a significant tattoo when my mother dies and I’ve already planned around that ... it will be on the back of my neck”

Death of an immediate family member is of course a significant event and in Sparrow’s case this is already planned as one to be marked in carving on her body. It seems evident from all case study narratives that the place of moko kauwae holds a particular significance. The myths surrounding those who are ‘deserved’ of attaining and carrying moko kauwae have already been discussed in this thesis as being a strategic colonising notion that aimed to eradicate this the most visual part of our moko culture. The question remains, is the current day reluctance for moko kauwae that participants express a direct result of this, or is it that we view this particular moko (kauwae), as having a greater spiritual significance that we are not all prepared to engage with at this time?

Being Māori and having moko is synonymous with wairua and is significant to all case study participants:

“Is being Māori significant to me? Yes definitely, especially because I’m a 16th Māori but my wairua and my aroha and all of the things that I feel are really important sides of me are totally Māori. It fits better with me than anything Pākehā out there, and that came from a really early age when I was running away from home and playing with all the kids down the street ... I felt warmth and acceptance there”

Irrespective of the notion of blood quantum alluded to above and also discussed in chapter four of the thesis, the concept of being Māori and the elements that this involves do not sit in isolation from one and other. Identity as Māori is clearly

described in a holistic way not detracted from in any way by blood quantum. The pervading spirituality of Māori identity makes it so.

Mouri Ora: Life Force

This section of the narrative explores mouri ora in direct relation to the lives of the participants – namely Māori women with HCV. In particular we have been able to discuss the notion of moko as having its own mouri and how this has manifested in the moko experiences of the women.

“My tattoos tell a story, it’s my life story really and it just keeps going. One was actually given to me as a taonga by a well known and respected moko artist ... and that’s very special to me ... he called me up and the BBC was doing a doco film, bringing a crew over to New Zealand and he told me he would like to do this for me in return a kind of giving back for the work I had done for him earlier ... it meant a lot because it was like a full circle, when he came to me (earlier) he was totally illiterate and had been in trouble but he just had talent and this (moko) was what he wanted to do, and then I heard he had done work on Robbie Williams and others and I just thought fantastic! ... it’s actually a band design around my upper arm that was done in 2000 ... it is about the time I spent with him and then he gave this back to me”

In this thesis there have been multiple references to relationships, and in particular the relationships that develop in the moko process, and those also that might be represented by moko. Indeed the discussion regarding mouri and moko centres on this very notion of combining relationships and representations. Sparrow articulates this when she refers to the ‘special’ nature of her moko. Not all relationships however are positive, and the potential for abuse of the relationship between carver/artist, and recipient, is also discussed by Sparrow:

“It is a powerful position that they (carver/artist) hold and is often misused ... you need to be very weary ... As a very young woman I went to some man who did some work (tattoo) on me and asked how I wanted to pay for it! I said, ‘with money!’ ... he really abused his position and it is another situation of women being powerless ... I couldn’t see the work he was doing, it was on my upper thigh towards the back, so I couldn’t see it and he ended up putting hearts all over the design! I hadn’t asked for that! I was really really angry but couldn’t do a thing ... It’s really good now

that there are women doing it, it was always an issue with me to have men touching my body and you are quite vulnerable.”

Clearly when the relationship between carver and recipient is interrupted with ill-intent or deception as expressed above, the potential of a bad relationship is realised. It can be concluded in this case that just as positive intent and honesty in the relationship has the potential to enhance the mouri being created and present, the ill-intent and deception has the potential to damage the mouri. Sparrow’s cautious approach to choice of artist/carver and setting the boundaries of the relationship, as she did when confirming that ‘payment’ would be in cash, is an important consideration for any potential moko recipient. When one has an understanding of the presence of mouri in the moko process, one develops caution in choice of artist/carver, that goes beyond a concern for the aesthetic nature of the moko.

Hau Ora: Holistic Health

As described earlier in the thesis, hau ora in the context of Mana Kaitiakitanga, refers to Māori notions of the holistic nature of health. In this section of the analysis I have collated the discussion from questions that related to symptoms, treatment, and interventions for HCV. These include both Sparrow’s perceptions of the mainstream health provisions, and those that she has formulated herself. In her view, as with Ripeka and Te Rina, medical professionals don’t generally share the holistic view of health that is consistent with Māori views. Furthermore, the impact of societal racism, marginalisation and stigma that has been earlier described as a feature in the lives of women with HCV, is also present in our health system. As Sparrow describes:

“... It (stigma) came through with the nurse that I was dealing with when I was getting the interferon, and that was really hard to deal with ... you are quite vulnerable in that situation. Although she wasn’t too bad with me, I can imagine her being a lot worse with other people that aren’t as assertive or as strong as I am”

The need for the stigma and marginalisation to be removed from the experiences of Māori women with HCV has been highlighted throughout this thesis. The fact that it is present in the very spaces they need to enter in order to access health

treatments, is appalling and must be addressed both in these contexts and in the wider community.

In this extended part of the narrative, Sparrow goes on to describe her experience of engaging in the clinical treatment of Ribavarin and Interferon:

“I only had three months of treatment. I was non-responsive, which is worse than going through the whole thing and it not working ... I just didn't respond at all, and so then they just stopped it. I've still got all my needles that I haven't used because I just don't want to go back there. And so there is something there - it has estranged me somehow from that. It was awful how I was just told and you know you're not told to do anything just told to 'go away it hasn't worked' . Oh right seya later, that was it. I didn't even see the nurse, that was it, I wasn't even asked what I was going to do with all the medication I still had. It's hugely expensive, \$300 an injection! I was in shock for a little while, what happened with me, because I had suffered depression in the past they offered me to go onto antidepressants (at the time of the treatment), and I said yes because I thought, oh God you know I don't want to get depressed so I did it as a precaution 3 wks before I started my treatment. When I finished the treatment and was told 'you're non-response they wont fund it anymore', and that was what they said, there was nothing else said to me. It was like I can remember walking out of the hospital and thinking 'fuck what does this mean? Oh it fucking means that I'm just going to die of it probably!'”

I came home and I was a bit down for a little while and I went off the antidepressants because I only went on them for the Interferon treatment period. I just didn't think, I don't know where my head went. Well the depression! With the news and the way I was treated, it wasn't a very good time for me and I knew I was just not right. Three months later I was called back just for a blood test and I spoke to the doctor and said I've been really depressed I'm back on the antidepressants again and so he gave me another script to get another month and he said I'd have to go back to my GP and I didn't feel like doing that either. I did it properly and came off them gradually, I knew to do that, but I was just in a really funny space - I didn't feel any support come through at all, there was no follow up at all. I've had one call back just to have another blood test!”

Sparrow's experience described, in my view, is one that engenders a sense of shame and disgust in the present health system. This experience, perhaps beyond anything else in this thesis, establishes the rationale for a study such as this, focussed on bringing to the forefront the realities our women face in this illness,

and arguing for change – in this case a required change to the systemic and institutionalised racism and stigma that remains a treatment feature.

In contrast to this the notion of a holistic approach is understood by Sparrow as something particularly Māori in which moko is well placed. As she further expands and as included in earlier references in the thesis however, the process of carving one's skin is not unfamiliar to other Indigenous peoples.

“Moko are all about identity, being strong, and it's been going on for much much longer than most people know. The Amazon's used to cover themselves in tattoo – as a camouflage of sorts, they would use animal designs it's fascinating ... when I spent time in the hills in Thailand – all the women are covered in tattoo and they have been for years, for thousands of years – the women. It's a very important part of identity and Indigenous women have that.”

It is important to note that in the context of practices Indigenous peoples undertook thousands of years ago, it is unlikely that tattoo was practised merely as an artistic or leisure type activity. Indeed the earlier literature has explained in some depth the origins of moko, which point to much more than that. It is likely that this was undertaken as an important part of the well being and had practical as well as spiritual relevance to their lives.

Hau Āio: Breath of Life

The breath of life refers to our creation as stated in chapter three. The narrative included in this passage relates to broader life experiences that make up Sparrow's experience of living with HCV. It records some of the significant points of her story that she determined were important to include, speaking about the involvement and responses from family and friends to HCV.

“Whānau isn't something that sits well with me, I've got a lot of issues around how I was treated. It is my mother who is Māori and she's in complete denial about it, oh she will say it ... if I can get her to say anything it was that 'oh my great great grandmother was a Māori princess'! Aren't they funny, she used to say for years that she was European, Spanish, her nickname was 'Blackie'. Whether that gave her a real sense of shame, I'm just not sure. We're not very close, she's got nothing to say that's positive about me, my life, and what's happening. Especially around the Hep C, she was totally unsupportive, you know, like

I've obviously done something that's put my life at risk. She leads a fairly middle class life and is totally ashamed of me you know covered in tattoos ... back in '73 you didn't see it, you didn't see girls doing it, so you know she's always had a problem with that. The fact that it could have been being tattooed that lead to my Hep C, she just doesn't want to know. She was totally unsupportive through my treatment, wasn't interested, there's no support there really. It stresses her out too much so she just doesn't want to know about it."

Linking directly to both of the other case study participants, each has the experience of having a mother for whom the HCV is too stressful to consider, and this amongst the other reasons described by Sparrow, lead to their inability and/or unwillingness to support their daughters through the illness and/or treatment. In my view a key message to extract from this is, that in the absence of a mother's support, and potentially that of the entire family, we need to be aware of the needs of women with HCV and prepare to offer that support to our sisters and friends whom this affects. That is not to say that we don't work to improve the ability of parents and others to be more accepting and therefore supportive. Again, this is inline with a more holistic approach, a more Māori approach to health and well being, that recognises not just the individual, but the individual in the context of their families and communities.

Hau Tangata: Humanity

As stated in the previous case studies, humanity, how we perceive humanity, how humanity perceives us, are significant to our being. Having already touched on this to some extent in prior narratives, this section of the chapter explores Sparrow's conversations about her personal experiences in a little more depth. The place of whānau, and her connection to it, was discussed in some depth.

"What place whānau has in my life – well it doesn't have any really ... as I said I come from a very dysfunctional whānau, full of incest and alcoholism and really a lot of neglect. A lot of that would have moulded the life choices that I made at that age"

The experiences of Māori from dysfunctional whānau is not the focus of this thesis, however its place in our health and well being is significant, and has been referred to earlier. Again it highlights the extra importance of friends in our lives as Sparrow describes:

“Whānau in terms of friends ... well I’ve lived as a lesbian. I had in the 70’s to early 80’s, 10 years as a radical lesbian separatist. That’s different from being a feminist - we had no contact with men, except our landlords who were gay men, all other men were a waste of space as far as we were concerned in those years. The only thing that changed my mind was that I travelled the world and I realised that I had all those things to deal with, I realised what was going on out there in the world and that my life became quite narrow. But I found the need for being a separatist answered a lot of things for me, I was able to gather the strength I needed for my life, and I did enjoy spending that time with women.”

Sparrow clearly identifies the lesbian community as the centre of her whānau and her experiences as a radical lesbian separatist have functioned as strength in her life, indeed shaping much of her political views.

“My whānau is my lesbian whānau. My sisters that have come through my life and I wear their mark, their name ... almost like blood sisters, it was a very very strong bond”

This has provided an important space of identity and sisterhood in Sparrow’s life and as she also describes below, has contributed greatly to her knowledge of HCV and the support she has gained:

“Friends – I have a lot of friends with Hep C and we have discussed all the latest treatments, been a support group to each other, we would discuss everything that was going on, we would meet and talk about it and have phone support. It is an informal group, we stick together, mainly the lesbians with Hep C.”

Although a formal HCV support group does exist as mentioned earlier in the thesis, the friends around Sparrow have found greater support from one and other in their own network. Whilst it is most important that support is gained irrespective of where or how, the question of whether or not formal and/or funded support structures for people with HCV, cater appropriately to the specific cultural needs of those with HCV, is one perhaps worth asking in line with the significance of ‘perceptions’ and ‘humanity’ mentioned at the outset of this section of the narrative.

Being well connected to others who have HCV is an important source of knowledge for Sparrow, who is fortunate to have been able to share the

experiences of others who have been treated for the virus prior to her own treatment.

“A lot of my friends have been through the treatment before me, because my disease wasn’t active initially. I sought treatment once it became active and it was I suppose developing at a fast rate ... I decided the tiredness was what was going to make me do something about it ... because I didn’t actually get sick like some do.”

Throughout the conversations we had, Sparrow talked about disclosure of the virus to others and how this is responded to. As a frequent recipient of moko this has of course included disclosure to artists/carvers.

“I have always disclosed (HCV) when I have moko work done and no there haven’t been bad reactions to that. As professionals I think they need to assume that anyone could have it anyway and act accordingly ... if you haven’t got that then there’s a problem”

Whilst the responses to Sparrow have not caused problems for her attaining moko work she discussed the responses she receives in direct relation to her as a wearer of moko:

“I’ve always stood tall with my tats all the way through. It doesn’t matter how others react to them. I have a wide variety of friends including white women of middle class but the common denominator would have been the drugs – I guess I’ve always mixed with the slightly naughty ‘girls’! So it’s been okay”

Sparrow described generally a greater level of acceptance amongst the ‘naughty girls’, talking about the benefits of mixing with people who might be marginalised in other ways, and in this example marginalised because of their drug-taking behaviours, and because of their sexuality. Clearly this alludes to the intersections of identity, gender, sexuality and well being. Sparrow is careful though to not express an assumed acceptance exists amongst all in the lesbian community:

“There’s still the conservatives within the lesbian community, they’re still the same with stigma and things – we’re not all the same, for some (being lesbian) is just purely a sexual preference, so we’re not all political”

It is apt to end this ‘humanity’ section of the narrative with the understanding that no matter who or what particular groupings we might affiliate with and have

affinity to, there are diversities – it is the acceptance and/or knowledge of these diversities that contributes to humanity.

Hau Whenua: Breath of Land

As described in the previous case studies, ‘hau whenua’ refers to both our position as tangata whenua, and within that the relationship, between ourselves and our land. Our wellness or otherwise, will from time to time be reflective of the wellness of our land and vice versa. The narrative explored here centres on alternative sources of wellness, however as Sparrow describes, this is not always easily accessible, nor is it always encouraged.

“If rongoā was available it is something I would try although I haven’t done a lot. I have done rongoā and been to tohunga before and things like that but I’m very sceptical about who is doing what. I just have to be really certain about who it is and what they’re doing.”

Recent introductions of health products including rongoā, available for purchasing in relatively easily accessible shops, has meant that more people are able to experiment at some level with Māori health solutions.

“I’ve tried some non-clinical things. I tried something that they use a bit of rongoā with, Malcolm Harker products, they use a lot of rongoā with this ... there’s a liver tonic and I’ve been on that. I’ve also done the dandelion teas and things - hate them! I haven’t done a lot - sometimes when you’re not really really sick you don’t tend to – I’m not that great in self care”

Sparrow’s admittance to not being so ‘great in self care’ has been echoed by other participants in this research, and again highlights for us the need to be vigilant with friends and family – to notice and act when they are not doing so for themselves. It points to the need also for a whānau based or holistic approach to health and well being as mentioned earlier, and is particularly important for us as women who tend to have a greater responsibility for caring for others in our families and communities.

Although Sparrow does not routinely undertake specifically Māori ritual or rongoā in her daily life, being Māori and engaging with people and life in a Māori way is part of her being and part of her wellness.

“Kaupapa Māori it just sits right with me and that’s how I work. The people that come past me are my teachers and that’s what I learn from. I have no belief in higher beings but I do have a belief that I am being guided. That’s what fills me up and gives me back. It’s not about money for me it’s about satisfaction. There is a very spiritual thing that I can’t name but it is there and its my connection with people too, and that’s about the sharing of knowledge and information, someone to walk with you and give you that little bit of guidance. That is how I know I’m Māori, it’s not with the amount of blood I have.”

Hau Moana: Breath of Sea

As previously stated, chapter three of the thesis discusses hau moana’ in relation to the wellness of our ocean environments, the wellness of ourselves, and the relationships that we maintain with this part of our environment. Because conversations with Sparrow didn’t tend to move into this realm of ’hau moana’, this section of the narrative reflects the challenges and triumphs shared by Sparrow in terms of her moko journeys. The challenges and triumphs are echoed, somewhat, by the ebb and flow of the tides, in other words, ‘hau moana’.

“With moko you are able to let go of a lot of things through the pain ... it’s brought me in touch with pain and that there is something I can let go with that pain ... like the death of a close friend or sometimes the break up of a relationship, I will get moko then and it is a letting go”

Both death and closure of relationships can present significant challenges in our lives and as Sparrow has described are a potential healing space for moko. The significance of pain to the moko process is similar to that described in that narratives of Ripeka and Te Rina alike, and point to the determination and achievement experienced in this process. Because moko has been an ongoing and frequent undertaking by Sparrow, it tells her story:

“I have one moko on my arm and there are 2 more underneath it and I’ve covered those and that in itself tells a story – it’s a story of life evolving into something different and constantly being added to”

Clearly there is an analysis here of the connection of moko to the ebb and flow, or the notion of Hau Moana described in the Mana Kaitiakitanga framework. This has at times indicated some significantly difficult aspects of life:

“My mother has been an aspiring middle class woman all her life and so when I surfaced after running away from home ... the policeman bringing home the rīfraf covered in tattoos ... but they were there to hurt her, to throw it in her face and say this is me ... I went from a child not allowed to wear jeans or have ears pierced to being covered in tattoos. It was part of me claiming that I was not going to be a product of her”

There are multiple reasons for undertaking moko and multiple impacts. The positive impact of moko on identity is again re-iterated by Sparrow’s narrative.

“I wear this, this is who I am and I don’t care what you think ... this is where I can be who I need to be ... As an older woman wearing moko it’s quite different and I’m noticing that now. You see a lot of younger women now, but when you’re older it’s different because they know that they’ve worn them for a long time. When we see each other there’s something we know about each other – we’re rebels and we know we are strong and we needed to be ... it was to say ‘don’t fuck with me’, it’s like your armour”

Clearly this is a statement of the power of moko, the ‘armour’, as a form of resistance to ill health and to other challenges that come before us, which links to the resilience and resistance continuum discussed in chapter four of the thesis.

Finally when asked about whether or not in wearing moko there are added or different expectations that she holds for herself, or that are held by others, Sparrow responds with reflecting the resistance and strength of the woman she is:

“I don’t have any other expectations on myself with moko. I don’t think about that, I don’t indulge that thought, when I think like that I feel like that gives my power away”

Chapter Summary

The case study participant’s narratives give honour and integrity to this thesis, indeed their voice is the cornerstone to every facet of the research. In telling their stories of illness, healing and wellness, they provide the rationale for a study such as this, as well they implore further research. There are several key messages that need to be noted from this section of the thesis:

1. *Respect*: Irrespective of mode of transmission, Māori women with HCV are not a ‘one size fits all’ people. As with any Māori population, their identity binds them together in some way, but they have diverse

backgrounds and are living diverse lives. These women are all contributing significantly to our communities in a variety of ways, and those communities are richer for that. The treatment, the stigma and the lack of understanding they receive does not acknowledge nor respect who they are. This needs to change.

2. *Whānau*: Most Māori would agree that our whānau are viewed as a major source of wellbeing and support, and many of us are fortunate to participate in and enjoy that with our whānau. The women interviewed here have had that interrupted and indeed it is strikingly lacking. To a degree women have formed new networks, extending or shifting the notion of whānau to encompass their friends as the source of wellbeing and support. This asks of us two things specifically: How knowing, accepting and supporting would you be for a member of your whānau who might be diagnosed with HCV?; How knowing, accepting and supporting would you be for a friend who might be diagnosed with HCV?
3. *Mouri Moko*: Moko journeys and experiences have enriched the lives of the women interviewed here just as they have enriched the lives of many Māori. The special relationships developed in the process of moko, already referred to in this thesis, have proven to be an important part of wellbeing and healing to these women. The power of moko as a healing tool is evident in the re-creation and uplifting of mouri experienced by these women.
4. *Combat Racism and Stigma*: The clinical treatment processes are undoubtedly challenging for those with HCV. For Māori women they face the additional burden of racism and stigma that exists within the health system itself. It is argued in this chapter and indeed evident in the findings chapter that this must change.

The following chapter which deals with the voice of key informants and offers further guidance in relation to the journeys and experiences of Māori women with HCV.

Chapter Six

Data Analysis Part B: Key Informant Interviews

This chapter affords voice to key informants of this research. They include both highly experienced moko practitioners and moko recipients who were deemed to have knowledge and experiences that would contribute valuable understanding to the work. Their information is presented in-line with the major themes engaged throughout the conversations.

Part One: Key Informant Interviews – Moko Artists and Wearers

Traditional and contemporary concepts of blood and blood handling

The questions covered in this theme of the conversations included such things as:

1. Māori concepts and traditional knowledges concerning blood.
2. How blood was treated when spilt, or during purposeful or expected times of exposure.
3. Preventative measures to guard against infection and mixing of blood.
4. Knowledges related specifically to blood handling and practices during the processes of carving moko.

The tapu nature of blood, as discussed in chapter four, was the beginning point for many of the conversations, and consequently, issues of protection were also discussed:

“Toto, well it’s like, he tohu no te whakapapa ... we are tapu. Karakia were put in place to help protect that, and tiaki i a tātou.”

Specific karakia were referred to, some of which have been discussed in earlier chapters of the thesis. One participant also said:

“In any sort of mahi concerning the spillage of blood, there were special karakia pertaining to the practice of protection of our toto, not just for the patient, but for those around. He mea whakahirahira, it is sacred: tātai whakapapa, tātai hono, mo te ira tangata, tātou katoa. Anything concerning the spillage of blood was of a sacred nature and needed to be

protected hei tiaki i te wairua me te kikokiko. Definitely, there were specific karakia for toto and different types of rituals for different types of spillage of blood. Karakia were not focussed only on the physical nature, but the wairua of the toto also. Always looking at the spiritual and physical nature of the toto.”

The idea that blood is of a sacred nature stems from our notions of whakapapa and identity discussed earlier in chapter four. This narrative emphasises tapu and informs us that blood protection is of, at least, a dual nature: physical and spiritual. Karakia provide protection in both of these realms. It also indicates both an emotional and intellectual investment by the artist in the process in that in order to perform the appropriate karakia one must connect on all levels, being able to sense the emotions of the time and space and knowing intellectually the karakia to perform, are all necessary to provide the protective space that is referred to above.

The direct conceptual relationship between blood and whakapapa was discussed in some depth, reflecting concern for whānau and the protection of whānau members of both recipients and carvers/artists.

“For me as a wahine, because the men have their own thing going on ... for me I need to make sure that I am okay, and my family are okay, and the person is okay. And it is important that everybody leaves intact as they came in.”

This participant acknowledges that the approach of women might differ somewhat to that of men. In my view, it is likely that the maternal and nurturing instincts of women are reflected in the extra focus on whānau wellbeing that is referred to in this narrative. The dialogue explored in the first case study presented earlier in the chapter also notes differences in the approach of women to men in her own experiences, and her preference now for the female artist.

The resurgence of the Māori language discussed in chapter four, includes the resurgence of karakia or traditional incantation. Much of this knowledge remains privy to but a few and much may indeed have been lost. However, it appears from key informant discussions, that the reclamation of moko is a significant site for such karakia to be restored and practiced.

“From karakia that I have been given in my work, there are words in there pertaining to tetekura. I’m not sure if they are still used and known [by others], but a tetekura is a karakia that is used during tā moko to help a person undergoing an operation like this. Other words pertain to removing the pain. These karakia were given to all of us who belonged to Te Uhi when it was first formed. ‘Te Ngahuru’ is another karakia that is specific to tā moko and is also about getting the kaitā (the carver) focussed, channelling them to perform the operation and tūhono ki ngā mea wairua. One thing I want to wānanga is karakia.”

The responsibility and the potential to further develop knowledge and understanding of karakia for use in the realm of tā moko is a significant part of the narrative of a number of informants to this study. It is clear that whilst we know karakia must be present as a protective measure to the work and people involved in moko, it is also clear that there is much more to be learned in this area. Greater understanding will give greater protection to the work and the wellbeing of all concerned.

The spillage of blood is an expected part of the moko process and so represents an important part of the discussion which included the pragmatics of handling:

“Well, nowadays you get some gloves on don’t you. We know enough about blood to know to wear gloves and sterilise the area, using things that will kill HCV and will kill HIV. Basically you need medical quality equipment to deal with spillage and to contain it.”

In the early resurgence of moko, and indeed in present day practice amongst less skilled and less responsible practitioners, there was deemed to be a lack of cleanliness, contributing to the perception that moko poses risk, particularly for the spread of blood borne viruses. All of the practitioners that I spoke to during this study take that aspect of the work very seriously, indicating that sub-standard practices are not an acceptable part of moko resurgence. Evidence of earlier hygiene standards and practices was also shared:

“There’s the classic Lindauer or Goldie painting with the tohunga feeding stick. Our tūpuna were clever and knew that the tohunga needed to be fed, because he had no latex gloves, his hands, his instruments would have been covered in toto, and so he needed to be fed by others. It was very much a practical measure as opposed to being because of his or her ‘tohunga status.’”

Current day practitioners who work with tattoo machines use new needles for each recipient and sterilised equipment. Whilst there is evidence that ‘certain people had their own uhi (and that) this was a time when they were quick and easy to make’ (Te Awekotuku 2011), in the early days, however, steel was not as readily available and the hand tools or uhi could not always be replaced for each new person receiving moko:

“Tools were used on anyone and everyone, the practitioner would have carried their tools with them, and just washed them. So ... there was always an element of risk of infection and risk of taking on something [of a spiritual nature], that the last person had.”

In these times, the significance of karakia as a protective measure was perhaps even greater than it is today. Whereas in current practice, we have sterilisers and new needles to take care of the practical measures of protection, back then, karakia had to cover both physical and spiritual protection.

“In taking on an operation like that, people were prepared and they had karakia to protect them. For me, is the karakia: Mena ka whakapono koe ki tou kaupapa, ki te mahi tika, ka whakamate ngā mea kino, ngā ngangara. Ka taea te wai ki te pupuri ki te ihi o te tangata, nā te ihi o te tangata ka pupuri tona ahua ki te wai. If you weren’t there for the right reasons, tērā pea ka mau iui koe.”

And so, it was both karakia and the faith and intent of the recipient that prepared and protected the entire moko environment. It is believed that viruses could be extinguished by the strength of this combination of practices. Aftercare was, and remains, important to the process:

“To prepare yourself and look after yourself properly after. We had good practices and rongoā to keep ourselves safe and alive. And today we need to bring these practices through to keep ourselves well. It is a worry that you know whether these people [the myriad of new practitioners] practice safely and use new needles etc, all of the time.”

In essence, these narratives evidence the understanding of safe blood handling practices amongst Māori practitioners. There is knowledge of this in both the traditional sense and contemporary, and with this, comes a desire to strengthen the knowledge and practices associated with traditional moko sites. As stated by Te Awekotuku (2007) and colleagues:

“Tapu ... evokes the original meaning of the word: to forbid, to constrain, to protect, not only from the potential threat of human behaviour, but also from the unseen dangers of infection.” (p.131)

Traditional and contemporary concepts of blood borne viruses

This section of questions invited conversations concerning evidence and knowledge about early concepts of blood borne viruses and infections, and how Māori determine what constitutes a blood borne virus or infection currently. In general, people knew little about blood borne viruses as conceptualised in Western medicine today, indicating that these were likely something new to Māori that came with colonisation. Despite this, we know from literary accounts (Te Awekotuku et al 2007) that the use of feeding instruments such as korere, remote (or no) feeding for the practitioner, and extremely high standards of hygiene, were very much a part of traditional moko practice, confirming that knowledge of the potential for blood infection and disease was most certainly present. Participants in this study tend not to have considered what might constitute a blood borne virus or infection from a Māori perspective in today’s environment, instead accepting the Western framework or definitions. What is most significant, however, is that concerns regarding blood and the mixing of blood traditionally, centre again on whānau and whakapapa:

“I don’t think we had the diseases that are around today ... but what was more talked about was who we married, and that was about keeping the bloodlines safe.”

In my view, this was both about protecting whānau, hapū, and iwi resources and physical or mental health and wellbeing. ‘Keeping the bloodlines safe’, meant to maintain wellbeing throughout the generations. This is in significant contrast to today’s measures about who to marry and who not marry, which tend to centre more on their means to provide for the family. For example, is the person well qualified, do they have good employment prospects, are they good-looking, and suchlike.

“It was like, if there was a person from a family that had a particular illness or defect that came up a lot amongst their children, or if they were really sickly, then we were talked to and told to be careful, and if they

were from another area they might have told us to stick to our own ... that kind of thing.”

Physical and mental wellbeing within whānau also influenced who you might be encouraged to marry or stay away from. Although it could be perceived by modern standards as exclusionary, I tend to view it more as something that indicates the very practical measures of protecting whakapapa, and maintaining a wellness amongst Māori.

Although little was known about traditional concepts and knowledge of blood borne viruses, there was some talk of rongoā Māori that has specific application for blood:

“Kawakawa and kumarahou [blood cleansers] are the big ones, and externally mānuka – an amazing plant. Many of our rākau, otaota for instance, and koromiko, they all have properties that can do good for us. The practices of old are not being practiced anymore. Plantain or kopakopa is great stuff and has antiviral properties. Manuka honey directly on cuts and grazes, it’s a natural antiseptic but also has another ‘magical’ property that it takes away pain.”

This information indicates that even if blood borne viruses didn’t exist, there was still an understanding of the need to take care of our blood – using things such as kawakawa and kumarahou to cleanse the blood. Further literature (Te Awekotulku, 2007), refers to the medicinal properties of both of these plants and also describes the use of others (hinau; mahoe; ti kouka; karetu; poroporo; karaka) that were routinely used in moko practice in the immediate and ongoing aftercare. Thus, it is evidence of a focus at some time of what it is to be well, that is, our rongoā were not always focussed on ‘fixing a problem’ so much as ‘keeping us well’. However, rongoā such as kawakawa and kumarahou may well have a role to play in assisting in the wellness of people who do now have blood borne viruses.

Traditional healing practices and tā moko

In this section, questions and conversations centred on trying to gain an understanding, from the artists’ perspectives, of the healing potential of the moko process. In particular, this section addresses the link between moko and wellbeing and the validity of moko as a healing practice. When asked about whether or not

they felt it appropriate to apply moko to someone with a blood borne virus such as HCV, all responded positively. One saying clearly:

“Ae, he ira tangata tonu. The mauri of the person ne? ... hei whakapiki i te oranga, te mana o te tangata hoki. To me, their physical wellbeing is almost of less importance than their emotional and spiritual wellbeing. If someone is not emotionally right they may be choosing to do it for the wrong reasons.”

So, whilst HCV is not reason enough in itself for the moko artist to not work with a person, being of sound emotional and spiritual wellbeing is critical. The informants all agreed that the spiritual and emotional state of the moko recipient were paramount in preparation for a successful moko process. When asked about how they might need to work differently with someone who has HCV, or another blood borne virus, almost all said that they thought it was important to know, but essentially, they wouldn't change anything in their practice.

“Extra precautions? Not really, every person is pretty much treated the same, with the same clean-up involved. The person might not know if they have HCV anyway, so in my practice I treat every single person the same.”

This was a good point to be made, the fact that many people infected with HCV could be undiagnosed and unaware of their condition, so in fact, the artist always needs to be mindful of the potential for a blood borne virus to be present. The only point of difference noted by a number of informants was that:

“... perhaps in the operation, whānau may need to be more careful. For instance, whānau need to know not to touch blood areas [in the room], but they can still touch the person's feet etc, as a support ... As long as I can safely clean up the area and the person, and have them wrapped up so their toto can't brush onto others, there is nothing extra needed.”

Without exception, everyone involved in the study agreed that moko has healing properties, and that it is used often to assist in healing of many kinds:

“Moko is a healing ... many people come to pay tribute to someone who they have lost ... he mea whakahonohono ki te ao wairua ... they heal by wearing them and carrying them around. Whaea who lose their pēpi, they

all acknowledge these things in their tā moko as a way to carry on with the life.”

The needs or reasons for healing are varied, as are the ways that people represent those. Whilst working with this key informant I viewed numerous photographic records of the moko work that showed a similar variety of symbols and designs that people chose as tributes, as healing. They included actual representations of loved ones, names and Māori symbolic designs depicting whakapapa relationships. The placement of design often related to the relationship they had with that person also. For example sometimes people chose to have moko work done on their back because they felt the presence of their loved one behind them in a supportive role. Sometimes people chose the placement on a forearm where they would have a constant visual reminder of the person they were paying tribute to.

“The self-esteem increases, people change physically and come out of their shells, more confident, especially many women. I’ve seen them turn from someone who is shy and introverted, to someone confident and ready to do things they wouldn’t previously do. Great positive change.”

The immediate physical change in people’s stature is concrete evidence of the power or mouri of the moko process. The ongoing relationship that this carver has with many of her ‘clients’ enables her also to see how that mouri manifests in their life journey’s following the work.

“Emotional and spiritual healing for people who may have had a rough upbringing or rough time. Moko is a way to do something for themselves. No-one can take that kind of present away or borrow it. Wāhine often give, give, give, and never take time for themselves, or do something that says, ‘yeah I am awesome.’”

An artist such as this key informant brings with her a depth of understanding that enables the depth of healing that takes place with her work. As a woman she recognises both the needs and the potential of the women who come to her. Whilst not necessarily the domain of women alone, these are significant elements of the healing process of moko.

Part Two: Key Informant Interviews – Kaumātua

The data presented in this section of the analysis is drawn entirely from interviews conducted with Dr Huirangi Waikerepuru. It is important that the information be viewed separately to other key informants because his contributions as a Kaumātua are distinctive, and contribute in a unique way to the thesis. Much of our conversation time centred on Mouri, which occupies an important part of both the thesis, and Huirangi's contributions.

Speaking in broad global terms about notions of wellness, of illness, of moko, and healing, Huirangi outlined:

“... where the language of the cultures were damaged, you lose the essence of protection, responsibility, care, and practice. All of those things become damaged and for over 500 years this has been going on. This tells me in my own way that the picture isn't going to change because the domination over areas is still the domination of globalisation and of colonisation. Moko though, goes back to something before that, before 1400. And so maybe, the only way forward is to go backward. Moko relates back to culture, history, and whakapapa, but it also links back to tapu and noa, as a fundamental part of any framework.”

I found it significant to hear that resignation from Huirangi, to the fact that ‘the picture isn't going to change’. It was for me a concern, because I thought he could see no way to change the present situation. On reflection of the transcript, however, I realised that his analysis was merely that colonisation is not about to change or go away, and therefore, our strategies or interventions need to be such that they can overcome the existing domination. Clearly, he states that the way forward is to go back! Moko is a practice that we can (and have) returned to, it is a practice that takes us back to our knowledge that existed pre-colonisation. Though it also is tainted by colonisation and a diminished evolution throughout the time since colonisation, it remains nonetheless, a site of important reclamation, a site to return to in order to move forward. I asked Huirangi to talk more about his view of moko as a potential healing for us, and how it relates to our wellbeing.

“Isn't the moko supposed to be an indicator of some kind? It's a reflection of self, the identification of integration, validity, and honour. We are all

subject to disease, even those who don't have it, so it's affecting community. Toto is the fundamental connection, and the whakapapa. Kia tūpato, tiakina te uri, kaua e makamaka noaiho. And so it goes back to protection, whakapapa, interaction between people, and whether or not you are thinking about your whakapapa and protection.”

As identified by case study participants, Huirangi agrees that moko is one of the elements of a Kaupapa Māori framework of wellbeing that is largely connected to whakapapa, and so is intrinsically linked to identity.

“So it's seeing yourself as more than yourself and therefore the protection of whakapapa becomes fundamental.”

In my view, Kaupapa Māori theories and experiences tell us that we are very much a part of the whakapapa being referred to here. Therefore, when Huirangi speaks about the protection of whakapapa as fundamental, he speaks about the protection of self as fundamental. The narrative is evidence then, of the way that moko can be applied as a protective intervention. That is, the moko connects one to whakapapa, which in turn carries with it a responsibility to protect oneself and one's whakapapa. Huirangi also spoke of some of the protective measures that are now missing from our environment due to changes inflicted on our land. He recollected common everyday sayings that he remembers from his own elders:

“ ... ‘Kaua e haere ki ngā wāhi tapu, noho noaiho ki konei’. Wāhi tapu can be anything. It could be smoking, drinking, abuse, drugs, sometimes its the simple things. Then there are the wāhi tapu that are not always visible: wāhi tapu o te moana, o te awa ... Now life is different, the highways used to be the rivers with our taniwha. Now on the highways people have taken on that dimension and are being killed on the roads. Our protection measures are not on the highways anymore ... the taniwha have jumped out, kai tangata!”

This reflects further general reference to the need for protection in our lives and the damage to our environment that leaves us perhaps unaware of even where the wāhi tapu now are. The desecration of wāhi tapu means that we can no longer protect ourselves because the wāhi tapu are no longer recognisable. Huirangi's reference to taniwha 'jumping out' and consuming us ('kai tangata') as victims of road accidents, should be read in the context of an authentic Māori view to which Huirangi holds. My interpretation is that the rivers are now gone, but the taniwha

remain. Indeed as Harmsworth (2005) notes this is a very real issue for the Ngāti Naho iwi of Waikato:

“The taniwha in Waikato Māori legend are closely associated with the Waikato river. Local hapū (sub-tribes) believed that a taniwha called Karutahi (one-eyed) lived in a swamp near Meremere at the side of the planned road ... the issue for Māori was that the planned straightening and widening of the road would affect, damage, and pollute the taniwha site and Māori elders held concerns for many years about development and construction near the taniwha site.” (p.2)

Highways now stand in the place of our rivers and the taniwha are angry at having lost their home!

Traditional and contemporary concepts of blood and blood handling

Huirangi argues the tapu nature of blood and its intrinsic link to whakapapa, to identity, and to the mouri of the person. Throughout our conversations he uses Māori words and proverbs to illustrate this:

“Te waiora o te tangata. Te waihihi o te tangata. There are lots of words available that give expression to blood. Any part missing [in the blood] is a flaw in the whakapapa. Blood is part of the mouri., and we can go back to the mouri of the tangata in terms of the blood ... The dimensions of the mouri – blood is part of that.”

The literature explored in chapter three, which deals with mouri, does not refer specifically to blood, but rather focuses on emotional and spiritual aspects of the notion of mouri. What Huirangi contributes to our understanding of mouri is that it does indeed have physical manifestations and that is situated here in the relationship he draws between blood and mouri. This further aids our understanding of how an interruption or problem with blood might affect one’s mouri. As mentioned, we know from the literature that mouri is concerned very much with emotional and spiritual wellbeing, and using the relationship here between the physical (blood), and mouri itself, then I would argue this is evidence of the absolute inter-relationship between spiritual, emotional, and physical wellbeing. This is a significant finding – if we accept blood as part of mouri then we accept the physicality of mouri, in addition to the already known spiritual and emotional aspects of mouri. To some extent this is known and accepted when for

example people see, touch and feel the mouri of a stone. However in this instance mouri imbues a fluid rather than solid form.

Traditional conceptualisation of blood is interwoven with the notion of whakapapa or genealogy. Huirangi speaks about ‘blood mixing’ that occurs through both evolution and whakapapa.

“... blood mixing and whakapapa, yes, but evolution does that anyway. However, if you have protections in place for yourself and your moko (grandchildren), and your children, then there would also be the statements of protection. And that is to guard against any of those things that have transgressed your own whakapapa. Kāua e tukinohia te whakapapa o ou tūpuna ... ara ko mea, ko mea, ko mea, heke mai ko mea, ko mea, ko mea, heke mai ko koe.”

This narrative presents two cautions. The first, refers to guarding and protecting yourself and your family from things (be they of a spiritual or physical nature) that may have entered the bloodline. Secondly, it states very clearly not to trample on one’s ancestors – that is, we have a responsibility to guard against further transgressions, and that responsibility is vested in us by virtue of the tūpuna or ancestors whom we represent and are a product of. So traditionally, these are the statements and notions that provided the protective measures to keep us from engaging in practices that would be detrimental to ourselves, and in this case, specifically to our blood.

The potential or inevitability of marriage presented further cause for further caution, as Huirangi recollected:

“... if they are attracted to someone who has a flaw of some kind. See one of the things was to ‘marry someone who will give you strong children’. So, no weak things, no weak spots. ‘Kia tūpato’, otherwise your offspring will be hampered and then they cannot provide protection for yourself. So all of that is part of the tapu nature and protection of whakapapa.”

The concept of ‘tūpato’ was discussed in some depth in relation to guarding against either physical or spiritual damage to the person. In my view it should not be deduced from this that Māori shunned the ‘dis’ or ‘differently abled’ members of our whānau – indeed we accepted and embraced these people, often

highlighting the strengths that person might bring despite a perceived difference or disability.

The phrase 'kia tūpato' was commonly used in everyday interactions with children:

“Tamariki mā kia tūpato ki ngā wāhi tapu. It is an important statement about protection and boundaries. Kia tūpato, tihei mouri ora!”

This tells us literally to 'be careful, be alive and well'. Huirangi's view is that a return to the use of simple, common phrases that are representative of much broader traditional knowledges concerning protection of self, and therefore blood, provides a good basis for protective and preventative health interventions.

“... an intervention that is focussed on children and their understanding of that statement. If parents don't know it, then they the children, have no way of knowing. So we need long-term and short-term and forever-term interventions!”

It is clear then, that child-focussed interventions and inter-generational interventions are critical to affect change. The reference to long-, short-, and forever-term interventions recognises that change, such as the reclamation of traditional knowledge and concepts of blood requires an inter-generational process.

Traditional and contemporary concepts of blood and blood borne viruses

Discussions about blood in relation to blood borne viruses centred again on whakapapa and the impact that colonisation has had on our cultural knowledge in relation to how interruptions to whakapapa might occur. When asked how Māori conceptualise blood borne viruses or illnesses associated with blood, Huirangi explained:

“It goes back to te momo tangata, momo kararehe, they all go through the same process of evolution. Whakapapa meets whakapapa, then there may be a mutation because of what some people carry. Ka kōrero ngā kaumātua, 'kaua koe e moe ki tera tangata'. But it's hard for that person because they can't see past it.”

And again, the cautions are present to guard against mutations becoming a part of one's own whakapapa. However, the ability to both provide the caution, and to accept and act on the caution, is not only influenced by our 'blind attraction' to someone, but more significantly, by our diminished cultural knowledge.

"We can't see because of a lack of cultural knowledge and information. Loss of language has created that around the world through colonisation, industrialisation, changes in values and life style."

One of the important things to note from this discussion is that the processes of ongoing colonisation have direct impact on our health and wellbeing, by diminishing the knowledge that we once held and acted on to keep ourselves protected and well. This does not mean, however, that we simply return to all that is traditional. It is equally important to consider how our traditional knowledge can be used to assist us to make decisions that might combine the use of Māori notions of healing and wellbeing, with contemporary medical interventions.

" ... we too have to change our thinking around what is tapu and what is not tapu. For example, the talk that we can't replace that heart because of tapu. But everyone has the right to live, it is a human right, if someone wants a new heart because they know about it and they can, then they do. We have to make decisions under the framework of tapu and noa. It is the process of how we do that through hapū discussion at the marae: yes, no, yes, yes, yes ...no ... then the consensus might be that the two against have to give away to the bigger. The process of deciding whether that tapu remains or another tapu is put in place and it is a process of changing the lore. Pākehā do it, but they do it without tikanga Māori, and therein lies the problem with the injustice, with the ethics. Tikanga Māori asks, 'what are you going to do?' Tikanga guides us in what and how we decide to do."

In my view, it is significant to note that our tikanga have the potential to both hold us to important traditional knowledge, values, and concepts of wellbeing, and also to liberate us from what might be the perceived constraints, thereby, enabling us to access quite radical contemporary health interventions. Obviously, this is accepted with caution because there is a potential risk for us to manipulate our own tikanga in order to justify things such as genetic modification which will have long-term damage to the integrity of whakapapa. It is my position that to utilise tikanga as a liberatory tool, we require in-depth and broad cultural

knowledge, thus providing the necessary ongoing protection and wellness through liberation and change. This idea was engaged in discussion with Huirangi who said:

“The process or strategy has to consider the elements of demise, damage, and time.”

The ‘demise and damage’ is well documented in the colonisation literature and referred to in chapter four of this thesis. This has impacted on what we know too, in terms of care and responsibility around the spillage of blood.

“We were always told, ‘kia tūpato, kia tūpato’. You know, if blood was spilled, we cleaned up and buried it - it goes back to where we come from, to Papatūānuku. And then we go back to karakia to whakanoa. Blood can be spilt anywhere, it could be a bleeding nose, cut on your hand, licking blood from akeake. And our responsibility is still there, but the knowledge isn’t. Things like, ‘kia tūpato kaua e raku raku ka haere mai te weriweri’. There is the potential so that children can grow up with that information fixed in their minds. We have to see it as part of our cultural responsibility. Colonisation was making sure to do away with that in doing away with our language.”

Language loss, therefore, implies cultural knowledge loss and clearly a major part of the way forward is to reclaim cultural knowledge through language reclamation. Indeed, as Huirangi argues, ‘it is part of our cultural responsibility’ to provide that information to our children.

Traditional healing practices and tā moko

As with other key informants to the study, Huirangi also views moko as a valid part of Māori healing interventions. He is careful though, to contextualise the place of moko alongside other sites of healing:

“There are many points that people will focus on: moko is one, te reo is a fundamental as well. In fact, moko is another language, and karakia is another point of control and access. They [karakia], control your mind and the brain.”

A good part of the conversations around moko and healing centred on notions contained in particular words and phrases of the Māori language. For example, Huirangi views moko as an access or entry point to cultural knowledge and

practice, and so he made reference to the word ‘uru’, which is contained in a number of karakia.

“Uru is an entering point, it is a connection to the universe. With that connection there’s a positive and negative connection to electricity, and we are no different to a plug in the wall, we are already connected to that energy source.”

In my view, there is an energy that is involved in both the process of attaining moko and in the moko itself, and it can be argued that energy, or access to energy, is an important element to our wellbeing, hence further conversations related to that and to our own words to describe these things:

“... Auroro, you probably won’t find that word anywhere! It is yours and it is a gift for your moko. Auroro is energy - you have the auau o te awa - the flow of the river. Te auau o te moana, the water rushing up and down on the sand ... Auroro ... it is connected to head, intellect, intuition, neuro-linguistic connection, and it has to do with mind, psycholinguistic connection of the mind, the senses, knowledge and communication, the talk. Every action that your body takes comes from your auroro ... this is the Māori version of Neuro-Linguistic Programming.”

Again, we find reference in our own language sources to the connectedness of wellbeing to the physical, emotional, and intellectual parts of being. The concept of ‘auroro’ introduced in this conversation, contributes further significant information to the existing body of literature concerned with Māori wellbeing. The possibility for auroro to help us understand our own potential to protect against unwellness of any nature, is discussed here:

“Of course whether karakia, and the knowledge and understanding of the person concerned, it is asking is there a place for te auroro to ward off elements of that nature within the blood itself? It actually has a function of its own. Can we accept that those elements must be there within nature itself to create it [unwellness, virus, or infection] in the first place? But te auroro has the power to reject it. However, if there is a weakness in thinking, knowledge, and understanding of tapu and noa, then the person can create a situation of acceptance [of unwellness, virus, or infection], because no one said ‘no’, because they didn’t know they could.”

It is clear then, that an understanding of Māori concepts provides another key protective element to our wellbeing. However, that understanding needs to be

relatively broad. It is not enough to just know about auroro, for example, because to enact ‘auroro’, one requires a corresponding understanding of tapu and noa. As Huirangi explains, in the early days these things were common knowledge and common practice:

“The protections and strategies for nullifying or te whakanoa, were taking place. All those processes were in place, karakia for transition into wāhi tapu and transition to come out of wāhi tapu. It is being aware of the tapu nature of the tapu transgressed. The knowledge that the boundaries broken have to be restored. It comes down to the ceremony, the protocol, and the practice, and basically, it comes down to the practice of karakia and the purpose of karakia. We need to understand karakia, the need for it and the purpose.”

Karakia as a protective measure, karakia as a tool to move from one space to another, were commonly understood and practiced as part of our everyday lives. In contemporary times, many Māori still practice the use of karakia, though more often than not, this is influenced by Christianity and by global means of prayer as Huirangi alludes to:

“People all over the world have karakia, but they call it prayer, they have it because of the need to have foci. Māori have karakia, they need to know where theirs is, and at the moment Māori don’t know where theirs is, and they need to, to be able to focus.”

Quite clearly, returning to Māori specific karakia, as opposed to Māori translated versions of Christian prayer, is an important element that will enable us to centre ourselves or ‘focus’ as Huirangi puts it. Both karakia and waiata are explained as critical to any healing process:

“Karakia and waiata, they are part of the healing because after the transitional karakia to go in and out, there are karakia for the mouri, whakapiki mouri whakakake i te mouri, ko toku mouri, ko tou mouri, whakapiri mai whakapiki ake i te mouri ora o tēnei houtū. So, its karakia which reaches into the very spirit and the intellect, the ngākau of all that are participating [in the moko process]. And so, that’s going on all the time and probably sparks are flying and energy flowing in people’s minds and all that. They can retain their wellbeing because they are doing that, it is their positive thoughts ... te auroro, ko te auau tēnei o te roro. Every time you say whakapaiki te mouri, whakakake te mouri - te auroro, it’s

working. It's the positive attitude, positive mind, and positive action ... Karakia gives you the doorways to go anywhere, where you are mentally and psychology secure and you are aware of the dangers. Mentally and psychologically, your mind and spirit have to be secure ... and karakia will do that."

I put to Huirangi that there is an explicit link between the process of moko and the uplifting of wellbeing. What the discussion below contributes to this knowledge then, is an explanation of what underlies that link:

"It [moko] can be all those things, it's an indication of whakapapa, it's an indication of heritage, it's an indication of location, history, and mana. So all those things are positive and no reason why they should not remain that way. They are a part of the healing practice, it has to be part of the healing practice, the moko, the karakia, the support, the awhinatanga, everyone, ko te kaupapa, te manakitanga, te awhinatanga te whakapiki mouri, te whakakake mouri, nā kia toka te manawa ora, kia toka te manawa ora."

And so, another concept is contributed to Māori conceptualisation of wellbeing – “Kia toka te manawa ora”. This is a proverb contained in both karakia and waiata which Huirangi shared during our conversations.

"Pera hoki rā te huhuka o te rangi te tukutuku o te rangi, te heihei o te rangi, te mamange o te rangi, e Rongo purutia kia u, purutia kia mai te tauru o te rangi kia tina kia whena kia toka te manawa ora."

This is a portion of a traditional ngeri (form of waiata) from Taranaki that I have commonly heard practiced at tangihanga and other formal occasions. It gives reference to matters of grief and loss, however the final words in this excerpt are about restoring, in other words, healing:

"Te whakatoka is the heart made solid and strong, kia toka kia manawa ora, it becomes hard. And so all that traditional knowledge gives access to a whole range of restorative practices. We have the wherewithal for a dynamic existence in this world and in good health. I don't see anything that was valid then, that is not valid today!"

On Identity and Māori Wellbeing

This final section of the analysis provides extra space for information shared by Huirangi that is pertinent in a more general way to the Māori health and wellbeing

discourse. I have chosen to preface critical excerpts from his transcript with an incantation Huirangi provided to me which speaks to the unique identity of Māori and how this relates to the unique health and well being of Māori. This incantation was shared by Huirangi in order to provide, as he suggested, a framework for the analysis of the conversations that had taken place throughout the research. His intention was that I utilise the material to ‘make sense’ of that data in order that it have meaning for the participants and other readers. Further incantations are included in the final chapter of the thesis that complete the overall contextualisation of information shared.

Te Tuakiri o Tū Tangata
Ko tou reo tou tuakiri!
Ko tou reo te rongoā!
Kōrerotia kia tika!
Ko te whakapapa ki ngā maunga, awa, whenua.
Ko te toto o ngā tūpuna, whānau, hapū, he tapu.
Ko ngā Tūrangawaewae, ukaipo, papakāinga
Ko tou Taranakitanga, Tangata Whenua
Ko te Mana Atua, Mana Whenua, Mana Tangata
Ko te Kaupapa Māori
Ko te Tikanga Māori, He Tapu, He Noa! He Tapu.
Ko te Mana Tangata Whenua
Kia Tū Te Ihiihi
Kia Tū Te Wanawana
Kia Wehi
Kia Tapu
Ko Tou Reo, He Rongoā! Kōrerotia!

Unique Identity
Your Reo is your identity!
Your Reo is also therapy.
Speak it well!
Geneological connection to land
Blood ancestors are sacred.
Foothold, home, community

Nationhood, 1st Nations People
National Māori Right and Identity
Māori Cultural Values
Māori Language, Custom and Law
Right of Self Determination
Reflect Māori Sophistication
Reflect Māori Dynamism
Uphold Your Dignity
Respect of Natural Common Law
Your Reo is Therapy! Speak It!
(Source: Waikerepuru, 2009)

Clearly our reo is named here as the cornerstone of our identity and it is unique to us as Māori. Moko has been previously described in this thesis as a language of its own, it is an expression of our language in visual form, that is an expression of our identity. As such, and confirmed by Huirangi in this incantation, it is ‘rongoā’, it is therapy. In order to engage it fully however, in my view, we need to know this, conceptualise this understanding of reo, moko and identity and wellness. Huirangi states:

“It comes back to te reo and looking at the tuakiri, the identity ... identity is the whole principle of tuakiri. What are those elements of te tuakiri ... it will be all those things, te reo, whakapapa, a whole range of things, marae tūrangawaewae, whānau ne ... all those connections, and the one to the landscape, and whakapapa goes to the landscape ... and so that’s where it comes in the issue of blood, and the tapu nature of blood and how to protect the tapu nature of blood and whakapapa.”

Identity is clearly not something that can be looked at in isolation to any facet of being Māori. Identity is complex and multi-layered building on and drawing from a history that is as old as our land, for that is the basis of our whakapapa.

“It’s about the language ... the tuakiri ... language is essential to identity. Without it, what are we, or who are we? We don’t know how to identify anything. Except that we might know that we are Māori.”

There are many linguistic expressions that we hold as Māori: Spoken language; Song; Incantation; Carving; Moko and more. As Māori regain the knowledge of

our language it is imperative that we do so in a multi-faceted way which reflects the breadth of our language. To do otherwise would be to constrain our language and therefore constrain our identity. In the resurgence of Te Reo Māori (Māori language), we need therefore to be mindful of what ‘counts’, and in my view Huirangi’s incantation and further conversation, tells us that all forms of language ‘count’ and indeed must be enumerated in language revitalisation.

Naming children in a Māori family constitutes important elements of our expression of language and of course of identity. This has however not escaped the hand of the coloniser and in fact was a target, as Huirangi recalls:

“... when I went to school, and a boy came out and said to me, the teacher wants to see you and I said, who, and he said, you, I said, who and he said you, you’re Raymond. And I said, ‘that’s not my name’ ... and I remember that. I was angry that they’d given me that name – I hated it all the time I carried that name, so later in life I demolished it ... Buster was always a nickname, but the old people couldn’t say buster they called me Pahi. And that was in the times when teachers were trying to influence children’s names, they all gave them Pākehā names ... but later in life I saw the names, we were all given Māori names, all the children, but at school we had these Pākehā names tacked on and that’s what we became known as.”

Naming is clearly an ‘easy’ site for regaining identity and regaining our language. In the present day context many of our families have taken on the coloniser practice and have indeed moved away from Māori names, instead naming our children things such as: Dakota; Angel; Destiny and the like. The underlying concepts and values of whakapapa are intrinsic to naming and when this is interrupted, as it was through colonisation, such values are put at risk, thus re-shaping our culture as we know it:

“And so our values and our influences began to diminish you see. And so with whakapapa, values diminishing, so too is the thought about whakapapa, and continuing to ensure that your whakapapa is maintained as a quality whakapapa.”

Intellectualising cultural norms and values and analysing how these are changed either by ourselves or through the continuing processes of colonisation is important in Huirangi’s discussion. Language and identity were spoken of as

cornerstones to Māori health, but intellectual thought about health was also highlighted:

“How to be well – the dynamics of life itself. A lot of our people don’t even think about being well. They don’t have the thought, take it for granted, eat three meals a day, and we’ll be okay. That’s where we are missing out a bit. And when you talk about blood, whakapapa, well we don’t even think about whakapapa – you know we don’t, and yet in the old days the old people say – kua e haere ki tēnā whānau, kia tūpato. They are looking at other families showing different characteristics, in terms of health perspective. That’s an element there, looking into your whakapapa ... and so we don’t look after our whakapapa anymore.”

‘Thinking about’ our wellness, engaging in it at an intellectual level goes beyond the practical elements of taking care of ourselves. This conversation tells us quite simply that the way to be well, is to think about it and act on it – do not take our wellness for granted. Huirangi conceptualises both the notions of tapu and noa as critical to our ongoing development and wellness:

“Tapu is fundamental to it ... realisation that the concept of tapu is important. Not to be scared of, that’s the wrong thing to be scared of tapu. Its knowing where tapu is and then you protect yourself, you carry yourself in a way that you are fully aware of those pitfalls of tapu ...”

In my view it is often a fear of the unknown – to know is to understand and to understand a present situation is to enable you to progress forward. We will be less constrained by our own cultural norms and values when we understand them. At present many feel tapu is something which constrains us, when in actual fact, Huirangi’s conversation tells us that it is tapu which will enable us to be free of constraint, to protect us in order that we might traverse new territory, or return to ‘old’ spaces in order to move forward.

Chapter Summary

It is an honour and a gift to have the voices and guidance of Māori experts included in the pages of this thesis. In particular the conceptualisation provided by Huirangi Waikerepuru has provided significant framing of the information provided by case study participants. The purpose of this chapter has been to share information on the topics that relate to Māori wellbeing and health and moko

within that context. It is information that until now has not been available from these sources in a literary sense. It adds to the work of Te Awekotuku and colleagues (2007), and others who have explored the language of moko. In the following section this material is further discussed and finally shaped into thesis findings and recommendations.

Section Three: “Unuhia! Unuhia!”

Unuhia

Unuhia i te urutapu nui o Tāne

Kia wātea

Kia māmā

Te ngākau

Te tinana

Te wairua

I te aratakatū

Koia rā, E Rongo

Whakairihia ake ki runga

Kia wātea

Kia wātea

Ae rā

Kua Wātea

Hau Paimarire!

This karakia (H. Waikerepuru, 1990) or incantation is evoked to enable one to transfer from a state or space of tapu, to one of noa. It calls for freedom of heart, body and spirituality. It is aptly placed here for the final section, in that it provides a means of exit from the body of the thesis.

Chapter Seven

Contemporary Māori Health

This chapter presents an overview of the current state and direction of Māori health. Given that this is a health-focussed thesis it is important that there is an understanding of the health context in which the work will be placed. In this chapter I explore and analyse contemporary Māori health literature and statistics. This chapter highlights the rather unfortunate state of Māori health and that despite the fact that this has long been the case, to date the policies and interventions employed to remedy this, we remain in poor health. I argue that the current state of poor health is unacceptable and implores us to explore and indeed engage other methods, other interventions and frameworks, such as those described earlier in this thesis.

Māori Health Statistics

Pre-colonial Māori communities were healthy and had robust systems of knowledge and interventions that maintained high levels of wellbeing (Reinfeld & Pihama, 2008). The processes of colonisation however saw a rapid decline in the health of Māori individuals and communities. In later years the systematic enactment of government legislation across many domains (including health, spirituality, the economy and education) severely interrupted our ability to maintain our health and wellbeing and many traditional health practices were, through this systematic legislation, taken from our communities.

Whilst the state of Māori health has been slowly improving in recent decades, the recent publication of the Māori Health Chart Book, 2nd Edition (Ministry of Health, 2010), reveals that when compared to non-Māori, we do not fare well across almost all indicators of health. This publication is an update of the original book, which was published in 2006 and presents a snapshot for Māori health in the mid to late 2000's by presenting key indicators, which relate to the socio-economic determinants of health, risk and protective factors for health, health status, health service utilisation and the health system.

As stated, this thesis argues that new approaches are necessary to turn the statistics of Māori health around, it is significant therefore that the Māori Health

Chart Book (Ministry of Health, 2010) indeed comments on the state's inability to provide well for all populations in New Zealand:

“The health and disability system does not always work as well as it should for all populations and in particular for the Māori population. This is evident in the differential health outcomes that exist between Māori and non-Māori. Therefore, one of the biggest challenges for the health and disability system is to improve its performance so that it can deliver on some of its fundamental principles of fairness and equity and ensure New Zealanders live long, healthy and independent lives.” (p.1)

Despite an increase in Māori life-expectancy at a similar rate to non-Māori since the late 1990's, at 70.4 years for males and 75.1 years for females, the current life expectancy at birth for Māori is at least 8 years lower than that of non-Māori (Ministry of Health, 2010). This is but one example of the differential health outcomes experienced by Māori presently and is evidence of the state's inability to deliver on the above-mentioned principles of fairness and equity.

So, who is able to deliver in order that Māori enjoy health outcomes that are equitable to the rest of the population? In line with the major arguments of this thesis, Mason Durie (2009), in the Pae Ora lecture series, concludes that Māori hold the solutions to Māori health, and that Māori are key to creating a future in which Māori enjoy good health outcomes.

“Māori health will be a function of Māori determination and Māori know-how. Whānau will make the most significant difference to Māori health and wellbeing, and Whānau empowerment will be shaped by access to quality information and advice, necessary resources, healthy living, a sense of self control and self determination, and a conviction that the future can be created, not simply endured.” (p.2)

This is a critical and timely message and one which has been consistently put forward by Māori health providers and others. However, despite the knowledge that the state is failing in providing positive Māori health outcomes, and the further understanding of the significant role that Māori and Māori health knowledge, could potentially play in this context, Māori health providers continue

to receive a very meagre portion of overall health and disability funding. The Māori Health Chart Book (2010) notes:

‘In 2008/09, estimated funding specifically for Māori health and disability providers accounted for only about 2 percent of health and disability expenditure’ (p.1-2)

Of more concern though, is that instead of this being an increasing trend, Māori health provider funding has in fact decreased from 3 percent of total funding as reported in the 2006 Māori Health Chart Book (Ministry of Health, 2006). Furthermore Māori health providers continue to report that in the competitive contracting environment with other providers it is difficult for them to maintain let alone grow services, which they know are working to improve Māori health outcomes (Green & Penehira 2010). When we couple this information with the percentage of the overall population that Māori occupy it is even less satisfying. According to Statistics New Zealand (Statistics NZ, 2006), in 2006 Māori make up 14% of the entire population. It is acknowledged that whilst not all Māori would choose to have a Māori health provider, it is nonetheless significant that only 2% of total health and disability funding is channelled to Māori providers. Even if this funding was tripled to be 6%, it would still not match even half of the population percentage that Māori occupy. Indeed the Māori Health Chart Book (2010) reveals that only 7% of Māori adults report that they usually go to a Māori health provider first when feeling unwell or injured.

Of further interest is the comparison between the number of Māori who have accessed general practitioner services in the last 12 months, to those who have accessed a Māori health provider in the same time period. The report reveals that 78.7% of Māori accessed a general practitioner, but when we look at those who utilise Māori health providers, this percentage increases to 83%. It is widely known that access to primary care health services is a significant factor in improving health outcomes (Durie, 1998). Clearly Māori health provision requires re-prioritising with funding to match. Although not reported on, anecdotal evidence indicates that many Māori simply cannot access Māori health services. If these services were able to grow it is likely too that the numbers of Māori accessing them would increase.

A number of potential barriers to accessing primary health care are indicated in the report including cost. It is significant to note that the highest rated reason for Māori visiting a Māori health provider in the last twelve months was 'because it was cheaper'. Similarly the highest rated reason for Māori not visiting a GP when needing to was that it 'costs too much'. Again this is clear evidence in favour of growing the services of Māori health providers and maintaining lower costs in order to increase access. Other factors, which seem to make the Māori health provider a positive choice for many, include things such as the proximity of the service and being referred by a friend or relative. It is also noteworthy that for almost 20% of both males and females, it was important that they could speak to someone 'who understands (my) culture' and that was interested in the health 'impacts on (my) family'.

The notion of whānau wellbeing, and the holistic approach is clearly a progressive step towards better health and wellbeing that is well recognised by Māori. It has been discussed at some length already in previous chapters of this thesis, however, in terms of both our present state of health and our future development, Durie (2009) makes some critical statements:

“Sectoral divisions have a similar deterring effect. Addressing a health problem for example, with little attention to other dilemmas that may be even more pressing, introduces a skew into whānau dynamics that may mask barriers to positive development. Sectoral interventions frequently unbalance whānau priorities and hierarchies by focussing on one aspect of whānau life that in the order of things, may be relatively unimportant to the whānau even if it is of great interest to a health worker. Future making, at least in respect of whānau, requires both a long term plan and a holistic approach.’ (p.10)

A number of writers have however noted that whānau dislocation and dysfunction due to colonisation amongst other things, does not place Māori whānau in a strong position to play a significant role in the future of our own health (Durie 2009; Penetito 2005). Whilst I would agree that we will be better equipped to manage and contribute to our own affairs, including our own health when we are a stronger more sovereign people, it is important that we resist the ongoing effects

of colonisation by not maintaining an oppressed mode of thinking. As Durie (2009) states:

“The fact that families may be dysfunctional does not reduce the prospects of whānau to enhance wellbeing in ways that defy societal agencies. Nor does the changing nature of whānau necessarily disqualify them from key roles in the future. Trends already indicate that by 2035 whānau will be more mobile, more blended, more complex and more dispersed. But they will also be able to utilise new technologies that will shrink the distance between them, lend greater accuracy to the transfer of information, including health records and cultural knowledge, and give access to opportunities across the globe. Diversity, mobility, and dispersal will be offset by enhanced communication and reduced alienation.” (p.10)

Critical to whānau managing our own health and wellbeing is the notion of ‘health literacy’, which is defined in the Māori Health Chart Book (2010) as:

‘the ability to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions.’ (p. 18)

According to recent statistics (Ministry of Health, 2010), approximately 75% of Māori adults have poor health literacy skills, and we are significantly lower than non-Māori in this area. This is important information for any health professionals to understand and take on board. It is especially important for those working with Māori who have HCV who are required to obtain and process much more than just ‘basic health information’ and indeed understand not only the complexities of the virus the treatments also. Those involved in public health education and dissemination need to be aware that information should be provided in ways that are easily accessible and understood. In my view it is not the intelligence of Māori health users that is in question, but rather that of the health providers/educators whose basic information is not easily understood.

Mental health is another area considered in the Māori Health Chart Book (2010). The report tells us that yet again we are significantly more likely to have poor mental health. Specifically:

‘Māori adults were nearly twice as likely as non-Māori adults to report they had a high or very high probability of anxiety or depressive disorder.’
(p. 52)

Given what the previous chapters in this thesis have described in terms of the importance of a positive self-esteem and spiritual state of well being, I would suggest that this is an area that requires our direct attention. Māori frameworks of health such as Mana Kaitiakitanga and Te Whare Tapawhā presented in chapter three, provide the type of holistic health approaches that acknowledge and address mental health as part of our overall health and well being. It is of concern that the Māori Health Chart Book reveals such a high incidence of reported mental ill health, yet when examining the reasons for accessing primary health care, mental health reasons do not feature at all. It could be argued that this is either indicative of an acceptance of mental ill health, or a mistrust or lack of faith in the current health providers to meet mental health needs. This points to an area of potential further research in order to ensure that this sector of our community continues to be acknowledged and have their needs addressed.

Current Māori Health Policy and Direction

The government’s most recent Māori health policy document is ‘He Korowai Oranga: The Māori Health Strategy’ (Ministry of Health, 2002). Available in both Māori and English, it acknowledges the Treaty of Waitangi, and in particular the relationship between Māori and the Crown and clearly seeks to reinforce earlier policies aimed at reducing health inequalities and increasing Māori control and participation in their own health and well being (Boulton, 2009).

One of the key features of He Korowai Oranga (2002) is the emphasis it places on the need for an cross-sector approach in order to address existing health disparities between Māori and non-Māori:

‘This pathway directs the health and disability sector to take a leadership role across the whole of government and its agencies to achieve the aim of whānau ora by addressing the broad determinants of health and organising services around the needs of whānau rather than sectors or providers. Effective development and care of whānau should take economic and social situations, cultural frameworks, values and beliefs into account. It

should acknowledge whānau rights to high-quality and safe health services.’ (p.26)

This represents a significant progression towards a Māori holistic approach to health and well being recognising that health determinants, or the issues which underlie and create or maintain health disparities, are not limited to the health sector alone. Indeed the policy also goes some way to defining the broader health determinants and in so doing indicates the responsibility of other sectors in changing the present health inequities experienced by Māori:

‘Effective development and care of whānau should take economic and social situations, cultural frameworks, values and beliefs into account. It should acknowledge whānau rights to high-quality and safe health services. Prerequisites to improved whānau ora include:

- affordable, appropriate, available and effective education, income and housing
- affordable, appropriate, available and effective health and disability services
- ability to participate in te ao Māori
- ability to participate in New Zealand society as a whole
- a healthy environment.’ (p. 25)

Recognising the broader influences on health is a very necessary step in addressing the health requirements of Māori and changing the present situation. Naming and framing these influences in health policy puts the health sector in a leading position in terms of initiating inter-sectorial engagement in order to address what presents as a health issue. This is extremely affirming in light of the arguments presented in this thesis which also repeatedly highlight the need for broader approaches and understandings to health issues. Specifically, the participant narratives, describe their own health and well being, aswell as their treatment needs, as inherently contextual to their whole lives. Despite this and despite the present Māori health policy, this has not been addressed. That is, their experience with health professionals in seeking treatment for HCV, has been

totally de-contextualised, from other health needs and from other life experiences and needs. One participant described this as being ‘liverfied’, which is more fully discussed in chapter five.

As noted earlier in this chapter, the contribution and role of Māori health providers is viewed as significant to reducing Māori health disparities. Indeed He Korowai Oranga (2002), has identified ‘Māori participation in the health and disability sector’ as one of four pathways in the framework of the policy, with the role of Māori providers highlighted:

‘Māori providers are key players in improving access to, and the effectiveness and appropriateness, of health and disability services for whānau. Māori providers are essential to developing services that practise Māori views of health and healing. Māori providers have developed within hapū, iwi and Māori communities and are particularly well placed to understand and meet the needs of whānau. Their work also contributes to the capacity and capability of Māori communities, and their economic wellbeing.’ (p.16)

This could be viewed as a clear indication of the Crown’s commitment to Māori and recognition of Māori as key knowledge holders and providers within whom the capacity resides to change positively the present health status of Māori. However, as noted earlier in the chapter, the Māori Health Chart Book (2010) reveals that instead of increasing and growing Māori providers, the overall percentage of funding for Māori providers has in fact decreased from 3% in 2006 (Ministry of Health, 2006) to 2% presently (Ministry of Health, 2010). This indicates a mismatch between policy and operations and given the strong emphasis on Māori providers as critical players in the resolution of Māori health disparities, this is of grave concern. Although not necessarily able to be generalised nationally, the case study experiences alluding to a lack of culturally relevant services for Māori with HCV described in chapter five, are nonetheless further evidence of the mismatch between policy level intent and operations.

Hepatitis C Policy and Service Provision

Hepatitis C has been coined the ‘silent disease’ by a number of writers and commentators on the virus (Harris, 2010; Turia, 2010). It is described as such due

to the stigma often attached to it and I argue the lack of health policy and action to date that addresses the issue and in so doing maintains a silence. Case study participants have clearly articulated both the issues of stigma and the limitations of the present health system and professionals to cater to their needs as women who carry the virus. While the introductory chapter to this thesis presented some preliminary information about HCV in New Zealand, this section seeks to provide more specific detail about current policy and services available as well as to examine more current literature on the topic.

The draft report, 'Strategic directions for hepatitis C' (Ministry of Health, yet to be published), is now available online via the Hepatitis C Support group website (<http://www.hcv.org.nz/>). Whilst it is not clear exactly why the report is yet to be published and made formally available by the Ministry of Health, it does provide important information regarding the direction the Ministry is likely to go in regarding HCV policy and services. The report confirms that currently there are an estimated 45-50000 people in New Zealand thought to have the virus, and although there has been a rapid decline of new cases since 1990, due it is believed to a corresponding decline in the numbers of injecting drug users and the introduction of needle exchange programmes, this does not however signal a 'little or no-action' required stance. On the contrary, due to the nature and progression of the virus, it is likely that by 2020 the proportion of those living with HCV who will have cirrhosis of the liver will double from 18% presently to and expected 36%. This in turn is likely to see a trebling of numbers of people dying from HCV related liver cancer and failure (Ministry of Health, yet to be published).

In the context of Māori health it is pertinent to consider the populations who tend to be disproportionately affected by HCV. Unfortunately ethnicity data is not collected in line with HCV notifications, which in itself is fraught in that notifications are only required when the disease is in the acute stage. The complexity of the disease compounds this as described in the draft strategic direction report:

'There is little accurate data on the number of people in New Zealand living with HCV. Surveillance of new or accurate HCV infections is difficult because acute infection is frequently asymptomatic. Furthermore,

it is not possible to accurately extrapolate HCV incidence or prevalence rates from current notification data.’ (p.21)

The report recommends the option of utilising a coding system similar to that used to collate data about the incidence and prevalence of HIV and AIDS as a potential starting point to improve knowledge of HCV incidence and prevalence. It further notes the importance of accurate HCV data in determining and targeting populations for HCV prevention, testing and treatment. Having said that, there is some knowledge already of target populations based on existing literature (Ministry of Health, yet to be published). These are identified as:

- Past and present injecting drug users
- People who have snorted or used drugs in a way that enables blood mingling
- People with haemophilia
- People who received blood transfusion, blood products, or organ transplant prior to blood screening for HCV
- Migrants from or people who have spent a lengthy time in countries with a high prevalence of HCV
- People who have spent time in a correctional facility
- Healthcare workers who may have been at risk through performing medical procedures
- People such as police and corrections officers who may have been exposed through their interactions with at risk people
- **People who may have been exposed to unsafe practices in acupuncture, tattooing or body piercing**
- People who have received healthcare in developing countries
- Children who are born to HCV positive mothers

- People who are positive for HIV
- Those who have had or are on haemodialysis

As previously stated no ethnicity data is available in relation to HCV prevalence in its own right, however we can make some analysis based on what is known of Māori representation in some of the identified at risk populations listed above. In particular we know that Māori are disproportionately represented in correctional facilities making up approximately 50% of the prison population (Ministry of Justice, www.justice.govt.nz) although Māori are only 14% of the total population. This is an extremely high-risk group due to a number of factors including: unsanitary conditions; unsafe tattooing and body piercing procedures; sharing of needles; and unprotected sex.

Whilst there is little accurate information regarding Māori representation in the injecting drug user population, evidence from a Christchurch study (Sheerin et al, 2003), reveals that 16% of admissions to the methadone maintenance therapy programme were Māori. This indicates an approximate 2% over representation in this part of what could be considered a likely group of previous injecting drug user group. Both of these examples of at-risk groups, (those who are in or have been in prisons, and those who are current or previous injecting drug users), make up a significant proportion of the at-risk of or already contracted HCV population, and both groups have significant Māori representation. Indeed, even if Māori were only proportionately represented in the total estimated numbers of people living with HCV, at 14% according to general population statistics, Māori would account for approximately 6,500 people with HCV. A more pessimistic view however would suggest that as in other health statistics, Māori would be over represented by as much as double or triple that number. It is therefore argued that HCV policy and directions need also to be guided by the broader Māori health policies, such as the aforementioned He Korowai Oranga (Ministry of Health 2004), in order to make meaningful changes for Māori with or at-risk of contracting HCV.

It is unfortunate that the 'Strategic directions for Hepatitis C' draft report makes absolutely no mention however of Māori in relation to HCV. I posit that if He Korowai Oranga had been given the recognition and status it set out to achieve for

Māori health, then no further health policy related documents would be completed without reference to the Māori and Crown partnership as it relates to health, nor ignore the likelihood of Māori health disparity in any given area of health concern such as HCV.

Recent post-graduate study in both New Zealand and Australia has provided a greater understanding of HCV amongst our populations and is beginning to build a more solid evidence base to work in this area. Lauzon (2010) examined the 2009 NZ Needle Exchange Blood Borne Virus Serosurvey results with the intention of estimating the prevalence of HIV and HCV and examining associated injecting drug use behaviors. This is the fourth survey of its kind to be conducted in New Zealand with funding assistance from the Ministry of Health and relying on the national network of Needle Exchange Programmes for data collection sites. The surveys provide important information regarding risk behaviours and the prevalence of BBV infection among the injecting drug user population. Fortunately the surveys collected ethnicity data and so it provides us an important opportunity to do some analysis of those results in terms of impact on the Māori population.

Lauzon (2010) reported that that 72.9% of survey respondents in the serosurvey identified as European, while 14.8% were identified as Māori. Neither of these percentages differ significantly from their ethnic representation as part of the total population of New Zealand. What the data is not able to tell us however is the proportion of the IDU population who are not represented in the survey because they do not attend any needle exchange programme. And perhaps more importantly we do not know what proportion of those injecting drug users who do not access the needle exchange programmes might be Māori. Anecdotal evidence might suggest that barriers to participation in a needle exchange programme include proximity and cost and availability of transport to attend. Because Māori are more likely to be from lower socio-economic backgrounds, which often brings with it associated transportation issues, it could be suggested that there is a greater proportion of Māori injecting drug users than non-Māori who do not participate in the needle exchange programmes. There are of course a number of other variables and this suggestion alone would require further investigation and research in order to be validated. It is an important note to include however as something to be

considered in future research and indeed in the ongoing growth and development of the needle exchange programme.

Lauzon (2010) highlights another important finding for those concerned with Māori health. There has been a significant decline since 1996 of 17.6% in the overall prevalence of HCV amongst the injecting drug user community who participated in the serosurvey study of 2009. Lauzon (2010) draws the conclusion from this that the needle exchange programme which targets a reduction in needle sharing and other risky behaviours associated with injecting drug use, has been somewhat successful in reducing the transmission of the virus. Given this it is particularly important that we aim to gain a greater understanding of the ethnic breakdown of the injecting drug user population, especially those who are not accessing needle exchange programmes, and target them in order to reduce the potential risky behaviour of needle sharing that is likely to occur by non-attendees. If as I have suggested, Māori are less likely to attend the programmes, then research into other ways to reach Māori communities, such as the provision of greater mobile needle exchange services, and/or the development of Māori focused needle exchange programmes, are important avenues to explore in the future. Again, this would be inline with He Korowai Oranga's intention to reduce health disparities in New Zealand. The concern in this case however is to firstly determine whether or not the suggested disparity actually exists, and to gain baseline data on which to measure the effectiveness or otherwise of any interventions.

Another study completed recently (Harris, 2010) adds to HCV understanding and literature, highlighting particular commentary regarding the silencing and stigma attached for many living with HCV. Given the evidence she found of these challenges, Harris too recommends further policy and practice development. Specifically she states:

‘A national mass media public awareness campaign in both New Zealand and Australia would help to combat the silenced status of hepatitis C. This could contribute to the beginning of conversations about the illness and lessen those misunderstandings regarding transmission that serve to stigmatise and isolate. An awareness campaign would need to be

conducted carefully, in order not to re-stigmatise those living with the illness.’ (p. 330)

Harris’ thesis is an in depth exploration of the experiences of people living with HCV and the diversity of this population. The above recommendation made at the conclusion of her study fits directly with the findings of the present thesis. In addition to this my thesis uncovers the importance of Māori cultural understanding and approaches being employed at all levels in HCV prevention, education, diagnosis and treatment.

Chapter Summary

This chapter has provided statistical information and analysis which reveals the poor state of Māori health. Some of the key Māori health policies and recent literature have also been examined in relation to reducing the existing health disparities in New Zealand. This chapter highlights that although progressive and potentially transformative policies and directions are in place, there remains a mismatch between policy and implementation, and consequently we are seeing little change in the state of Māori health. This context strengthens the thesis argument to engage new and innovative approaches such as the Māori interventions and healing as discussed and presented in earlier chapters. The following chapter provides important detail regarding engagement with Māori, setting the platform for the uptake of recommendations in the final chapter of the thesis.

Chapter Eight

Engagement

This chapter focuses on the role researchers' play in creating Indigenous space in Aotearoa. The focus is further defined to one of the key underlying elements of creating such a space - this is identified as 'engagement'. The processes of engagement with each other and with the children, families, and communities with whom we work are paramount to the success or otherwise of research and the outcomes that might result from research. Hence, the placement of this chapter immediately precedes that of findings and conclusions. The relationships that develop through processes of engagement are the foundation upon which research and research outcomes take place, and the foundation upon which we work with others for the ultimate goal of self-determining Indigenous peoples and communities.

In respect of the current study it is important to address the particular complexities that can arise when engaging with people who are often marginalised in our communities. This chapter therefore seeks to understand the notion of engagement as it applies to Māori and to explore how this is the same or different for Māori women who have or are at risk of having a blood borne virus. Māori women in this group are affected directly by both historical and current health policies which essentially determine what health interventions they might access and how. This chapter therefore includes reviewing literature that addresses engagement between the Crown and Māori.

Engagement with Marginalised Populations

People concerned with and at the centre of this thesis are Māori women with the hepatitis C virus (HCV). They are also women who have chosen traditional tattoo or moko engraved into their skin. Whilst labeling and categorising are not my intention, it would be naive to assume that these women are not viewed by others as members of particular groups: Māori; women; blood borne virus carriers; probable ex or current injecting drug users; tattooed people. These groups carry with them particular stereotypes that impact on their positioning in society. A stereotype can be described as a widely shared set of beliefs or assumptions about

the personalities, attitudes and behaviours of an individual based on the groups they belong to (Vaughan & Hogg, 2008). As already mentioned earlier in this chapter, one's position and perceived status in society impacts on how we engage with others and how others engage with us. The analysis sections preceding this chapter clearly describe the impact of stereotypes on marginalised peoples such as Māori women with HCV. It is critical, therefore, that this is noted and responded to appropriately in the application of any of the findings of this research.

Defining Engagement

The term 'engagement' in its simplest sense is applied as a method of interaction with others, which generally has an intended outcome. It is known to include both dialogue and written material and may be formal or informal. A current review of literature and internet sources indicates that the term 'engagement' is a fairly recent addition to the discourse of New Zealand Crown and other agencies. It has become increasingly more apparent in the last 5 years.

In 2004, the Department of Labour published *Government – community engagement: Key learning and emerging principles*. This was the first of a thematic paper series from the 'Community Economic Development Action Research Project' (CEDAR) undertaken in 2002-2003, for the purpose of exploring the use of research as a conduit for developing a closer relationship between government policy and community. As this paper was intended as a resource to support those who engage with communities, it offers a significant contribution to the current review.

The definition of 'engagement' which underpins the paper originates from the Privy Council:

Citizen engagement refers to processes through which government seeks to encourage deliberation, reflection, and learning on issues at preliminary stages of a policy process often when the focus is more on the values and principles that will frame the way an issue is considered. Citizen engagement processes are used to consider policy directions that are expected to have a major impact on citizens; address issues that involve conflicts in values or require difficult policy choices or tradeoffs; explore emerging issues that require considerable learning, both on the part of

government and citizens; and build common ground by reconciling competing interests.

Citizen engagement differs qualitatively from consultation in a number of ways including an emphasis on in-depth deliberation and dialogue, the focus on finding common ground, greater time commitments and its potential to build civic capacity. In this regard, citizen engagement processes should be used selectively. (Department of Labour, 2004, p. 1)

Clearly, the requirements of Crown and other agencies wishing to embark on engagement are greater than those expected within consultation processes. Such differences are explored in greater depth further on in the review. This paper acknowledges the Crown's desire to encourage greater participation of citizens in policy development, referred to in this context as 'citizen engagement'.

Engaging citizens in policy making is part of good governance. Governments are under increasing pressure to enhance transparency accountability. Information sharing, consultation and participation are fast gaining currency in civic democracy as tools for government-community engagement. Therefore for governments to respond to these challenges, they need to build a commitment and capacity of civic engagement. (Department of Labour, 2004, p. 1)

Not all of the literature is as descriptive or indeed shares the same description of engagement. In a paper prepared by Te Puni Kokiri (2004), *Local Authority Engagement with Māori*, which surveyed council practices, the term 'engagement' is used synonymously with 'working with'. The survey questions investigated:

- Māori involvement in council structures: This included the formation of Māori standing committees; Māori membership on other council committees or subcommittees and working parties; Māori representation on or Māori advisory committees; consideration of Māori constituencies/wards.
- Policies and practices for establishing relationships with Māori: This included a range of options including co-management of sites and

activities; relationship agreements; consultation policies and practices; iwi management plans; projects and funding.

- Council resources, training and relationship monitoring: This covered things such as iwi liaison and Māori policy units; internal staff and councilor training; monitoring of relationships; hearing commissioners.

This suggests that in this context, engagement speaks of involvement that may or may not engender similar expectations of ‘information sharing, consultation, and participation’ that are described broadly in the CEDAR paper above. There is nothing that assures the involvement will be active rather than passive. Committee representation, for example, may allow for an active role in decision-making processes, or it may simply be an observatory role with limited powers. Even in the event that it does allow for an active role, a one or two member representation on a committee of eight or more has limited persuasive power or power to make change.

The paper (Te Puni Kokiri, 2004) notes that work undertaken by councils with Māori is done so within a legislative framework and that this requires councils to ‘take account’ of Māori concerns in certain circumstances. The development of structures and policies to meet such requirements however is the responsibility of the individual council. The work of CEDAR may well be applied to assist such processes.

A clear case study related to these issues is the current dialogue centred on local governance structures in Auckland. These discussions give rise for concern regarding the issue of Crown engagement with Māori. Auckland city is the largest city in Aotearoa New Zealand; it is also host to 25% of the Māori population of this country. The region of Auckland is made up of 4 separate cities, 7 individual territorial authorities, and a regional council. Recently, it has been proposed that the authorities combine to form one overarching governing body, nicknamed the ‘Supercity’.

In October 2007, the Government established The Royal Commission on Auckland Governance ("the Commission"), primarily to respond to growing concerns about how local government operates in Auckland. Terms of reference for the work of the Commission were essentially to:

“receive representations on, inquire into, investigate, and report on the local government arrangements (including institutions, mechanisms, and processes) that are required in the Auckland region over the foreseeable future in order to maximise, in a cost effective manner:

(a) the current and future wellbeing of the region and its communities;

and

(b) the region’s contribution to wider national objectives and outcomes.”

(Royal Commission on Auckland Governance, 2009)

Issues that have arisen as a result of the consultation process and later the report from the Commission that are most pertinent to this study include:

- Māori representation and participation in local government
- The relationship between national and local government election processes
- Democracy in election processes
- Ethnic and other minority representation and participation in local government

Māori representation and participation in local government

The representation of Māori in local government is poor. At a local level Māori are either disproportionately represented or not represented at all in local councils. This has an obvious negative impact on Māori participation in local government; it decreases Māori participation. Whilst the Crown has a commitment to Māori representation and participation in national governance, and has policy supporting Māori consultation and participation at a local level, the situation of Māori under-representation in local government remains and is to some extent invisible. That is, councillors are not required to identify their ethnicity, so collecting this data is problematic.

The Commission’s recommendations to government included that there be 3 Māori seats in council: one being set aside for mana whenua and elected by the mana whenua forum; the other two being elected at large by those on the Māori

electoral roll. This clearly would give Māori control of their representation and participation in local government, and perhaps most importantly it would guarantee their participation at this level.

The government, however, rejected that recommendation, citing the Local Electoral Act 2001 as being sufficient to enable adequate Māori representation. Irrespective of whether or not this Act does in fact provide for Māori representation, the disregard of the Commission's recommendation, without further consultation with Māori, shows a parallel disregard for the views of Māori. In good faith the Commission consulted widely with Māori and 'listened carefully and with an open mind to all it has been told.' (Royal Commission on Auckland Governance, 2009). Māori were very clear that Māori representation was critical to their participation in local government and through the public submissions process, shared constructive critical thinking about Māori representation and about why and how changes might best occur:

“Less than five percent of all elected local councillors are Māori and the current electoral arrangements that retain FPP as the electoral system of choice for local authorities privileges non-Māori.” (Sullivan, 2009)

As Sullivan highlights, the present system has disadvantaged Māori. It has not resulted in proportional or anywhere near proportional representation of Māori. There is no reason why it would in the future, yet the government response to the Commission's recommendations remains that it will.

National and local government election processes

There is clearly a relationship between national and local government election processes. As Sullivan (2009), describes:

1. The national example has demonstrated that the only fair and just way to ensure Māori representation on elected councils is to make mandatory, Māori wards. Wards will most likely only provide one Māori representative.
2. To ensure more equitable Māori representation, STV should also be mandatory because that better provides for minority or under-

represented groups to get elected onto councils and gives substance to the very important concept of community participation. (p. 2)

As a Māori voter who actively exercises my right to vote at both national and local levels, I have held what I believed to be a fairly reasonable assumption about the process: If Māori representation is guaranteed at the level of national governance then surely it would be so at the local government level. This is not, however, the case as described earlier.

There are eight Māori electorates nationally, and therefore eight guaranteed Māori Members of Parliament. The present government (National) has rejected the recommendation for there to be three Māori seats on council as of right, this being the only way to guarantee Māori representation at the local level. We now ask ourselves, if we have no redress regarding representation in local government then how long will it be before the representation at a national level is under threat? The bottom line is that Māori, like any other group in society, need to know that council representatives will provide a voice for their concerns and will encourage and ensure their participation and their engagement at this and higher levels of governance.

Democracy in the election processes

Many who have engaged in the dialogue surrounding the re-development of Auckland governance argue against Māori representation as of right on the council. They cite the Commission's recommendation for three Māori seats as undemocratic. Others, however, have described how without such spaces being allocated there is little likelihood of Māori representation:

“Proponents of separate minority representation or proportional representation do not view this as favourable treatment because their interests can easily be subsumed by the majority if that is their will. For Māori, separate representation provides them with the opportunity to participate in the governing processes. Māori are able to voice their concerns or raise new issues, discuss new developments and debate policies from a variety of political biases albeit influenced by a Māori perspective. It provides the opportunity to actively participate in the policy

initiating, formulating and implementing processes.” (Sullivan, A. 2009, p. 7)

Clearly, separate Māori representation is a critical mechanism to enable Māori to engage in local government processes. Without it, Māori are unlikely to be voted onto council, as the great majority of voters by far are non-Māori, and therefore do not have Māori representation at the forefront of their ‘voting minds’. Recommendations supporting separate Māori representation provide an opportunity for the government to activate their commitment to engage with Māori at all levels of governance. Indeed in my view, to enact policy that does not specifically provide for Māori representation shows an unwillingness to engage with Māori in any meaningful way or in the way Māori (and the Commission as Crown agents) have determined most appropriate. When engaging with any group, and in particular a ‘marginalised’ group as Māori might be described, it is critical that the terms of engagement and participation be jointly agreed upon in order for that engagement to produce beneficial outcomes for all parties. The recommendations of the Commission that took into account Māori submissions and views, can be deemed a joint agreement, and therefore should have been enacted.

Ethnic and other minority representation and participation in local government

The most significant document that relates to how Māori and non-Māori engage in Aotearoa that is referred to at any level of governance is Te Tiriti o Waitangi (The Treaty of Waitangi). Indeed it figures prominently in the memorandum of understanding between the Māori Party and the National Party (Māori Party, 2008). In the current dialogue concerning Auckland governance though, the National government has seemingly chosen to ignore both the mana whenua status of Māori and the right of Māori to maintain sovereignty of our people and lands. Instead, it is purported that ‘democracy’ overrides these issues by suggesting a process that leaves the potential for Māori to have a role in local governance in the hands of the majority vote – that is in the hands of non-Māori who clearly hold the majority vote.

Under the so-called democratic FPP voting system, those with the most votes are those who come to represent us in council. When the majority of voters who are non-Māori significantly outnumber those who are Māori, the odds of Māori being represented in council are extremely low. This has proven to be the case in councils throughout the country. The number of Māori elected from the general electoral roll to represent in parliament are also extremely low. What will the flow-on effect be in other local government bodies? Perhaps more frightening is the prospect of what the flow-on effect might be at the level of national governance? How will Māori be able to maintain what we already have at that level given the evident powerlessness in the current Auckland Supercity debacle?

Given the concerted effort from Māori to engage in the consultation process, by making written submissions, attending consultation meetings and making oral submissions, it has been viewed as extremely disappointing that the Crown has chosen to ignore Māori representation recommendations. Most would agree that this is yet another ‘Clayton’s’ round of consultation. That is, the Crown engages with Māori on the assumption that their views will be heard and taken into account, only to find that the Crown rejects the very recommendations that clearly reflect one of the most significant issues to Māori in this process. It is undeniable that processes such as this are what deter Māori engagement with the Crown. It is undeniable that the deficit of trust that the Crown has managed to incur since 1840 is further added to by these processes.

Returning to the engagement literature, another paper dealing with ‘engagement’ was published in 1999 by the Ministry of Education and provides guidelines for those who work with Māori in the education sector. They are intended to ‘assist Ministry of Education staff to consult and engage effectively with Māori’ (Ministry of Education, 1999). A clear understanding of the benefits of reciprocal relationships that underpin successful engagement is evident in the paper’s intent.

“We need to be aware of the contribution and real difference education can make to their (communities) wider economic, social and cultural development... Good policy design and good policy implementation require us to identify how Māori may be affected by these, and to obtain and incorporate their perspectives wherever possible in all phases from problem definition and the formulation of options through to decision-

making and implementation... flexible and positive consultation and engagement will improve the quality of our work and contribute to better educational outcomes for Māori” (ibid, p. 1)

This excerpt of the foreword from the then Secretary for Education, Mr Howard Fancy, promises commitment to relationship building that will have beneficial outcomes for both the communities and the education sector. In terms of adding to the definition of ‘engagement’ evidenced in the literature generally, this paper states:

“Engagement is a broad umbrella term used in these guidelines to encompass all our interactions with Māori (formal, informal, verbal, written, whether related to specific issues or not).” (ibid, p.1)

It is important to note that the Ministry of Education (MOE) has not simply exchanged meaning between consultation and engagement. This is examined in more depth in the following section ‘engagement vs. consultation’. To further evidence this, and by way of broadening ones understanding of the MOE definition, the following are listed as the purposes of the guidelines:

- To improve responsiveness and service delivery to make a difference in Māori education
- To comply with legal principles of the Treaty of Waitangi
- To empower by constructive engagement, raising achievement, reducing disparities and assisting those at risk
- To improve our leadership role through effective partnerships and innovation. (ibid, p. 2)

In another document reviewed, *Strategy for engagement with Māori on international treaties*, from the Ministry of Foreign Affairs and Trade’s legal division (2005), a different perspective of ‘engagement’ is highlighted. In contrast to the Ministry of Education paper discussed above, this paper recognises the lead agency as the more powerful partner in the relationship at every level.

“The onus is on the lead agency to identify... whether there is a need for engagement with Māori... If it is considered that Māori involvement is required, the lead agency will be responsible for establishing the appropriate degree and nature of this involvement based on the nature, degree and strength of Māori interest.” (Ministry of Foreign Affairs and Trade: Legal Division, 2005, p. 1)

This document does little to acknowledge the partnership role of Māori as Tangata Whenua in Te Tiriti o Waitangi and, therefore, the subsequent role of Māori in all other treaties negotiated on behalf of Aotearoa/New Zealand.

“...there will not be a need to involve Māori in discussion on all treaties but that the focus must be on ensuring that this occurs on international treaties concerning issues of relevance to Māori... Māori involvement would be expected on any treaty action affecting the control or enjoyment of Māori resources (te tino rangatiratanga) or taonga as protected under the Treaty of Waitangi.” (ibid)

Although the final sentence in the above excerpt shows some recognition of Te Tiriti o Waitangi and its implications for further treaty negotiations, it reflects a limited perspective, whereby the Crown remains the dominant partner who determines the basis and indeed process for Māori participation. The document goes on to list opportunities for engagement with Māori and to its credit does suggest that these ‘exist during all phases of treaty making’. Given the context described earlier of the lead agency determining the what, where and when however, this is of limited significance. The strategy states: ‘Engagement with Māori on particular treaties will enable the development of an ongoing relationship with Māori’ (ibid, p.3). In order for meaningful ongoing relationships to occur the issues centered on who determines the points and natures of engagement will need to be addressed.

The term ‘engagement’ and more specifically the terms ‘civic engagement’ are even more prevalent in literature from North America. *Dialogue for Democracy* (Brough, Bake, Davies, Elggren, & Ethington, 2005) is a university based research project which studied the definition and application of ‘civic

engagement’ in Utah. It identified that the term ‘civic engagement’ has its origins in Mr John Dewey’s concept of education in a democratic society.

Dewey (1933) asserted the notion that knowledge is about the comprehension of information, and that information without comprehension has limited value. To understand or comprehend information is to know the relationship that various pieces of information have to one another and to one’s own context. This can only occur when the acquisition of information, its relationships and its meaning, are reflected on. In the context of whānau engagement this would imply that there is little value in simply gleaning information from the whānau. Rather, effective engagement will require an understanding of that information by reflection on how it relates to present and future information. It requires further reflection on the context from which it is gleaned and the context to which it might be applied. This could be viewed as a process of engagement which can contribute to greater knowledge amongst all participants in the process.

In the university context engagement is applied to

“a reciprocal beneficial academic relationship between a university, its students and faculty, and the surrounding community” (Brough, Bake, Davies, Elggren, & Ethington, 2005, p. 12).

For the purposes of this chapter, we can apply the notion of ‘reciprocal benefit’ to the relationships between whānau and others, in the facilitation of engagement for whānau development. In so doing it would be reasonable to expect that a primary objective of facilitating engagement with whānau would include real benefits both for the Crown or other agency, and the whānau.

Participants in the ‘*Dialogue*’ study above identified a range of definitions for civic engagement that further define how the term might be applied for whānau engagement. Emergent themes included individual public participation, dialogue, public expression, reciprocity, and community improvement. These themes exist, however, on the assumption that by definition civil engagement is a democratic process that builds a democratic society. Indeed it may be on that same assumption that our own agents of the Crown operate. However, this review would be incomplete if it ignored the body of literature which questions this very assumption.

Literature that challenges civic engagement is grounded in an in-depth analysis of contextual issues which impact on and further challenge the intent of those who initiate engagement processes with people and their communities. This analysis includes examining the demographics of those who tend to participate frequently in matters of civil engagement and those who tend to be marginalised in the processes and are therefore not frequently represented. It questions the intent of the engagement initiators who continue to encourage processes that only gain the participation of certain members or groups of society. If the engagement initiators truly intend the civic engagement to add value to and aid the creation of a more democratic society then it would be reasonable to expect that the underlying reasons for skewed participation and marginalisation need to be addressed. Armony (2004) writes:

“The intersections of class, gender, ethnicity, religion, and age – analysed in light of the broader political context – are critical to understanding participation in civil society.” (p. 99)

Civic or whānau engagement may be initiated to address and gain community input into issues of concern within society. What Armony and others (Daynes, 2005) caution, is that until the underlying societal causes for these issues are addressed, the engagement may do little to improve the concerns and more to preserve the status quo.

“We need to examine the history of the issues they (engagement initiators) aim to address, and the context out of which their theories, models and practices emerge...If we are to respond to the issues we face today, we must ask and answer serious historical questions as part of our work. We must know how things got to be the way they are where we are... we must uncover the historical contexts of the programs we adopt. We must ask how those contexts will fit the contexts we work in. It is only when those questions are answered that we can bring to bear the historical analogies and methods that give the movement for civic engagement its energy and appeal.” (Daynes, 2005, p. 4)

In order to facilitate the most effective engagement, the literature would encourage the Crown and its agencies to first undertake a thorough analysis of

who currently participates in opportunities for engagement or consultation, and how the history of Māori colonisation and development in Aotearoa has created the context for the current participation demographics. Next, the literature would encourage the Crown and its agencies to address any issues of inequity and mistrust evident in the demographics. This is obviously a time-consuming process and one which would require a long-term commitment to re-building the relationships between Māori and the Crown.

This section of the chapter would be incomplete without the inclusion of well-known educational theorist Paulo Freire. His extensive work on the development of educational pedagogies and pedagogies of the oppressed has resonated with Indigenous peoples and other marginalised groups throughout the world. Freire acknowledges the cultural underpinnings critical to the engagement and progress of any peoples.

Based on recognition of the cultural underpinnings of folk traditions, and of the importance of the collective construction of knowledge, Freire's pedagogical project created a vivid new vocabulary of concern for the oppressed. It uncoiled a new and powerful political terminology that enabled the oppressed to analyse their location within the privileging hierarchy of capitalist society and to engage in attempts to dislocate themselves from existing cycles of social reproduction.

“Linking history, politics, economics, and class to the concepts of culture and power to develop both a language of critique and a language of hope. These work conjointly and have proven successful in helping generations of disenfranchised peoples to liberate themselves.” (Freire, 1998, pp. 90-118).

Chapter Summary

In summary, it is relationships and the re-building of relationships that is at the heart of successful engagement. Knowing and understanding the context of the whānau will be critical to engagement practices that result in benefits for all. Finally, the literature also tells us that engagement is clearly not just another word to replace consultation. Its meaning centers fundamentally on active participation and a relationship of mutual benefits. In the context of this thesis the relationships and contextualising whānau has occurred in a number of ways: developing

relationships with participants and informants that began prior to this study and that will be maintained beyond the life of this study; recognising and highlighting the notion of whānau within the research and in particular in the discussion of case study and key informative narratives; and finally the recognition of the importance of relationships and whānau in recommendations for policy based interventions at the conclusion of the thesis.

Even in Kaupapa Māori research, and some might say especially in Kaupapa Māori research, there is the existence of power relations. This is an important part of both the engagement and Indigenous spaces discourse. So, what are the important factors for us as Māori researchers to keep in mind?

Firstly, it is an understanding that Indigenous spaces do not exist in isolation. We work within other spaces, alongside other spaces, and around other spaces. How we are positioned in our collaborations or conflicts with others, however, is superseded by the fact that those other spaces actually exist. That is, we cannot pretend, no matter how staunch, how pretty, how peaceful, or how gutsy the space we have created, that we act alone. The reality is that all of our Indigenous spaces exist in a context somewhere along the continuum of colonised Aotearoa, which in turn exists in a neoliberal world. We do not act in isolation of any of that. This research has been undertaken within a university institution and under the broader international Indigenous collaborative project ICIHRP as mentioned earlier in the thesis. As a researcher in this context I have mediated the challenges that this presents in a number of ways: Communicating and problem solving with the other Māori and Indigenous researchers in the project to alleviate and meet the challenges our non-Indigenous institutions and colleagues present; Adhering throughout the study to both the institution's ethical requirements and Māori research ethics; Establishing and building the protective relationships with research supervisors and advisors to my work.

Secondly, most research is state funded and therefore to an extent researchers might be perceived as state agents. What does this mean in terms of the equation that this puts us in with individuals, families and communities? State funding, plus state agent does not generally equal the community position. We need, therefore, to recognise that and ensure that our practices with people and their communities mediate the risks they may face in such an unequal equation. This

research was undertaken with the assistance of funding from the New Zealand Health Research Council (HRC), indeed in this regard it is state funded research. Whilst not resolving all potential issues that such funding brings with it, Māori researchers funded by the HRC are fortunate to now be able to work in a framework of specifically Māori health research ethics, which have in turn provided guidance to my work.

The third point to make in terms of power relations in research, in particular in health and education research with Indigenous peoples, is that often there is an isolation factor for those suffering from ill health and/or from ill education. That is, the community ties that would normally exist may not be there at all, or at best, the ties are qualitatively different. Isolation tends to reduce one's sense of power and one's sense of belonging. These issues of marginalisation were outlined at the beginning of this chapter and have been well discussed throughout the literature analysis sections and data analysis of the thesis.

The fourth point that impacts on the power relations in our work, which is probably the easiest for us to mediate. That is, it is about our own attitudes and beliefs. If we as researchers view the communities in which we work as being 'in need' and operate from a 'needs-based' position, then we immediately disempower communities with that view. If on the other hand, we operate from a 'strengths-based' position, then we immediately place power with the community that may be equal or greater than our own perceived position. As a researcher working with marginalised peoples this is a critical point of understanding that has necessarily underpinned the work conducted for this thesis. The notion of 'insider-outsider' discussed in the literature review adds to this understanding. Recognising one's own marginalisation as a Māori researcher and as a Māori woman further enables the understanding and dis-abling of potential power relationships.

Finally, it is important for us to reflect and consider who creates the space. Are we creating a state space that we bring individuals, families and communities into, because the state are our funders? Or are we privileged to be joining the space already occupied by individuals, families, and communities? My view is that I have enjoyed a very privileged position as a researcher able to converse with and tell the stories of the participants in this research.

Much has emerged from both the literature review included in this thesis, and from the case studies, that relates to mouri. The engagement chapter adds significance to the notion of mouri in that it centers, albeit in a research sense, on relationships and how we conduct ourselves with others at multiple levels. Although largely general in its nature, it is important to read this chapter in the context of the preceding material. I have argued in this chapter the specific ways that the concepts of engagement outlined have been applied throughout the research for this thesis.

Chapter Nine

Findings and Conclusions

Te Putanga o te Tangata

Mai i te Tapu o Te Tai Ao!

Ko te mouri e runga!

Ko te mouri e raro!

Ko te mouri o Tamanui te rā!

Ko te mouri o Papatūānuku!

He mouri a-atua!

He mouri whenua!

He mouri tangata!

Tihei mouri ora!

Birth of Humanity

From Natural Universal Law

Mouri from above!

Mouri from below!

Mouri of radiating sun!

Of nurturing dynamic earth!

Dynamics of potentiality!

Potency of land!

And of human endeavour!

Sneeze, dynamic life force!

Hoani Heremaia (Ngāti Ruanui, Ngā Rauru, Taranaki whānui).

This thesis set out to explore how people and their identity are affected when you are part of a marginalised or vulnerable population, namely, Māori women who have contracted the Hepatitis C Virus (HCV). It has been argued that traditional knowledge and healing practices are central to Māori getting well and keeping well, and that the use of cultural frameworks and practices have potentially restorative, therapeutic and healing values that are not yet researched or understood by the health field. I argued that a Māori framework of wellbeing,

namely ‘Mana Kaitiakitanga’, provides the context in which tā moko (Māori traditional tattoo) fits naturally as a healing intervention. I have shared the stories of Māori women with HCV who have applied this (tā moko) in their lives and in their journeys back to wellness. Mouri has emerged from this process as a key element of Māori wellbeing which is facilitated in a number of ways and significantly through the process of moko. I have collaborated with other Indigenous health researchers, working in the field of Indigenous resiliency and blood borne viruses, from both Australia and Canada, to support the research. We have been able to identify and discuss commonalities and differences between our peoples and contexts, and the research journey itself has encouraged us all to consider how we as Indigenous researchers can collaborate. I argued in this thesis that international Indigenous research collaborations require careful consideration and indeed have formulated a methodological framework, building on Linda Tuhiwai Smith’s (1999) early studies, ‘Decolonising Methodologies’.

The case studies reported on in chapter five have given us an in-depth insight into the lives and journeys of 3 Māori women with HCV who have identified moko as a significant part of their healing and wellness journey. The Mana Kaitiakitanga framework has enabled an analysis of their narratives and experiences that is fitting for Māori women. The key informant interviews have contributed further meaning, understanding, and new knowledge in terms of Māori healing and wellbeing.

Findings and conclusions of this thesis are presented in a new framework, ‘Te Putanga Tangata’, developed with Huirangi Waikerepuru as an end result of the study. This framework is in the form of karakia which seeks to honour the true essence of mouri thus honouring the essence and the richness of sharing from the participants of this research. Te Putanga Tangata expressly challenges us to know and understand the depth and breadth of mouri and in so doing challenges us to understand the depth and breadth of issues explored and discovered in this thesis that underlie Māori health and well being and in particular the health and wellbeing of Māori women with HCV.

The first verse of ‘Te Putanga Tangata’ is placed at the beginning of this chapter signalling that the ‘mouri’ and birthrights of people need to be paramount in any discussion about Māori health and wellbeing. The four remaining verses of the

karakakia represent four dimensions of ‘mouri ora’; o te wai-ru-a/wairua (of sirituality); te whakatinanatanga (physical aspect); te mātauranga o te tangata (human intellect); te kare waiaro aroto (emotions/feelings). Each verse/dimension foregrounds two corresponding findings drawn from this study:

Ngā Wahanga o te Mouri ora – Four Dimensions of Mouri Ora

1. O Te Wai-Ru-A/Wairua

Te Wai o Tua Whakarere

Te Wai Ora o Tāne

Te Wai Tatea o Tama i Te Ao Mārama

Te Puawai Tangaroa

Putā Te Hunga Ora, Putā Tiki Hawaiki!

Of Spirituality

Primordial Spiritual Waters

Sperm of Tāne Mohowao

Sperm of Humanity

Waters of the Sacred Mat

Enter all Life, Humanity included!

Moko and Whakapapa

Moko is a direct link to Māori ancestry and Māori women with HCV have utilised this taonga as a bridge to whānau and whakapapa and to other things that reconnect one to Māori. This represents a significant difference in the moko journey that other Māori might experience, namely, that for others moko is more often the result of an already present or a recently developed connection to things Māori. For Māori women with HCV who have contracted the virus via intravenous drug use (IDU), there is a movement from the IDU needle to the moko needle, which breaks one connection and creates another. Whakapapa, as described in the above verse of ‘Te Putanga Tangata’ is something in existence prior to conception, understanding and knowing whakapapa has been argued an essential element to Māori well being.

Moko and Being Well

This thesis has provided evidence of how the process of moko enables and develops knowing and understanding of whakapapa, and connection to being Māori. The unique Māori identity, knowledge and understanding of, has been shown to be essential to Māori wellbeing. Moko has been described as a source of strength and courage, as something that enables one to meet the challenges of everyday life. Moko therefore is contributing significantly as a healing intervention to Māori well being and needs to be recognised as such.

2. *Te Whakatinanatanga*

Te Takapu o te Tangata

Te Kikokiko o Te Tangata

Te Koiwi o Te Tangata

Te Putoto o Te Tangata

Kia Toka Te Manawa Ora

Physical Aspect

Torso of humans

Flesh/tissue of humans

Bones, marrow of humans

Blood store of humans

Strong heart spleen etc

Moko and Being Māori

Whilst tattoo is common to many, moko is unique to Māori. Wearers describe it as an external statement of Māori identity. Making such a statement has engaged wearers in further conversation and exploration concerning themselves as part of various Māori communities. This thesis has shown that to know and understand yourself as Māori, to be Māori, is to be well. This is in direct contradiction to the many statistics and media portrayals which would have us believe that to be Māori is to be unwell. The above verse of ‘Te Putanga Tangata’ challenges us to physically embody all that is a source of wellness, to consider each part of our physical being in our wellness. Moko, and specifically mouri moko, has been shown to be a part of that journey to wellness.

Moko and Being Women

Māori women have an identity that is unique to them and their ancestry. Moko has been shown to be an effective expression of that identity and one which adds to their wellbeing as Māori women. The voice of Māori women has been silenced in many ways through the process of colonisation. Moko provides another narrative through which that silencing is directly challenged.

3. *Te Mātauranga o te Tangata*

Te uru o Ranga

Te Hinengaro o Te Tangata

Te Ngākau Matatu o Te Tangata

Te Ngākau Ohooho o Te Tangata

Te Hika Auroro o Te Tangata

Human Intellect

The head

Intellect, intuition

Mind, thought, perception

Active Motivation

Neuro Linguistic Connection

Medicine and Being ‘Liverfied’

Western approaches to remedy HCV has resulted in Māori women being treated in a compartmentalised way which sees them disconnected from their strength of wellness which is being Māori. Western methods, which are concerned primarily with liver function, detract from well-proven holistic approaches and result in Māori women feeling they are no more than ‘a liver’. This is in direct conflict with notions of mouri espoused throughout the thesis and encapsulated in ‘Te Putanga Tangata’. Health policy which entrenches Māori ways of knowing and being, which are implemented and monitored well, are necessary to combat and stop the present compartmentalising of healthcare.

Medicine and Being Stigmatised

Māori women with HCV are suffering the stigmatism of the ill or nil informed society in which they live. This is evidenced at multiple levels including amongst peers, whānau, the wider community and medical professionals. Change is required that is based on the humanity and respect of all people, which is achievable through a return to traditional notions of humanity as expressed in ‘Te Putanga Tangata’. A shift in values which moves from people being judged on past or present risky behaviour, to people being supported to transform from lives of risk to lives of wellbeing will assist in removing stigmatism facing Māori women with HCV. However, the underlying additional racism and stereotypes that face Māori and Māori women, need also be addressed. The reduction and eradication of racism and stigma in our communities indeed requires systemic, institutional and community based policy and practice change at every level.

4. *Te Kare Waiaro Aroto*

Te Harikoa o Te Tangata

Te Mamaetanga o Te Tangata

Te Pouritanga o Te Tangata

Te Arohatanga o Te Tangata

Te Mōteateatanga o Te Tangata

Emotions/Feelings

Joy, happiness, good health

Pain, trauma, loss

Of deep sadness, sorrow

Compassion, caring, sharing

To mourn despair, lament

Medicine and Being Marginalised

Women with HCV feel and indeed are marginalised in our communities. There is a widespread lack of medical information available and treatment is not readily accessible. For Māori women with HCV this marginalised space is greater – they already resist the burden of marginalisation as women and as Māori, with HCV that space is deeper and greater. When the health of Māori women is

marginalised, the health of Māori communities and communities in general is at risk. Again this points to policy and practice transformation that views Māori women's health as paramount and that deals with the underlying causes of marginalisation experienced by these women, namely these are racism and sexism operating at every level in our society.

Medicine and Being Unwell

Medical treatments and healthcare in this country focuses primarily on those who are unwell. Māori health approaches, including that of moko as a healing intervention, focus on being well and keeping well. This karakia, 'Te Putanga o te Tangata', implores us to recognise the emotional wellbeing of the person at the heart of 'mouri' and therefore at the heart of being well.

Limitations of the Study

This study has provided three in-depth case study narratives alongside key informant interviews. As such its strength is in giving insight into the lives of Māori women living with HCV and how journeys with moko have contributed significantly to their health and well being. As a qualitative piece of research it does not attempt to provide statistically significant findings. It is not intended either that the findings from case studies be considered representative of any population group. This limits somewhat how the overall findings of the study might be received, however I suggest that in building studies of this nature we begin to develop a greater sense of understanding required in this field which adds important knowledge for policy, provider and community level change.

Existing frameworks of Māori well being and health have been explored in this thesis as well as new frameworks being developed and presented. There remains significant scope for further development, understanding and implementation of the traditional and contemporary knowledges contained in these frameworks. In order to maintain the key focus of the thesis this was unable to occur fully within this study.

Recommendations for Further Research

This section of the thesis provides the opportunity to consider key questions with regard to Māori health and in particular Māori women with HCV. Essentially at the end of the study we might ask: What does this mean? Why should we care? What are we going to do about it? The following recommendations provide some of the answers:

1. Quantitative Research with Māori Men and Women with HCV

This study was not intended to produce quantitatively significant findings, but rather to establish some in depth understanding of the experiences of Māori women with HCV. There is no reliable source of current statistics of Māori with HCV. This baseline data is critical to understanding the impact of the potential interventions recommended in the findings above.

2. Development and Trialling of Community Information

This study has concluded a number of frameworks situated clearly in Kaupapa Māori theory that could support the development of information resources for our communities. Key factors to be taken into account in the development of these are: language of transmission; Māori values and principles base; a mind, body and spirit holistic contextualisation of information; multi-level and inter-generational audience. A longitudinal study would enable the evaluation of information and dissemination impact.

3. Community/Society-wide Policy Development

Stigma attached to having HCV has been highlighted as a major challenge facing our communities. Underlying such stigma is racism, which is not limited to the health sector. Research that seeks to combat racism and create more accepting diverse communities is critical to the health and wellbeing of Māori.

4. Sovereignty and Resistance: Beyond Resilience

Much Indigenous and Māori health research has focussed in recent years on our resiliency. Whilst it is worthwhile to enable our survival in the face of ill health, by definition it remains deficit focussed. A strengths based approach would focus

on terms such as sovereignty and resistance which are familiar to and fit with Māori communities. Research seeking to further enhance our sovereignty and resistance to ill health, therefore focussed on wellbeing, will support more greatly the people who have or are at risk of HCV.

Epilogue: This Journal Ends

I began this thesis with a preface containing my 'own story' the using colloquial language of my journal notes. It was my 'entry' into the research and now as I scramble amidst the final weeks of thesis preparation the journal provides my 'exit'.

Interspersed throughout the epilogue are reflections on the research process, most significantly these are 'methodological notes' which are intended to support other researchers in the qualitative and Kaupapa Māori research arenas.

4 March 2011

On Wednesday this week I met with my chief supervisor, Linda Smith, to discuss the latest draft of this work and to plan the final leg of the thesis journey. To be honest for me it was the day where I would find out if I could actually make it in time – the completion, the submission is looming ever closer! It has become a race to the finish line in many respects but one that I'm determined to win.

As I reflect on what this whole process has been about much of it seems to centre today on winning: Winning the respect of the participants firstly – have I managed to pen my analysis in such a way that honours the integrity of what they contributed so freely to this work? Did my methodology work – for Māori, by Māori and with Māori ... case studies, were they in-depth enough? Yes, yes and yes! Could it have been better? Yes of course! But I have honoured in my heart what I set out to do with the women and men who participated in this research and I feel it is reflected in my writings. Have I won their respect? In terms of process or methodology, being the people that they are, they simply wouldn't have gone the distance if the way I was doing it wasn't more than okay. In terms of finished product ... I feel quietly confident and time will tell!

I was raised by parents and a grandmother who taught me to always 'try your best', if you've done that then 'no-one can complain'. The next part was kind of contradictory in that they seemed to say 'someone will always find a hole, that's just life, so we keep trying to do our best' ... the humility of my parents was ever present. Okay so as I reflect on that I see my mum and dad's reflections on their

own achievements, the every day kind, and I remember seeing them pleased with 'the day's work', pleased with the meal on the table, pleased with the garden and those kinds of things. It might have been macaroni cheese, but it would be the best macaroni cheese ever. What does macaroni cheese have to do with a doctoral thesis? Well I set out on this journey knowing I'm a good cook, a good researcher, that I cook as I research, from the heart and with good intention to provide something that is nourishing, looks great and tastes great. My kitchen has all the basics and maybe a little more but it isn't 'master chef'. I've learnt how to improvise and make the best use of whatever tools I have and to experiment. My research office space (my head!), like the kitchen, has the basics, (probably no more!) and definitely not an A+ academic. I know how to improvise and put what research tools I have to good use and research innovation is something I am passionate about. So though I'm neither an amazing hairdresser as my mother was, nor the compassionate theatre attendant that my father was, I nonetheless feel I have followed in their footsteps to strive to achieve my best.

As I close today's journal I think I can say with slight caution that I will make it on time and this race will be won!

6 March 2011

I've been writing all weekend but it's not a solitary exercise. At this stage of the thesis all those who have participated are present when you read and re-read. I make sure the voices of narratives link to the voices of literature and of analysis. I hear and see those who I am writing about constantly during this process and so it is not lonely.

Methodological Note 1: The methodology and methods chosen for this thesis have held the research in good stead and have met the aims and objectives of this study as planned and articulated in the earlier methodology section. Kaupapa Māori guides this process appropriately and gives safety to all involved. I do however ponder how much I have drawn on my experiences with Pākehā research methodology, and indeed on my own Pākehā ancestry, at times. I believe those things, by mere fact that they are part of my identity and part of my research background, are involved at some level in this process and as such it is worthy of disclosure and discussion. I have asked the question as to whether or not this

detracts from or changes Kaupapa Māori theory. In this writing this epilogue, I can answer the question: No – Kaupapa Māori is indeed influenced by a myriad of other methodologies and will continue to be so. In my view such influence enhances Kaupapa Māori rather than detracts from it. Not because other, or Pākehā methodologies are better, but because the process of influence is not one which happens unconsciously when one is truly operating from a Māori base. Kaupapa Māori researchers think critically all the time and are extremely analytical throughout the research process. As such we know and critique external influences to our work and methodologies. We are conscious researchers – we put up front the influences to our work and indeed celebrate processes which see us able to utilise other methodologies within our own. Why? Because this is a process that flips colonisation and colonising methodologies on its head so to speak – de-colonising methodologies in action. Instead of trying to fit things Māori into the most superior of non-Māori methodologies, we can assess and analyse those non-Māori methodologies within our own framework and insert what is useful into our own. Thus Pākehā methodologies influence Kaupapa Māori but do not change its Māori underpinnings or surrounds. Another way to view this is that although many if not most Māori have some Pākehā ancestry this doesn't detract from our Māori identity as long as that identity is known and therefore strong.

7 March 2011

So the writing retreat ('retreat': an optimist's way of talking about a working weekend) has ended with the finish line much closer. The links have been made between chapters and the participant voice speaks stronger.

Methodological Note 2: The choice to do only 3 case studies in this research is one which I remain pleased with - from a qualitative perspective this number of case studies has been well sufficient to provide an in-depth research knowledge and to argue the necessary elements which culminate to create the thesis. However, it has become apparent throughout the research journey, that as a researcher the relationship that I have with case study and other participants, influences how I read and reflect on the participant narrative – that is in writing the data analysis and findings sections of the thesis I have overlooked at times the

fact that the only relationship the reader will have with the participants is the narrative and my analysis, and that this differs markedly from my relationship. They do not read these sections with the same knowledge that I have of those who participated in the study. Although an obvious point, it is one worth noting, as it has provided a valuable learning space for me just as it may for others working in qualitative research. This was mediated by the process of supervision, drafting and re-drafting, to ensure that the participant narrative is a strength of this thesis and honours the women involved.

I'm tired, my hands ache from writing and my frown grows deeper as I continue to be glued to the computer screen doing this work, and my mother speaks to me ... "Melda you are doing so well, keep going love you are nearly there". Tears come to my eyes and I let them fall. While I have gained so much in the time this PhD has taken to come to fruition, I have lost my mother. It's been 5 minutes now since I began this paragraph of the journal and by now mum would have added: "Okay so just get on with it now and finish!" And so with that I leave the journal today and return to the thesis proper to edit.

9th March 2011

It is an interesting notion to reflect in the midst of the chaos of thesis completion, but this thesis would be incomplete without it. Today as I write I am reminded of the greater context of Māori, of Indigenous Peoples and of the continued fight that surrounds Tino Rangatiratanga. Not long before I began the PhD journey, I participated with the thousands of other Māori who marched in the fight to retain our rights and responsibilities to the foreshore and seabed of Aotearoa. Shortly after that the Māori Party was formed, and now that same party has 4 members of parliament. Māori protest and struggle has continued during this time with the terror raids of Tuhoe and other parts of the country being particularly significant. I am unable in this thesis to give greater analysis or space to these critical issues but do however choose to make comment because of their significance and because the space that this thesis will occupy is the same space that these things hold prominence in. My intention in conducting this research was that it contributes positively to tino rangatiratanga of our people. To do so in my view one must stay abreast of political and protest movements that are important to us. This is what grounds us and it is also what helps to make our work meaningful.

Methodological Note 3: Whilst this doctoral study was developed in collaboration with stakeholders, participants and advisors, and as such has followed a Kaupapa Māori methodology, it could have been grounded more firmly in line with the directions and developments of Māori politics. Relatively robust discussions and spaces exist within Māori academic circles which address the focus of building a stronger and more diverse (multi-discipline) base of Māori academics at the doctoral level. These same discussions need to occur within Māori protest and political circles to encourage greater outcomes for us all. Our responses to events such as the Terror Raids and to legislation such as the Foreshore and Seabed Act require significant research. The current work that Māori are conducting regarding Constitutional Transformation could benefit enormously from doctoral research support. I would suggest that doctoral students consider the development and potential impact of their research on Māori political and protest movements, and that this be a point of reference in developing the methodology for study.

One of the most recent developments in the Māori political world is the formation of Te Whāinga Wāhine – this is the resurgence of Māori women’s voice, the un-silencing of Māori women’s voice. It is critical to the overall wellbeing of Māori, men, women and children alike and hence I look forward to it occupying more of my time post-thesis submission! I hope also that the un-silencing of the voices of the Māori women in this thesis are viewed as a valuable contribution to this wider movement.

Tihei Mouri Tū! Tihei Mouri Moko! Tihei Mouri Ora!

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Appendix A: Research Information Sheet

Research Information Sheet

“Traditional knowledge and healing practices: Blood borne viral and sexually transmitted infections”

Part A: Information about the research study:

This is a doctoral research project being undertaken within the Health Research Council funded International Collaborative Indigenous Health Research Partnership (ICIHRP) program, “The role of resiliency in responding to blood borne viral and sexually transmitted infections in Indigenous communities”. This is an exciting initiative happening simultaneously in Aotearoa, Australia and Canada.

Centred on Māori, my intention is to examine Indigenous health initiatives and responses to blood borne viral and sexually transmitted infections. I will explore how traditional knowledge and healing practices, in particular the traditional practice of tā moko (tattoo), are utilized as interventions in Aotearoa, Australia and Canada. The international nature of the research also encourages me to focus on how Māori can research together with other Indigenous peoples. The project will build on existing Indigenous methodologies to develop methodologies for Indigenous *international* collaborations. The major outcome of the work will be my doctoral thesis with findings being presented to participants and interested communities at hui, conferences and via internet.

Participants in this study will be asked to be available for either an interview or to attend a small focus group meeting where we will discuss a range of questions relating to the topic. Interviews and meeting times will range from 1-2 hours. Information collected during these meetings will be analysed and used only for the purposes of this study. All participants are assured of anonymity and confidentiality in line with the research ethics guidelines of the University of Waikato.

Part B: Information about the researcher:

Melda (Mera) Penehira (Ngāti Raukawa ki te Tonga/Rangitaane) M.Ed (Ed.Psych), Dip. Early Intervention, Higher Diploma Tchng, Tohu Mohiotanga, Dip Tchng (ECE)

I am currently a Project Manager with Māori and Indigenous Analysis Ltd. I previously worked as a Project Manager and Researcher for Ngā Pae o Te Māramatanga at the University of Auckland. My primary knowledge and experience is in Māori Education and in particular in the areas of Te Kohanga Reo, Early Childhood Education and Special Education. I have recently begun learning and practicing the art of tā moko, and am now working towards my PhD at the University of Waikato, as a Health Research Council Scholarship recipient.

Part C: Declaration to Participants:

Individuals will not be identified in any publication/dissemination of the research findings without their explicit consent.

All information collected during conversation/meetings/interviews will only be viewed by the researcher, and supervisor if requested, and remain strictly confidential

If you take part in the study you have the right to among other things to:

- Refuse to answer any particular question, and to withdraw from the study up to the time of submission.
- Ask any further questions about the study that occurs to you during your participation.
- Be given access to a summary of the findings from the study, when it is concluded.

Researcher's Name: Melda (Mera) Penehira

Researcher's Signature:

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Date: 06/08/07

Appendix B: Individual Participant Interview Guide

Traditional Knowledge and Healing Practices: Blood Borne Viral and Sexually Transmitted Infections

Individual Participant Interview Guide

Theme 1: Nature and Impact of Infection/Virus

1. Tell me about the nature of your virus/infection?
What is it?
How long since diagnosis?
How does your virus/infection affect your daily life?
2. Did your diagnosis have any impact on how you felt about yourself?
Did or do you have feelings of guilt or regret?
Did or do you feel it has any cultural or spiritual origin?
Did or do you feel it changes who you are positively/negatively?
3. Do other people know about your virus/infection?
Did or do people treat you any differently because of your virus/infection? Whānau/Friends/Professionals/Work Colleagues
How does that make you feel?
What are the challenges in dealing with other peoples perceptions?

Theme 2: Medical and Clinical Interventions

4. What types of medical or clinical interventions have you/do you use to support you in your illness and/or in your wellbeing?
Do you take regular medication?
Do you have other medical or clinical interventions?
5. How do you know what interventions are available?
Where would you go to find out?
What information was offered to you on diagnosis?
6. How do you decide what to do?
Do you seek advice from friends, doctors, internet, family, others?
Do you belong to any formal or informal support groups?
6. What do you find most/least useful or necessary in terms of medical or clinical advice or interventions?

Theme 3: Māori and Indigenous Healing and/or Interventions

7. Do you draw on anything particularly Māori or Indigenous healing or interventions to support you in your illness/wellbeing?
 - If not, why?
 - If so, what prompted you to do so?
 - Did you use Māori or Indigenous interventions or healing prior to this diagnosis?
 - How did you find about what was available?

8. What types of Māori or Indigenous interventions or healing do you use?
 - Karakia/Prayer or Incantation
 - Hui/Group Meetings
 - Waiata/Song
 - Haka/Traditional Dance
 - Wānanga/Specific Traditional Learning
 - Rongoā/Traditional Medicine
 - Mirimiri/Massage
 - Tūpuna/Ancestors

9. How did you determine what you would try?
 - Do you seek advice from friends, doctors, internet, family, others?
 - Was knowledge of what was available something that helped you decide what to try?
 - Was availability or access something that helped you try?

10. What are the benefits you have found in utilising Māori or Indigenous healing and interventions?

11. What challenges have you faced in utilising Māori or Indigenous healing and interventions?

12. Do you use both medical/clinical interventions and Māori or Indigenous interventions or healing simultaneously?
 - If not, why?
 - If so, why?

Theme 4: Tā Moko/Traditional Markings Inspiration and Process

13. What inspired you to undertake tā moko/traditional markings?
 - Did you talk to others about it?
 - Did you seek information about it?
 - Did you seek permission from anyone?
 - What were some of the important events that led you to decide to obtain a moko?
 - How did you determine the design?

14. Did your decision to undertake tā moko/traditional markings include any of the following factors: If so, describe their significance.

Identity

Aesthetics

Pain

Connection to traditions, whānau, hapū or iwi

Trend

Healing

Family or Friends

15. Tell me about your tā moko/traditional markings process.

How did you choose your carver or artist?

How did you choose when to do it?

How did you prepare yourself for the day?

What happened on the day?

How did you deal with any pain associated with the process?

Theme 4: Tā Moko/Traditional Markings and Blood

16. Given the (blood borne) nature of your virus/infection were there any special considerations taken into account in the process of application of tā moko/traditional markings?

How did you prepare for those?

Did you inform the carver or artist prior to application?

How did the carver or artist react?

Did you have any rejections or hesitancy from a carver or artist whom you approached?

Did you feel okay about your recovery following the process of application?

Were there any complications that arose that might be attributed to your virus or infection?

Theme 5: Tā Moko/Traditional Markings as a Healing Practice

17. Do you see tā moko/traditional markings as a healing practice?

Why/why not?

18. What impact has tā moko/traditional markings had on how you feel about yourself?

19. Has the nature of your illness changed in any way since you undertook tā moko/traditional markings? If so how?

Theme 6: Walking with Tā Moko/Traditional Markings

20. Have there been other changes in your life, life-style or thinking since you undertook tā moko/traditional markings? If so what?
What are some of the good things you have experienced?
What are some of the negative things or challenges you have experienced?
21. Do you have different expectations of yourself now that you walk with tā moko/traditional markings?
22. Do others have different expectations of you now that you walk with tā moko/traditional markings? Whānau/Friends/Professionals/Work Colleagues ... What are they?
How do you respond to those expectations?
23. Would you encourage others with a blood borne virus/infection to undertake tā moko/traditional markings
24. Further comments? Is there anything else you think is important to note?

Appendix C: Focus Group Discussion Guide

Traditional Knowledge and Healing Practices: Blood Borne Viral and Sexually Transmitted Infections

Focus Group Discussion Guide

1. Traditional concepts of blood
 - What do we understand of the traditional knowledge of Māori/Indigenous peoples concerning blood?
 - Are there particular karakia/waiata/whakatauaki associated with these understandings?

2. Traditional blood handling practices
 - How was blood treated when spilt?
 - How was blood treated during injury?
 - How was blood treated during purposeful or expected times of exposure?
 - Do you know of preventative measures to guard against infection or mixing of blood?

3. Traditional and contemporary blood handling practices in relation to tā moko/traditional markings
 - How was/is blood treated when spilt or exposed?
 - Are there particular karakia/waiata/whakatauaki associated with your understandings and practices?
 - Are there differences between treatment of blood and prevention of infection during traditional and contemporary applications of moko/traditional markings?
 - Would you support people with blood borne viruses or infections to undertake tā moko/traditional markings? Why/why not?

4. Traditional and contemporary concepts of blood borne viruses and infections
 - What evidence/knowledge exists about early concepts of blood borne viruses and infections?
 - How do you think Māori/Indigenous Peoples determine what constitutes a blood borne virus or infection currently?

5. Traditional healing practices
 - What do we know of any traditional healing that might have been engaged to assist people with a blood borne virus or infection?
 - What do we know of traditional healing practices that are available today that could be used to assist people with a blood borne virus or infection?

6. Tā Moko/Traditional markings as a healing practice
 - Do you see a link between tā moko/traditional markings and an individual's wellbeing?
 - Do you perceive tā-moko/traditional markings as a valid healing practice?

7. Mixing traditional and contemporary healing practices
 - Do you think traditional healing practices can be successfully integrated with clinical/medical interventions?
 - What advice would you give to people with an illness (particularly a blood borne virus), in this regard?
 - What are the benefits of mixing traditional and contemporary healing practices?
 - What are the challenges or concerns around mixing traditional and contemporary healing practices?

8. Do have any further comments to make that might support this study?

Appendix D: Participant Consent Form

Participant Consent Form

“Traditional knowledge and healing practices: Blood borne viral and sexually transmitted infections”

1. I have read the Information Sheet for this study and have had details of the study explained to me.
2. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.
3. I also understand that I am free to withdraw from the study at any time, or to decline to answer any particular questions in the study.
4. I agree to provide information to the researchers under the conditions of confidentiality set out on the information sheet.
5. I wish to participate in this study under the conditions set out in the Information Sheet.
6. I would like my information: (circle your option)
 - a) returned to me
 - b) returned to my family
 - c) other(please specify).....
7. I consent/do not consent to the information collected for the purposes of this research study to be used for any other research purposes. (Delete what does not apply)

Participant's Name: _____

Participant's Signature: _____

Date: / /

Contact details: _____

Researcher's Name: _____

Researcher's Signature: _____

Appendix E: Ethics Application and Approval