

Maori and Psychology: Research & Practice

The proceedings of a symposium sponsored by the
Maori and Psychology Research Unit,

Department of Psychology,
University of Waikato

Thursday 26th August 1999



The
University
of Waikato
*Te Whare Wānanga
o Waikato*

Forward

The publication of the proceedings of this symposium marks a significant milestone for the Maori and Psychology Research Unit (MPRU). Since its inception in 1997, the unit has played an important role in nurturing and supporting students to engage in Maori-focussed research. They have played, and continue to play, an important part in our research activities as interviewers, analysts, coordinators and writers.

The MPRU symposium was organised to serve as a platform to profile the work of our students, to disseminate research results and to invite other researchers to witness the nature of the MPRU's work.

The symposium also was a celebration – a coming of age – after two years of hard work networking, grant writing, training and experiencing the fears and thrills that new initiatives bring. It was a time for reflecting where we had come from and focusing on the task ahead.

We were honoured to have two very experienced and long standing members of the Maori research community attend as key note speakers to help mark the occasion with us. In this regard we are grateful to Professors Ngahuia Te Awekotuku and Russell Bishop for responding so enthusiastically to our invitation and for bringing to the tasks their valuable insights and stimulating comments.

This is our first collection of student work. We intend that many more will follow.

Manaakitanga,

Linda Waimarie Nikora
Director
Maori & Psychology Research Unit

Neville Robertson
Proceedings editor





About the Maori and Psychology Research Unit...

Our Mission

The Maori and Psychology Research Unit (MPRU), established in 1997, is a rapidly developing initiative designed to provide a catalyst and support network for enhancing research which has at its centre the psychological needs, aspirations, and priorities of Maori people. By networking and establishing working relationships with staff and students within the Faculty of Arts and Social Sciences as well as the University community, the MPRU has the capacity to draw together skilled and experienced interdisciplinary research groups able to deliver research that is of high quality.

An important role played by the MPRU is in providing invaluable practical experience to both Maori and non-Maori students through involvement in Maori focused research, planning and management, as well as professional development activities. As scholarly pursuit and the development of students is part of the University's core business, the MPRU, through winning grants and awards, helps to provide options for students to supplement their income, and more importantly to further their academic development.

An advisory service anchored by the principles of the Treaty of Waitangi, is provided by the MPRU, to researchers on culturally appropriate research methods and ethical standards to maintain when working with Maori. MPRU also provides a networking function with other Maori researchers and Centres in New Zealand/Aotearoa. A recruitment and training service for research assistants to achieve tasks specific to MPRU research projects is also provided.

Our Approach

Partnership, participation and protection, the corner stone principles of the Treaty of Waitangi, informs our approach to working with clients, communities, colleagues, students, and, grant and contracting agencies. It is important to us to clearly determine the needs of stakeholder groups and to ensure their participation in any project that we undertake. This enables us to work closely, and in partnership, with stakeholders to deliver useful research products. All research undertaken by the University of Waikato, must first be reviewed by an appropriate Ethics Committee to ensure that the rights and interests of people, organisations, agencies and communities are being properly protected.

The MPRU actively seeks grants, contracts and projects that are specifically matched to the academic interests, expertise and skills of staff and students associated with the unit. This approach ensures compatibility, on going interest, excitement and productivity on the part of those engaged on projects.

Our Goals

- To provide a support structure which encourages Maori focused research in psychology.
- To serve as a scholarly resource to support Maori focused research projects and to promote new research initiatives among undergraduate and graduate psychology students.
- To seek out new sources of research funding, respond to RFPs and tenders relevant to Maori issues, and to obtain continued external funding for Maori focused psychological research.
- To promote the professional development of Maori researchers and to continue to develop future leaders in Maori focused research and Kaupapa Maori psychology.
- To provide a foundation for the teaching of psychology within the department by enhancing availability and access to Maori focused research experience and products.
- To facilitate outside lectures and research seminars that will support the development of new projects and disseminate the work of scholars in the Unit.

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Kaupapa Maori Research: An indigenous approach to creating knowledge

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This paper seeks to identify how issues of epistemological racism are addressed in practice within an indigenous Kaupapa (philosophy) Maori approach to research, and how such considerations may impact on the Western trained and positioned researcher. One fundamental understanding to a Kaupapa Maori approach to research is that it is the discursive practice that is Kaupapa Maori that positions researchers in such a way as to operationalise self-determination (agentic positioning and behaviour) for research participants. This is because the cultural aspirations, understandings and practices of Maori people implement and organise the research process. Further, the research issues of power; initiation, benefits, representation, legitimation, and accountability are addressed and understood in practice by practitioners of Kaupapa Maori research through the development of a participatory mode of consciousness.

It is difficult to change one's concept of the self from the pervasive alienated mode of consciousness, involving as it does a self that needs to establish clear boundaries both of the self and other, to a more participatory mode that requires one to release such need. (Heshusius, 1995).

Despite the guarantees of the Treaty of Waitangi, the colonisation of Aotearoa/New Zealand and the subsequent neocolonial dominance of majority interests in social and educational research has continued. The result has been the development of a tradition of research into Maori people's lives that addresses concerns and interests of the researchers' (who are predominantly non-Maori) own making, defined and accountable in terms of the researchers' own cultural world view.

Researchers in Aotearoa/New Zealand have developed a tradition of research that has perpetuated colonial values, thereby undervaluing and belittling Maori knowledge and learning practices and processes in order to enhance those of the colonisers and adherents of neo-colonial paradigms. There has developed a social pathology research approach in Aotearoa/New Zealand that has implied, in all phases of the research process, the "inability" of Maori culture to cope with human problems, and proposed that Maori culture was and is inferior to that of the colonisers in human terms. Such practices have perpetuated an ideology of cultural

superiority that precludes the development of power sharing processes, and the legitimation of diverse cultural epistemologies and cosmologies.

Further, traditional research has misrepresented Maori understandings and ways of knowing by simplifying, conglomerating and commodifying Maori knowledge for "consumption" by the colonisers. These processes have consequently misrepresented Maori experiences, thereby denying Maori authenticity and voice. Such research has displaced Maori lived experiences, and the meanings that these experiences have, with the "authoritative" voice of the methodological "expert", appropriating Maori lived experience in terms defined and determined by the "expert". Further, many misconstrued Maori cultural practices and meanings are now part of our everyday myths of Aotearoa/New Zealand, believed by Maori and non-Maori alike. Traditional social and educational research has contributed to this situation.

As a result, Maori people are deeply concerned about who researchers are answerable to. Who has control over the initiation, procedures, evaluations, construction and distribution of newly defined knowledge? Further, just as control of legitimation and representation is maintained within the domain of the colonial and neo-colonial paradigms, so too are locales of accountability situated within

Western cultural frameworks, precluding Maori cultural forms and processes of accountability.

Traditional research epistemologies have developed methods of initiating research and accessing research participants that are located within the cultural preferences and practices of the Western world as opposed to that of Maori people themselves. For example, the preoccupation with neutrality, objectivity and distance by educational researchers has emphasized these concepts as criteria for authority, representation and accountability and has distanced Maori people from participation in the construction, validation and legitimation of knowledge. As a result, Maori people are increasingly becoming concerned about who will directly gain from the research? Traditionally, the researcher has established an approach where the research has served to advance the interests, concerns and methods of the researcher and to locate the benefits of the research at least in part with the researcher, other benefits being of lesser concern.

Kaupapa Maori research

Out of this discontent with traditional research disrupting Maori life, an indigenous approach to research has emerged in New Zealand. This approach, termed Kaupapa (agenda/philosophy) Maori research is challenging the dominance of the Pakeha worldview in research. Kaupapa Maori research emerged from within the wider ethnic revitalisation movement that developed in New Zealand following the rapid Maori urbanisation of the post World War Two period. This revitalisation movement blossomed in the 1970s and 1980s with the intensification of a political-consciousness among Maori communities. More recently, in the late 1980s and the early 1990s, this consciousness has featured the revitalisation of Maori cultural aspirations, preferences and practices as a philosophical and productive educational stance and resistance to the “hegemony of the dominant discourse”.

There are a number of significant dimensions to Kaupapa Maori research that set it apart from traditional research. One

main focus of a Kaupapa Maori approach to research is the operationalisation of self-determination (*tino Rangatiratanga*) by Maori people (Bishop, 1991, 1996; Smith, G. 1990, 1997; Smith, L. 1991, 1999). Such an approach challenges the locus of power and control over the research issues of initiation, benefits, representation, legitimation and accountability as outlined above, being located in another cultural frame of reference/world view. Kaupapa Maori is challenging the dominance of traditional, individualistic research, which primarily, at least in its present form, benefits the researcher and their agenda. In contrast, Kaupapa Maori research is collectivistic, and is orientated toward benefiting all the research participants and their collectively determined agendas, defining and acknowledging Maori aspirations for research, whilst developing and implementing Maori theoretical and methodological preferences and practices for research.

Kaupapa Maori is a discourse that has emerged and is legitimated from within the Maori community. Maori educationalist, Graham Smith (1992b), describes Kaupapa Maori as “the philosophy and practice of being and acting Maori” (p.1). It assumes the taken for granted social, political, historical, intellectual and cultural legitimacy of Maori people, in that it is a position where “Maori language, culture, knowledge and values are accepted in their own right” (p.13). Further, Kaupapa Maori presupposes positions that are committed to a critical analysis of the existing unequal power relations within our society. These include rejection of hegemonic belittling, “Maori can’t cope” stances, together with a commitment to the power of conscientisation and politicisation through struggle for wider community and social freedoms (Smith, 1992a).

A Kaupapa Maori position is predicated on the understanding that Maori means of accessing, defining and protecting knowledge existed before European arrival in New Zealand. Such Maori cultural processes were protected by the Treaty of Waitangi, subsequently marginalised, but are today legitimated within Maori cultural discourse. As with other Kaupapa Maori

initiatives in education, health and welfare Kaupapa Maori research practice is as Maori educationalist Kathie Irwin (1992) explains, epistemologically based within Maori cultural specificities, preferences and practices.

Addressing issues of self-determination

This paper seeks to identify how self-determination is addressed in practice within a Kaupapa Maori approach, and how such considerations may impact on the Western trained and positioned researcher. Fundamental to a Kaupapa Maori approach to research is that it is the discursive practice that is Kaupapa Maori that positions researchers in such a way as to operationalise self-determination (agentic positioning and behaviour) for research participants. Thus the cultural aspirations, understandings and practices of Maori people implement and organise the research process. In this way the research issues of initiation, benefits, representation, legitimation, and accountability are addressed and understood in practice by practitioners of Kaupapa Maori research within the cultural context of the research participants.

Western approaches to operationalising agentic positioning and behaviour in others are, according to Noddings (1986) and Davies (1990), best addressed by those who position themselves within empowering relationships. Authors such as Oakley (1981), Tripp (1983), Burgess (1984), Lather (1986, 1991), Patton (1990), Delamont (1992), Reinharz (1992) and Eisner (1991) suggest that an “empowering” relationship could be attained by developing what could be termed an “enhanced research relationship”, where there occurs a long-term development of mutual purpose and intent between the researcher and the researched. To facilitate this development of mutuality there is also the recognition of the need for personal investment in the form of self-disclosure and openness on the part of the researcher.

However, in the practice of Kaupapa Maori research there develops a degree of involvement on the part of the researcher,

constituted as a way of knowing, that is fundamentally different from the concepts of personal investment and collaboration as suggested by the above authors. For, while it appears that “personal investment” is essential, this personal investment is not on terms determined by the “investor”. The investment is on terms mutually understandable and controllable by all participants, so that the investment is reciprocal and could not be otherwise. The “personal investment” by the researcher is not an act by an individual agent but emerges out of the context within which the research is constituted.

Heshusius (1994) explains this notion by suggesting the need to move from an alienated mode of consciousness, which sees the knower as separate from the known, to a participatory mode of consciousness that addresses a fundamental reordering of our understanding of the relationship between self and other (and therefore of reality), “and indeed between self and the world, in a manner where such a reordering, not only includes connectedness, but necessitates letting go of the focus on self” (p.15). Heshusius also suggested that :

In a participatory mode of consciousness the quality of attentiveness is characterised by an absence of the need to separate, distance and to insert predetermined thought patterns, methods and formulas between self and other. It is characterised by an absence of the need to be in charge (1995, p.14).

Heshusius identified the ground from which a participatory mode of knowing emerges as “the recognition of the deeper kinship between ourselves and others” (p.17). This form of knowing speaks in a very real sense to Maori ways of knowing, for the Maori term for connectedness and engagement is *whanaungatanga*. This concept is one of the most fundamental ideas within Maori culture, both as a value and as a social process. *Whanaungatanga* consists literally of relationships between ourselves and others, and is constituted in ways determined by the Maori cultural context.

Establishing and maintaining *whanau* (*whakawhanaungatanga*) relationships,

which can be either literal or metaphoric, within the discursive practice that is Kaupapa Maori, is an integral and ongoing constitutive element of a Kaupapa Maori approach to research. Establishing a research group as if it were an extended family (a whanau of interest) by means of the process of spiral discourse, is one form of embodying the process of whakawhanaungatanga as a research strategy. In a Kaupapa Maori approach to research, research groups constituted as whanau attempt to develop relationships and organisations based on similar principles to those which order a traditional or literal whanau. The whanau is a location for communication, for sharing outcomes and for constructing shared common understandings and meanings. Individuals have responsibilities to care for and to nurture other members of the group, while still adhering to the kaupapa of the group. The group will operate to avoid singling out particular individuals for comment and attention, and to avoid embarrassing individuals who are not yet succeeding within the group. Group products and achievement frequently take the form of group performances, not individual performances. The group will typically begin and end each session with prayer, and will also typically share food together. The group will always make major decisions as a group and will seek to operate with the support and encouragement of kaumatua. This feature acknowledges the multi-generational compositioning of a whanau with associated hierarchically determined rights, responsibilities and obligations.

What non-Maori people would refer to as management or control mechanisms are traditionally constituted in a whanau as taonga tuku iho, literally those treasures passed down to us from the ancestors, those customs that tell us how to behave. For example, within Kaupapa Maori the structure and function of a whanau describes and constitutes the relationship among research participants (or in traditional research terminology, the relationship between the researcher and the researched). Research therefore can not proceed unless whanau support is obtained, kaumatua provide guidance and unless

there is aroha (mutuality) between the participants evidenced as an overriding feeling of tolerance, hospitality and respect for others, their ideas and their opinions. The research process is participatory, as well as participant-driven, in the sense that it is the concerns, interests and preferences of the whanau that guide and drive the research processes. The research itself is driven by the participants in terms of setting the research questions, the design of the work, undertaking the work that has to be done, the distribution of rewards, the access to research findings, accountability, and the control over the distribution of the knowledge. What is crucial to an understanding of what it means to be a researcher is that it is through the development of a participatory mode of consciousness that a researcher becomes part of this process. He or she does not start from a position outside of the group, and then choose to invest him/herself. The researcher cannot “position” him/herself, or “empower” the other. Instead, through entering a participatory mode of consciousness the individual agent of the “I” of the researcher is released in order to enter a consciousness larger than the self.

Addressing issues of legitimacy and authority

Kaupapa Maori rejects outside control over what constitutes the text’s call for authority and truth. A Kaupapa Maori position therefore promotes an epistemological version of validity, one where the authority of the text is “established through recourse to a set of rules concerning knowledge, its production and representation” (Lincoln & Denzin, 1994, p.578). Such an approach to validity locates the power within Maori cultural practices where what is acceptable and what is not acceptable research, text and/or processes are determined and defined by the research community itself in reference to the cultural context within which it operates.

Maori people have always had criteria for evaluating whether a process or a product is valued for them. Taonga tuku iho are literally the treasures from the ancestors. These treasures are the collected wisdom of ages, the means that have been established over a long period of time which guide and

monitor our very lives today and in the future. Within these treasures are the messages of kawa, those principles that, for example, guide the process of establishing relationships. Whakawhanaungatanga is not a haphazard process, decided on an ad hoc basis, but rather is based on time-honoured and proven principles. How each of these principles is addressed in particular circumstances varies from tribe to tribe and hapu to hapu. Nevertheless, it is important that these principles are addressed.

Just as Maori practices are epistemologically validated within Maori cultural contexts, so too are Kaupapa Maori research practices and texts. Research conducted within a Kaupapa Maori framework has rules established as taonga tuku iho which are protected and maintained by the tapu of Maori cultural practices such as the multiplicity of rituals within the hui and within the central cultural processes of whanaungatanga. Further, the use of these concepts as constitutive research metaphors are subject to the same culturally determined processes of validation, the same rules concerning knowledge, its production and its representation as are the literal phenomena.

Therefore, the verification of a text, the authority of a text, how well it represents the experiences and perspective of the participants, is judged by criteria constructed and constituted within the culture. By using such Maori concepts as whanau, hui and whakawhanaungatanga as metaphors for the research process itself, Kaupapa Maori research invokes and claims authority for these texts in terms of the principles, processes and practices that govern such events in the literal sense. Metaphoric whanau are governed by the same principles and processes that govern a literal whanau, and as such are understandable to and controlled by Maori people. Literal whanau have means of addressing contentious issues, resolving conflict, constructing narratives, telling stories, raising children and addressing economic and political issues, and (contrary to popular non-Maori opinion) such practices change over time to reflect changes going on in the wider world. Research whanau of interest also conduct

their deliberations in a whanau style. Kaumatua preside, others get their say according to who they are, and positions are defined in terms of how it will benefit the whanau.

The Kaupapa Maori position regarding legitimation is based on the notion that the world is constituted by power differentials, and that there are different cultural systems that legitimately make sense of and interact meaningfully with the world. Kaupapa Maori research, based in a different world-view from that of the dominant discourse, makes this political statement while also acknowledging the need to recognise and address the ongoing effects of racism and colonialism in the wider society.

References

- Bishop, R. (1991a). *He whakawhanaungatanga tikanga rua: Establishing links: A bicultural experience*. Unpublished masters' thesis. Department of Education, University of Otago.
- Bishop, R. (1991b). *Te ropu rangahua tikanga rua: The need for emancipatory research under the control of the Maori people for the betterment of Maori people*. Paper presented to the 13th New Zealand Association for Research in Education Conference, Knox College, Dunedin.
- Bishop, R. (1996). *Collaborative Research Stores: Whakawhanaungatanga*. Palmerston North: Dunmore Press.
- Burgess, R.U. (1984). *In the field: An introduction to field research*. New York: Falmer Press.
- Davis, B. (1990). Agency as a form of discursive practice: A classroom observed. *British Journal of Sociology of Education*, 11, 341-361.
- Delamont, S. (1992). *Fieldwork in educational settings: Methods, pitfalls and perspectives*. London: The Falmer Press.
- Eisner, E.W. (1991). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. New York: Teacher's College Press.
- Heshusius, L. (1994). Freeing ourselves from objectivity: Managing subjectivity or turning toward a participatory mode of consciousness? *Educational Researcher*, 23(3), 15-22.
- Heshusius, L. (1995). *Modes of consciousness and the self in learning disabilities research: Considering past and future*. Unpublished paper.
- Irwin, K. (1992). *Maori research methods and processes: An exploration and discussion*. Paper presented to the joint New Zealand Association for Research in Education/Australian Association for Research in Education Conference, Geelong, Australia.
- Lather, P. (1986). Research as Praxis. *Harvard Educational Review*, 56, 257-274.
- Lather, P. (1991). *Getting smart: Feminist research and pedagogy within the postmodern*. London: Routledge.
- Lincoln, Y.S. & Denzin, N.K. (1994). The fifth moment. In: N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 575-586). London: Sage.
- Noddings, N. (1986). Fidelity in teaching, teacher education, and research for teaching. *Harvard Educational Review*, 56, 496-510.
- Oakley, A. (1981). Interviewing women: A Contradiction in terms. In: H. Roberts, (Ed). *Doing Feminist Research* (pp.30-61). London: Routledge.
- Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed). Newbury: Sage Publications.
- Reinharz, S. (1992). *Feminist methods in social research*. Oxford: Oxford University Press.
- Smith, G.H. (1990). Taha maori: Pakeha capture. In: J. Codd, R. Harker and R. Nash (Eds). *Political issues in New Zealand Education* (pp. 183-197). Palmerston North: Dunmore Press Limited.
- Smith, G.H. (1992a). *Research issues related to Maori education*. The Issue of Research and Maori. Monograph No. 9. Department of Education, University of Auckland.
- Smith, G.H. (1992b). *Tane-nui-a-rangi's legacy: propping up the sky. Kaupapa Maori as resistance and intervention*. A paper presented at the New Zealand Association for Research in Education/Australia Association for Research in Education joint conference, Deakin University, Australia.
- Smith, G.H. (1997). *The development of Kaupapa Maori: Theory and Praxis*. Unpublished Ph.D. Thesis, University of Auckland.
- Smith, L.T. (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*. Dunedin: University of Otago Press.
- Tripp, D.H. (1983). Co-authorship and negotiation: The interview as act of creation. *Interchange: The Ontario Institute for Studies in Education*, 14(3), 32-45

Policy for Maori: values, assumptions and closing the gap

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Overall the evidence in this report does not provide assurance that the economic and social gaps between Maori and non-Maori are closing. Of greater concern is that the statistics do not provide any signals that there is an impending change in the situation (Te Puni Kōkiri, 1998)

This paper looks at the issue of what it is about the way in which policy is developed which influences whether or not policy meets the needs of Maori. To do this I will focus on one component of policy making; the role of the values and assumptions of policy makers. Assumptions about the nature of policy making and the way in which policy can be used to maintain and modify norms and standards, determine values and define problems are briefly investigated. These issues are highlighted using the Code of Family and Social Responsibility as an example of the way in which dominant cultural value bases and assumptions have influenced the way in which policy issues are framed and presented. The paper concludes by asking why the consideration of the values of policy makers is important for Maori and how can I, as a Maori policy analyst working within the Government policy making sector, contribute to the development of policy which is based on Maori assumptions, realities, values and world views.

The key question this paper seeks to answer is: What is it about the way in which policy is developed that influences whether or not policy meets the needs of Maori? This paper has been developed from my observations as a policy analyst in the Social Policy Branch of Te Puni Kōkiri for the past two years. It is important to be aware of the particular context which surrounds my observations in this area and of the particular role I have had within the policy making sector. To do this I provide some background information that includes an overview of the state sector, Te Puni Kōkiri and its role, and my specific role within this organisation. I then look at the policy context for Maori, before moving on to look at values, assumptions and the policy world.

It is important to acknowledge that the views expressed in this paper are my personal views and are not the official views of Te Puni Kōkiri.

Te Puni Kōkiri and the state sector

To understand the present role of Te Puni Kōkiri it is necessary to look back to its origins. The former Department of Maori Affairs had its origins in institutions set up to facilitate the transfer of land to the colonists. However, by the mid-1970's the main task of the Department was the delivery of services to promote Maori social and economic advancement. There

was no role for the Department in the development of Government policy, and as such no established process for Maori involvement in decision making. A State Services Commission review in 1977 found that the Department was unresponsive to the people it was meant to serve. Between then and 1990 many changes occurred with the establishment of Manatū Maori and the Iwi Transition Agency, their subsequent dis-establishment and the establishment of Te Puni Kōkiri in 1991.

Te Puni Kōkiri was established under the policy of mainstreaming. This is the policy of delivering services to Maori through mainstream agencies which serve the general population, instead of through a specialist Maori agency such as the former Department of Maori Affairs. For the Government, the objectives of mainstreaming are to become more effective in delivering services to Maori; reduce the duplication of service provision; and ensure that Maori have better access to existing programmes.

Essentially, the establishment of Te Puni Kōkiri represented a move away from a focus on direct service provision, towards a focus on the provision of policy advice to the Minister of Maori Affairs and other agencies concerned with Maori development. Te Puni Kōkiri has followed a path from that of an agency which carries

out and delivers government policy to that of one which designs and enhances Government policies. Under the policy of mainstreaming, primary responsibility for the well-being of Maori rests collectively with the state sector. As a consequence of the mainstreaming policy Vote: Maori Affairs was reduced by \$212m. Of this, \$97.9m was transferred to mainstream agencies. The remaining \$114.5m was retained by the government as savings.

In 1994 a State Services Review confirmed Te Puni Kokiri as the Crown's principal advisor on the Crown's relationship with iwi, hapu and Maori and key government policies as they affect Maori. In line with government priorities, Te Puni Kokiri provides policy advice which addresses the main adverse social and economic outcomes that affect Maori, investigates the linkages between those outcomes, and provides advice on Treaty of Waitangi settlement issues including those of mandate, consultation and representation. In all of these activities Te Puni Kokiri is expected to establish effective and efficient liaison with other Government agencies which provide advice on Maori policy.

Specific areas in which policy advice is undertaken includes:

- education;
- training;
- health;
- income;
- employment;
- interventions and strategies to improve Maori social and economic outcomes;
- issues arising out of the relationship between Maori and the Crown;
- Maori Trust Boards, incorporations and other Maori business entities;
- the delivery of mainstream services to Maori; and
- the administration of legislation for which the Ministry is responsible.

The Social Policy Branch in Te Puni Kokiri has a focus on adding value in the Government's policy development process. Whilst mainstream departments have the lead responsibility for their respective sectoral areas, the Branch has a special responsibility to advise on all issues affecting Maori socio-economic

disadvantage and development. The Branch has a crucial role in the development of the work plans and policy programmes of mainstream ministries and departments, who have primary responsibility for Maori policy development.

The Branch seeks to improve Maori outcomes through mainstream mechanisms by encouraging improved responsiveness. In general, the Branch is involved at all stages of the policy development cycle, except delivery. It should be pro-active in the formulation of policy frameworks, and in linking policy to implementation through operational frameworks. This means working with other ministries or policy units which set policy frameworks, and also with those developing policy implementation guidelines. The Branch also works to enhance participation to ensure that iwi, hapu and Maori entities such as Maori providers or runanga are able to have a voice in improving Maori outcomes. The critical issue for the Branch is that it must find ways to work alongside mainstream departments who are responsible for improving Maori outcomes, but who have not been effective in doing so. Some mainstream policies inadequately take account of Maori at the policy formulation stage and others fail at implementation.

As stated above the Social Policy Branch works across a wide range of sectors. There are three portfolios within the Branch – Strategic Alliances, Maori Potential and State Sector Responsiveness. I am based in the State Sector Responsiveness portfolio where I undertake work in a variety of different sectors. Examples of the diverse areas of work which I have been involved in include health policy, intersectoral policy, justice policy, family violence policy, strengthening families and youth development policies. In all of these areas I have been required to work towards ensuring the policies and work being undertaken include a focus on policy responsiveness to Maori.

The policy context and Maori – setting the scene

There are a number of tools which clearly set a context in terms of the need for policy

development to be responsive to Maori. Two which are described below are the Government's overarching goals and strategic priorities and Te Puni Kokiri's (1998) publication *Progress Towards Closing Social and Economic Gaps Between Maori and Non-Maori*.

Overarching goals and strategic priorities: The Government has seven overarching goals and ten strategic priorities which indicate the Government's strategic direction from 1999 to 2002 and provide the broad parameters for specific policy making.

Two overarching goals are:

We want to focus our social assistance in welfare and housing on those most in need; making a difference by breaking cycles of disadvantage. We want to reduce the number of New Zealanders who need to rely on welfare. We will support individuals and families taking responsibility for their well-being; and our assistance will be focused so that we are not using high taxes to support high income New Zealanders

Recognising the importance of the Treaty of Waitangi, we will ensure that through Government's policies and actions we continue in good faith to build relationships between the Crown and Maori. In order to achieve this, we are committed to continuing the significant progress already made in negotiating and implementing fair, durable and affordable settlements of historical grievances; and improving the social and economic status of Maori (New Zealand Government, 1999)

Stemming from these overarching goals are strategic priorities. Of primary relevance to Maori and social policy development is the following strategic priority nine:

significantly improve the health, employment, education and housing status of Maori by ensuring better targeting and delivery of services (New Zealand Government, 1999).

These goals and priorities provide a frame of reference for those in the Public Service. The strategic priorities are intended to shape departmental work plans and budgets and are a key element in the accountability of departmental chief executives to their ministers. The use of this accountability mechanism, in terms of requiring the key result areas of government agencies to be aligned with the overarching goals and

strategic priorities, is intended to enable the government to ensure that its strategic priorities are turned into policy and programmes for action.

Closing the Gaps: This report is the second tool which can be used to establish a policy context for Maori. Its purpose was to examine the progress being made in closing the economic and social gaps between Maori and non-Maori. The findings in the report are not new and show that Maori experience poorer educational outcomes, higher unemployment, lower income levels, lower rates of home ownership and poorer health than non-Maori. What was new in this report was the ability to show across the sectors whether disparities were improving, remaining static or getting worse. In brief, what this report showed was that in terms of economic status, levels of Maori self employment and income have increased over the past decade. However, housing has become less affordable and Maori are still more reliant on social welfare assistance than non-Maori. In terms of health status, over the past decade there have been continued improvements in Maori life expectancy and declines in infant mortality. In spite of this, for almost every other health indicator reviewed in the *Closing the Gaps* report Maori continue to lag behind non-Maori.

Overall the evidence in this report does not provide assurance that the economic and social gaps between Maori and non-Maori are closing. Of greater concern is that the statistics do not provide any signals that there is an impending change in the situation (Te Puni Kokiri, 1998).

Why is this? We have Government's overarching goals and strategic priorities which direct agencies to develop policy solutions to address these issues. We have data which indicates that Maori continue to show clear disparities in a range of areas including unemployment, health and education. We have agencies and programmes and a whole industry of policy makers working to develop solutions in an attempt to address the issue of Maori disparities. Have these been effective in meeting the needs of Maori? The evidence in the *Gaps* report would indicate no. If we accept that policies don't appear to be

meeting Maori needs, the next step is to ask why not?

There is of course no single answer. Rather a wide range of complex, diverse and interconnecting views and perspectives. This paper seeks to complete one piece of the puzzle by asking what is it about the way in which policy is developed which influences whether or not the policy developed will meet the needs of Maori?

Assumptions, values and the policy world

One of the most deeply entrenched assumptions in policy making is the notion that the policy environment as a whole is neutral and objective and that analysts are uninfluenced by wider issues which characterise the environment.

Buhrs and Bartlett (1993) provide an account of some of the assumptions underpinning much of the thinking about the policy world:

- politics is about problem solving
- policy making is synonymous with decision making
- policy making is concerned with end results
- rationality is purely intellectual
- the theoretical and empirical knowledge which is available is reliable

These assumptions and modern approaches to policy making and analysis appear to be based on positivism, or the scientific method, which basically seeks to discover universal truths which are believed to hold true across differing times, places, historical and social contexts. A widely accepted and idealised policy process follows a path like this:

- Issue identification
- Identifying affected parties
- Consultation
- Analysis
- Choosing the options
- Legislative process (if necessary)
- Implementation
- Monitoring and review
- Policy maintenance

As shown in the model above, the positivist model presumes that policy making begins with a definable problem: that is, the

empirical identification of the existence of a problem. It is assumed to be very straight forward from there, as within the process analysts move to formulate goals and objectives that lead to optimal solutions, determine relevant consequences and probabilities of alternative means to the solution, assign a value-numerical cost or benefit to each consequence, and combine the information about consequences, probabilities, costs and benefits to select the most effective and efficient alternative (Fischer, 1995).

All very straight forward one could argue. However, a number of writers have offered an alternative view of policymaking: a struggle over ideas, a process of argument and persuasion, maintaining and modifying norms and standards over time, and a means for determining values and defining problems. According to Buhrs and Bartlett (1993):

- politics is about communication, power, moral action and the construction of preferences, values and meanings
- problems are not solved and at best they are usually only ameliorated, resolved or more typically redefined
- empirical knowledge is always incomplete and the information which is available is never wholly reliable or unbiased

Fisher and Forester (1987) describe an “expressive dimension” of policy making. They contend that policies say as well as do things. Policies don’t only aim to alter behaviour, they also aim to strategically communicate values and intentions and distribute symbolic rewards. These symbolic rewards communicate rightness of causes and they reward individual groups with legitimacy and attention. This is even if they fail to do little to actually address the problems or have very little to do with encouraging certain outcomes.

The expressive dimension of policy is often based on assumptions and value judgements which are assigned to the key players prior to policy development. What this means is that policy makers hold assumptions considered to be true regarding what is good or bad, right or

wrong. These assumptions, considered to be true, are held independently of experience of the subject matter, without consideration being given to the basis on which these assumptions have been reached (Healey, 1993). The presence of an expressive dimension based on a priori assumptions has major implications for the way in which issues are framed and presented, and subsequently for the policies which are developed.

The Code of Family and Social Responsibility

Below I look at the assumptions about the nature of policy making and briefly examine the way in which policy can be used as a tool to maintain and modify norms and standards, determine values and define problems. I do this using the *Code of Family and Social Responsibility* as an example of the way in which particular value bases and assumptions have influenced the way in which policy issues are framed and presented.

The *Code* was a questionnaire which was distributed to every household in New Zealand in February 1998. It examined a wide range of issues such as looking after our children; pregnancy care; keeping children healthy; pre-school education; getting children to school ready to learn; young offenders; sharing parenthood; training and learning for employment; work obligations and income support; managing money; and keeping ourselves healthy.

A general analysis of the questions contained in the *Code* clearly reveal the presence of several key assumptions about what was considered to be good or bad and right or wrong in New Zealand families and society in general. These assumptions include:

- the nuclear family is the norm
- beneficiaries are not responsible parents
- beneficiaries cannot manage their money
- only children of beneficiaries are truants
- only children of beneficiaries commit crimes
- it is always desirable for children to have contact with both parents

- women will always have the support of a partner available to them when they are pregnant
- people with mental health problems have the ability to seek help when they require mental health care
- employment is available to people if they are prepared to look for it.

In the context of the discussion above regarding the expressive dimension, the importance of the *Code* can be seen as lying less in the options it offers for changing behaviours and more in the way it communicates a certain set of values. The *Code* overtly conveyed that rightness of causes and certain ways of thinking are to be encouraged, particularly in terms of the “tax payers” right to hold certain beliefs and to expect certain conducts of behaviour from beneficiaries. The expressive dimension of this work is clearly based on assumptions of what is considered to be right and wrong. Equally clear is that these assumptions have been developed to support particular cultural and theoretical positions with the aim of setting and maintaining norms, constructing values and defining problems. The implications of the expressive dimension are important because of the influence they have on the policies and policy solutions which will be developed. The *Code* highlights this very well in terms of the potential negative impacts for Maori of policy solutions proposed on the basis of individualistic assumptions and values about the welfare, health and justice systems.

To emphasise this influence I would like to look at two specific examples from the *Code of Family and Social Responsibility* and the ways in which policy responses can differ based on differing assumptions and values.

The *Code* asked the New Zealand public about issues relating to the health and welfare of pregnant women and children. In what ways would policy solutions to the issues of pregnant women receiving regular antenatal care, parents keeping their children healthy and parents ensuring their children attend school look like if they were based on different values and assumptions? What different questions could be asked if

we spoke from a perspective founded on recognising complex interrelationships between a range of factors, as opposed to speaking from a perspective which explains behaviour and issues solely in terms of individual responsibility? Here are some possible suggestions to the questions highlighted above.

The *Code* stated that:

Pregnant women will protect their own and their baby's health with the support of their partner. They will begin regular visits to a doctor or midwife early in pregnancy.

The question is then posed:

Should the Government use the contact it has with women receiving pregnancy related sickness benefit to encourage good care during pregnancy, e.g. to check that they have sought proper care?

We know that maternity and infant health issues have a major impact on the well being of Maori whanau. Problems associated with pregnancy, birth and premature deliveries suggest that an increased focus on well-being and antenatal education for Maori is required. Maori are both potentially significant consumers of early maternity services and providers of culturally relevant antenatal services. The empowerment of Maori women and whanau to take control of Maori antenatal health, both at a personal and a collective level, should be a key component of a Government's strategic policy direction in relation to maternity care. Some ways this can be achieved by are:

- determining why existing mainstream antenatal services are failing to produce positive outcomes for Maori;
- consulting Maori in regard to the development of alternative Maori provider maternity initiatives;
- supporting and fostering the expansion of existing Maori maternity care and well child services.

How different are these potential solutions to the one proposed in the *Code*, that the Government use its contact with women on pregnancy related sickness benefits to ensure pregnant women receive adequate health care? You can see the solutions are very different. One is a punitive response, based on the individualistic assumption that

all pregnant women have access to appropriate maternity services and that failing to utilise this care implies irresponsibility on the part of the pregnant women. The other is based on knowledge that mainstream services are not meeting the needs of Maori and to improve this situation Maori need to be consulted in determining the solutions.

Here is a further example.

The *Code* stated that:

Parents will take responsibility for seeing that their children are well prepared for school, and attend every day ready to learn.

The question is then posed:

What else can the Government do to make sure that children regularly attend school? Eg. Should parents who receive a benefit be required, as a condition of benefit, to get their children to school?

Maori students are disproportionately represented in suspension and expulsion statistics. While Maori constitute about 20% of the school population, approximately 40% of those students suspended are Maori (Te Puni Kokiri, 1998). Maori students are also more likely to stay away from school without "good reason". Why is this? Why do we have a system which does not appear to be working for Maori? Some schools currently attract Maori students, and provide a safe learning environment. Research is needed on how they do this. The results of such research could be fed into the development of nation-wide strategies for improving Maori attendance and educational achievement rates. What about a focus on ways of encouraging positive interaction between iwi/hapu/whānau and schools?

How different are these solutions to the one proposed in the *Code*? Again the policy response in the *Code* implies parents of children who do not attend school every day are essentially irresponsible, requiring a punitive approach to address this issue. However, a differing value base sees a focus on the responsiveness of the schools and how schools are able to provide a safe learning environment for Maori students.

Fisher and Forester (1987) conclude that often the expressive dimension is ignored

in the policy analysis process. Remember that the expressive dimension is about policies saying, as well as doing, things and about the strategic communication of the rightness of causes. There are two reasons why it might be ignored. The first is a strong belief in the positivist model and support for an objective, value free process. The second is that the policy analysis process is a reflection of the values of those who are involved in the process. There is a lack of self awareness of differing value positions and differing beliefs in terms of what may be considered right and wrong. However Fisher and Forester (1987) also conclude that to ignore the presence of an expressive dimension within policies is to ignore a fundamental aspect of the policy making environment and a very dangerous habit to fall into. The example of the *Code* and the continuing poor statistics and evidence of the growing disparity gap indicates just how dangerous it is for Maori if we have policy makers who ignore the presence of an expressive dimension. If those underlying values and assumptions made by policy makers are incompatible with Maori realities, needs or aspirations, or the purpose of a policy is to maintain mainstream norms and values the policy response is unlikely to benefit Maori, and in many instances will be detrimental for Maori.

I have outlined above the how assumptions and values inherent in the way in which policy is developed can influence the policy solutions which are developed. My observations and experiences in relation to the issues described above are by no means new. As early as 1962 Kuhn had argued that, like all bodies of knowledge, policy arguments are no more than a set of facts based on distinctive world views about what is important, what is good, what is bad, what is not and what causes what. Reality is not something which is sitting there, just waiting to be captured and described, but is something which is socially constructed through our beliefs and values, and our beliefs and values are influenced by our cultural, historical and social positions. Our understandings and what we come to agree on as being good or

bad are influenced very much by our historical, social and cultural settings.

It is tempting to leave it at that, as the focus of this paper is very much on identifying what it is about the way in which policy is developed which influences whether or not policy meets the needs of Maori. Having identified that component, which is the values and assumptions of policy makers, I need to ask the question how can I as a policy analyst address this issue?

Rejecting a positivist paradigm - policy as a participatory process

Critical psychology argues that equitable policy making and analysis requires that attention is paid to the processes by which decisions, behaviours, compromises and goals are determined. One of my primary concerns regarding the dominance of a positivist paradigm is the implications of analysts developing policy based on their own value base and ideas regarding the way in which the world should operate, without an understanding of how compatible those are with the world views, value bases and realities of Maori. Incorporated within this is the premise that Maori are not a homogenous group, and as such world views and perspectives among Maori themselves will differ. Some important questions to be asked which will assist in identifying underlying value positions and also in the analysis of intended and unintended effects are:

- Who gets to speak for who?
- Who gets to decide what is better/worse/good/bad for whom?
- How are such decisions arrived at and legitimated? (Rappaport and Stewart, 1997)

These questions provide an important basis to start from when attempting to uncover some of the consequences of policy. They recognise that what is said is dependent on who has said it and on the underlying values and assumptions of that person. In considering who gets to speak for whom we are asking who has a legitimate voice in the process and on what is that legitimacy based?

So the question personally for me as an analyst becomes how can I work towards

ensuring policy will reflect the actual reality of Maori and not the realities of middle class policy makers or for that matter a young Maori policy analyst who lives in Wellington? My observations and experiences as a policy analyst show that if policy making and analysis is to avoid being dominated by a positivist paradigm, which refuses to acknowledge the existence of values and assumptions as being an inherent factor within the policy making process, there is a need to create a process which is founded on a participatory framework: a framework which allows for the incorporation of the many different and varied voices of Maori. The goal of policy development then becomes enhancing the voices of those who lack power and the involvement of multiple stakeholders (Prilleltensky and Nelson, 1997). There needs to be a way in which various systems of meanings can be incorporated. The process should be attempting to reach an agreement on how to make decisions. The focus becomes as much on the process of policy making, as it is on the end results of policy making. The question therefore for myself, as an analyst, is in what way can I include the multiple perspectives of others in any given piece of policy work? Achieving a participatory process is a central aim of the processes which I use as a policy analyst. This is one of the ways in which I can contribute to ensuring the policy advice which I provide is based on the realities, needs and aspirations of Maori.

Conclusion

This paper has asked the question, what is it about the way in which policy is developed which influences whether or not it meets the needs of Maori? It has focused on a small component of this question by using the example of the *Code of Family and Social Responsibility* to illustrate how policy questions and solutions can be influenced by the underlying assumptions and values of the policy makers.

Why is this important? The *Closing the Gaps* report showed few indications that the disparities between Maori and non-Maori are closing. Why are the policy responses being developed not addressing disparities? Although the answer to this lies

within a wide range of complex, diverse and interconnecting views and perspectives, this paper has sought to complete one piece of the puzzle by questioning the apparent acceptance of positivist models of policy making and the role of values and assumptions within the policy process.

Reality is not something which is sitting there, just waiting to be captured and described in a neutral and objective policy making process. It is something which is socially constructed through our beliefs and values, and our beliefs and values are influenced by our cultural, historical and social positions. Recognising this, and recognising the need to create a participatory framework of policy development in which Maori values, aspirations and needs are included within the process may provide one small piece of the puzzle that is the development of effective policy.

References

- Buhrs, T., & Bartlett, R. (1993). *Environmental Policy in New Zealand*. Auckland: Oxford University Press.
- Fischer, F. (1995). *Evaluating Public Policy*. United States: Nelson-Hall Inc.
- Fischer, F., & Forester, J (eds). (1987). *Confronting values in policy analysis: the politics of criteria*. Newbury Park, Calif: Sage Publications.
- Healy, P. (1993). Planning through debate: the communicative turn in planning theory. In F. Fischer & J. Forester, (eds). *The argumentative turn in policy analysis and planning*. London: Duke University Press.
- Kuhn, T. (1962). *The structure of scientific revolutions*. Chicago: University of Chicago Press.
- New Zealand Government. (1999). *Overarching goals and strategic priorities - 1999 to 2002*. Wellington: Government Printer.
- Prilleltensky, I., & Nelson, G (eds). (1997). *Critical psychology: an introduction*. London: Thousand Oaks.
- Rappaport, J., & Stewart, E. (1997). A critical look at critical psychology: elaborating the questions. In D. Fox, and I. Prilleltensky, (eds). *Critical psychology: an introduction*. London: Thousand Oaks.

An Accountability model for Pakeha practitioners

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Workwise Associates

This paper outlines a model of accountability for Pakeha practitioners developed over many years as a practising community psychologist involved in research and development projects in Aotearoa in the 1980s and 1990s, during an era of contract-funded health projects, and increasing prominence of the Treaty of Waitangi². The model could be termed 'transformative' in that it reverses the usual flow of power by making the Pakeha practitioner accountable to relevant Maori authority, and maximises the potential for new outcomes and new learning for all parties. A brief case study is outlined where the model placed a local iwi governance structure and a national psychiatric survivor organisation in positions of authority alongside the funder of a mental health project. Helpful conditions, positive outcomes and barriers to transformative accountability processes are briefly discussed

My personal journey towards accountability models for Pakeha practitioners has involved many strands. As a New Zealand-born child of Dutch immigrants I was aware throughout my childhood of the blindness of the dominant British-derived cultural group to their own culture, cultural assumptions and privilege. Later in life, as a lesbian health professional, I was involved in lesbian and feminist attempts at 'partnership' with Maori women in project and service work (Huygens, 2000). As an anti-racism and Treaty educator with Project Waitangi, I had positive experiences of being accountable to Maori 'monitors'. Project Waitangi, set up to educate Pakeha about the Treaty of Waitangi, had been founded on the basis that education of Pakeha needed to be monitored by local Maori groups to ensure that overall direction and outcomes met the needs of Maori.

Monitors were paid for their work, and contributed to workshops by giving feedback to the Pakeha facilitators, speaking as representatives of a Maori voice where necessary, and leading caucuses of Maori participants where appropriate. Most Pakeha Treaty educators came to appreciate and value the relationship with monitors³. I experienced the relationship between Pakeha educators and Maori monitors as a unique way to transform the blindness of dominant group members. It opened our eyes to new realities, new relationships based on relevant authority, and new visions of our

place in society. I also viewed it as a much more transparent and effective mode of bicultural work than the often tokenistic 'consultation' processes common in the 1990s in Aotearoa.

The model of accountability to monitors from the less powerful group is more akin to processes that have emerged in the work on men's violence, where men make themselves accountable to relevant women, such as women's refuge workers. In this context, the term "partnership accountability" has been used (Angus, n.d.; Hall, 1994; Toone, 1991).

Finally, my interest in accountability models grew out of my frustration that much 'empowerment' and 'social change' work did not result in new outcomes, and often became self-serving for the dominant group participants. I was left with an ongoing question of how to avoid reproducing power inequalities within contract-funded projects and programmes.

Conceptual basis

Two conceptual approaches supported the development of accountability models: the Maori Nursing Council's work on cultural safety (Ramsden, 1991), and the increasing focus by Treaty workers and writers on the implications of kawanatanga within the Treaty (here and throughout this paper, I am referring to the Maori text, Te Tiriti o Waitangi).

When applied to professional contexts beyond nursing, the cultural safety

approach recognises inequalities within professional interactions as representing in microcosm the inequalities that have prevailed through history and within our nation generally (Kearns, 1996). A key point is that the cultural safety approach enables safe service to be defined by those who receive the service (Nursing Council of New Zealand, 1996) through accountability structures which put non-dominant groups in the position of monitoring the outcomes of cultural safety education and practice.

Kawanatanga, or 'function of governance' by the Crown, is increasingly being recognised as a term that was consciously selected by the missionaries and agreed to by Maori leaders at the time of writing and signing the Declaration of Independence and Treaty, because it implied a role that left intact the tino rangatiratanga, or absolute authority, of the indigenous people (Walker, 1990). In today's terms, kawanatanga implies a responsibility by public services to support and uphold the rights of Maori in Aotearoa.

A model of accountability

I have developed an accountability model in my practice as a community psychologist to fulfil several overarching goals:

1. **To work as a psychologist under the Treaty.** Accountability is implied by the relationship between partners, as well as by recent interpretations of kawanatanga.
2. **To protect against cultural blindness (of the dominant group), and cultural danger (for non-dominant groups).** All practice by dominant group members has the potential to proceed from a mono-cultural position, with no checks or balances, since professional ethics are commonly monitored by other members of the dominant group, themselves using mono-cultural and racist institutional practices. Thus conscious attention needs to be paid to creating models of practice which will transform such institutional cultural blindness, and

protect against the dangers of racism, cultural risk (Wood & Schwass, 1993) and cultural replacement (McArthur, 1992) for non-dominant cultures.

3. **To create the maximum potential for learning, relationship and transformation.** An accountability model reverses the societal power balance, and places the non-dominant group in the position of experts, with the dominant group in the position of learners. Learning for the dominant group members is maximised; relationships between equals such as pertain in partnerships are rendered more possible since power is equalised, albeit briefly; and the potential for transformation of existing social structures is increased.

I have attempted to work within an accountability model in all my work as a contract community psychologist, even if it is only to enquire about a project: "Have the Maori members of your Board approved this project? May I contact them directly to hear their views, and to hear how the project fits in with their aspirations for your organisation?" At other times, the relevance to Maori is made overt by the funder of the contract, but typically there is no explicit structure by which the project is accountable to Maori authority or aspirations. In these situations, as project director, I attempt to set up accountability processes which will, as much as possible, follow the Treaty relationship between kawanatanga and tino rangatiratanga. As a project director using public funds, and as a community psychologist, I see my work in Aotearoa as a "function of governance" in an accountable relationship to Maori authority.

Accountability in practice

An example of such an accountability model in practice was a Bay of Plenty Area Health Board project to investigate the needs of clients with psychiatric disabilities and their carers (Huygens, 1992). Over 40% of the clients were Maori, so it was clear that a verbal check of the aspirations

and agendas of Maori regarding the topic area would not be sufficient to constitute accountability, and that careful structuring of the project was necessary. In fact, the funder was already in an ideal context for a project director seeking accountability - iwi in the area had formed themselves into a body to express their rights and aspirations concerning health, Te Whanau Poutiri Rangiora a Papa. This body had negotiated to act as a governance partner to the Crown agency, the Area Health Board. Furthermore, within the Area Health Board there was also an executive Maori policy unit, to whom all policy and project specifications were referred for approval (the Bay of Plenty arrangements are described in more detail in Durie, (1994), chapter 6). Thus, I was able to submit the project design to the Maori policy unit for approval. Also, in appointing project staff, I sought a senior interviewer who would act as a direct link between the project team and the relevant Maori authority (in this case, Te Whanau Poutiri Rangiora a Papa) as well as linking directly to the Maori executive unit. The project was highly fortunate to gain as senior interviewer a kuia who was a member of Te Whanau. After consultation, she and I clarified with the project team that a Treaty based accountability structure would operate in the project, so that the ultimate authority on governance issues was Te Whanau, and the ultimate authority on operational and policy issues was the Maori Executive unit.

Figure 1 shows the project structure. All project plans, methods, protocols and results were approved by the Maori executive unit, and the Maori interviewers knew that, through the senior interviewer, Te Whanau Poutiri Rangiora a Papa were directly available to them on all issues of concern to Maori. They also knew that I was accountable to Te Whanau in this Treaty-based structure. To my knowledge, the effectiveness of the system was not explicitly "tested" in that I was not aware of any unresolved issues. However, the Maori members of the project team held at least one formal meeting with the senior interviewer. In my regular meetings with the senior interviewer, I may well have been subsequently guided in certain

directions without being aware that the project was being kept culturally safe. It is possible that when transformative accountability practices are working well they are as invisible as any other institutional practice that flows from established accountabilities.

Accountability principles were also applied in respect of the other non-dominant groups involved, as shown in Figure 1. An independent authority was sought on the interests and aspirations of people with psychiatric disability (Aotearoa National Organisation of Psychiatric Survivors, ANOPS), to whom I made myself accountable. I also consulted independent representatives of caregivers of people with psychiatric disability. Overall, the project was very well-received, and achieved its aim of progressing the agendas of Maori, psychiatric survivors and to some extent, caregivers, in the area of psychiatric disability.

Reflections

I have found that the accountability model requires several pre-conditions to work well.

Firstly, for the practitioner from the dominant group, it requires a commitment to learning and change, and a willingness and ability to act on advice given.

Secondly, for the non-dominant group, it requires members of the group who are willing, able and available to act as monitors, experts and authorities. It is also important that the non-dominant group has available members who are independent of the service provided by the project in question. People from non-dominant groups who are themselves clients, consumers or staff in a project will inevitably be compromised by their position in a project structure. Asking them to act as independent authorities in a transformative accountability process may place an impossible burden upon them. I was very aware in the Bay of Plenty project that while the senior interviewer was a key link to local Maori authority on relevant governance and procedures, she was a staff member of the project, and could not be expected to constitute the point of accountability herself. It was nevertheless

important to assign time and resources for her key linking role.

Thirdly, transformative accountability models require time, energy and flexibility from both parties for communication and relationship building.

In my experience as a Pakeha practitioner, there are a number of positive outcomes from the adoption of transformative accountability processes. Firstly, agenda setting by Maori is supported, since the dominant group practitioners are explicitly placing their work at the service of Maori aspirations. Secondly, accountability processes tend to support resource sharing on Maori terms, since Maori agendas and needs are part of the planning process from the outset, and all further project decisions express these agendas. Thirdly, accountability processes support Maori autonomy and cultural safety through the careful attention to monitoring of methodology and outcomes by Maori. Finally, accountability processes encourage Treaty “partnerships” between Maori and tuiwi groups, since the basis of the relationship is the right of Maori to tino rangatiratanga.

Blocks to setting up transformative accountability processes seem to stem primarily from negative views of accountability within the dominant culture. These views may be shared by Pakeha and Maori alike. To many, the term “accountability” conjures up a controlling, authoritarian process typical of hierarchies, most often encountered in financial controls, and in reporting to a line manager on personal performance. The term “partnership” is often considered less threatening, even though a partnership between equals implies mutual accountability. Traditional partnerships, such as business and professional partnerships, as well as marriages, often conceal traditional power relationships, such as senior over junior, richer over poorer, male over female. The present model of explicit accountability to Maori is

a reversal of the dominant culture's view of the traditional power relationship, and in that sense is challenging and discomfiting. Further blocks to setting up accountability processes may be a perceived lack of available Maori authorities and a real overburdening of those who seem available - both of these factors may stem from our cultural inability as Pakeha to communicate meaningfully with existing Maori authority structures.

Transformative accountability seems to work better when the monitoring group are clear about the aspirations of their own group or community, and self-conscious of their strategic role in expressing these aims. It also seems to work better when practitioners from the dominant group are clear about the authority they hold within professional roles and the power they exercise within structures. Practitioners who do not see themselves as exercising power or authority seem to have difficulty visualising how their practice or service might be accountable to others.

A common response to accountability models is the charge that the model is not realistic as a general model for practice - that it is too idealistic, and that dominant group practitioners will not adopt a model which explicitly reduces their power in a situation. However, to paraphrase Saul Alinsky, although voluntary power sharing may seem inconsistent with self-interest, collective morality plays a key part in convincing people what is in their self-interest (Alinsky, 1971). Thus, as practitioners adjust their sense of what is moral, just or proper in Aotearoa, they also adjust their vision of what is in their self-interest. Transformative accountability practices may serve as one option that leads towards a Treaty-based Aotearoa.

In my doctoral study I intend to explore the relevance of such transformative models of practice to Pakeha working within organisations committed to Treaty-based practice.

References

- Alinsky, S. (1971). *Rules for radicals*. New York: Random House.
- Angus, C. (n.d.). *Accountability processes*. Unpublished report of Men's Action, Tauranga, New Zealand, circa mid-1990s.
- Durie, M. (1994). *Whaiora*. Auckland: Oxford
- Hall, R. (1994). Partnership accountability. *Dulwich Centre Newsletter*, 2&3, p6-28
- Huygens, I. (1992). *Needs assessment of people with longterm psychiatric disability and their carers*. Te Puke: Bay of Plenty Area Health Board
- Huygens, I. (2000). Feminist power sharing: lessons for community psychology in A. Mulvey, M. Terenzio, J. Hill, M.A. Bond, (eds). *Stories of Relative Privilege: power and social change in feminist community psychology*. *American Journal of Community Psychology*, 28, 883-911.
- Kearns, R. (1996). Unpublished paper delivered to Public Health Association Conference. Available from the author.
- McArthur, V. (1992). *Cultural work: an approach to empowerment and community building*. Unpublished manuscript, School of Human Services, Springfield College, Massachusetts, U.S.A.
- Nursing Council of New Zealand. (1996). *Guidelines for the Cultural Safety Component in Nursing and Midwifery Education*. Wellington: Nursing Council of New Zealand, p10
- Ramsden, I. (1991). *Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa*. Wellington: Ministry of Education
- Toone, S. (1992). *Women's Experience of Violence: men's accountability to battered women*. Speech Men for Nonviolence Conference, Palmerston North, New Zealand.
- Walker, R. (1990). *Ka Whawhai Tonu Matou: struggle without end*. Auckland: Penguin.
- Wood, P.J. & Schwass, M. (1993). Cultural safety: a framework for changing attitudes. *Nursing Praxis*, 8 (1), p4-14.
2. The Treaty referred to throughout is the Maori text, Te Tiriti o Waitangi.
3. For a description of Treaty education processes, see I. Huygens, *The role of dominant group conscientisation - reflections on social change education in Aotearoa New Zealand*. Unpublished manuscript available from the author.

Notes

1. Ingrid Huygens, WORKWISE Associates, 4 Westmere Crescent, Auckland 1002 email: workwise@pl.net. My student status is derived from my enrolment in doctoral study on Pakeha within organisations responding to the accountability of public services under the Treaty of Waitangi.

NGĀ KANOHI HOU

IDENTIFYING AND EXPLORING THE ISSUES: Experiences of an Intern

Bridgette Masters

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The current paper reflects upon the discovery of an intern from the post graduate diploma in community psychology programme (PGDipPsych (Com)). The PGDipPsych (Com) is currently facilitated through the University of Waikato School of Arts and Social Sciences, Psychology Department. This journey of discovery is presented from the perspective of a Māori student who is employed in a mainstream public health organisation. The perspective of a person who is new to the workforce, and the “real world,” who views the surrounding environment with a pair of fresh eyes.

This paper highlights the importance of the internship period as it supports the student who moves from a structured environment with a strong emphasis on theory, towards a competitive, semi structured environment that is driven by deadlines, budgets and contracts.

Factors identified are the demands of Māori communities on Māori health researchers, supportive versus competitive environments, the benefits and drawbacks of being based in a mainstream health organisation, and the future direction of Māori health research.

It is hoped that the current paper will encourage further discussion about the future direction of a diploma programme such as the PGDipPsychCom for Māori graduates of a New Zealand tertiary institution.

1.0 Background – where have I been?

My internship journey began one year ago. Looking back, it is clear, the journey has been a bumpy one. However, if the internship is viewed as small part of my life, this is really just the early stages. Bearing this in mind as you read this whole report, you will recognise that there are still many

more journeys to be made. My internship journey began as any travel would – with planning.

1.1 Planning

Before embarking on the internship I had to plan. There were a number of issues to consider; where do I want to work, who do I want to work with, and for whom, will my partner be able to find employment in the same region, will the people I work for have similar or complimentary values to mine, does it really matter, or would I rather they had a different set of values, will the organisation allow me to undertake my internship while working?

Another issue I had to consider was my sense of worth. Within this was, how much of a contribution I thought I could make, what level of experience I had, what salary other interns in the same situation as me asked for. All the aforementioned considerations were factored in the negotiations of my salary, contract and internship with potential employers.

Once the initial questions had been considered, I then had to reflect back upon

them each time I applied for employment with an organisation. As planning was considered and decisions discussed and finalised, the journey of my internship began.

1.2 The journey

The first six months of my internship was with a market research company which proved to be a very bumpy ride for me and all the passengers I brought on board (my partner, whanau, peers and internship supervisor). When I reflect back upon this time, I feel as though a lot of learning was done by both the company and myself. It was a hard journey, but one I've survived and can remember as I move on.

2.0 Introduction – where am I now?

So far there have been numerous hurdles, on this journey. Many have been overcome. Others have not been so easy to overcome, however these have been identified as personal development issues and stored as a point of reference for future endeavours.

The past three months has seen me complete the third quarter of my internship in a different organisation, a Māori health research group, and begin the journey home. Now that I am on the home straight the end is in sight. The end of what you wonder? My learning possibly? No. The end of my attachments to the University? No. I see this time of my life as the end of one short trip on the long journey of my life. This means that there is still plenty of time for more trips and learning experiences.

My work in a Māori health research group has seen me develop my ideas and recognise

my potential as a Māori health researcher. There have been some minor challenges, however, none so bad as to push the boundaries of my identity. Challenges I face in my current job are time management, networking and negotiation. While already having these skills my current job has provided me with an opportunity to further develop these. At times I have been thankful that my organisational skills have allowed me some flexibility when unexpected events (eg. hui, teaching sessions, consultations) have arisen. Further the experiences I have gained undertaking graduate study towards my masters degree (particularly my thesis year) has provided me with skills to effectively plan my time.

3.0 Method: the internship process

I have often wondered over the past year, what value the internship has had for me. Is this a means for monetary gain? I guess in a way I believe there is an indirect link to monetary reward. The internship leads to eligibility for registration as a psychologist. My assumption is that a registered psychologist would be viewed more favourably than a person who is not, hence increase job opportunities. However this is not the reason I joined the diploma programme, or why I decided to do the internship. I joined the diploma programme to up-skill myself, gain experience while continuing to have access to university supervisors, and because of my intention to establish a Māori research unit.

Some of the benefits I have found while undertaking the internship have been:

- recognising the value of reflection – such as the importance of taking the time to examine my surroundings, history of the organisation I work with, future aims, the political environment, the systems I operate in
- knowledge of the support of internship supervisors, other diploma students
- ability to access support from university lecturers, associates, resources, and

- the importance of recognising own value systems and how these factors influence my decisions in the workplace.

If I had not been enrolled in the diploma programme, I wonder whether I would have taken the time to reflect on my feelings and perceptions in such depth as I have when writing my internship reports (the bane of my life for the past year). I doubt that I would have considered in detail my own goals, or the organisation's structure, goals and history.

When I think about some of the scenarios described by health promotion workers, who have attended the evaluation workshops, I feel encouraged by my decision to enroll in the diploma programme. People I have spoken to, tell me stories of having to constantly try to "catch" up to funding organisation's requirements and expectations. Which means they do not have time to stop, plan and think about programme effectiveness because they are too busy trying to meet outputs set by funders. I have the impression that workers are constantly running to catch up, get on with the job, and not think about programme participants. They do not feel they have the time to reflect upon whether they are effective or efficient when implementing their programmes.

From my observations of other people in the workforce, there is a tendency amongst workers to delve into their jobs to complete the tasks at hand. Sometimes they forget to poke their heads up now and again to look around at what is happening around them. People then tend to find when they do look around that there have been a lot of changes which they are unprepared for.

Although I referred to the internship as an annoyance in my life, I do recognise the worth it has towards my professional development. Undertaking an internship demands a high level of resources such as; commitment, time, energy and finances. Not

only must an intern undertake daily tasks in their chosen work environment, but then they have to commit all of the above resources outside of their normal work hours as well. Occasionally I have been lucky enough to have a few spare moments in my work to put some energy into my internship reports. Unfortunately, this has not been as frequently as would have liked in recent months.

Given all the benefits I have noted about the internship process, it is difficult for me to note any drawbacks, or non-benefits. Within the process itself, there are sound theories and ideals as to how a supervisor could best support an intern. From my observations and understanding of the internship process, supervisors are available to provide a link into the university facilities and support services. However for each intern, I expect that the level of support needed varies at any given time (not only between interns, but also by each intern). Considering the amount of money that goes towards tuition fees, I believe this practice needs to be evaluated for its effectiveness for all internship students and especially its effectiveness for Māori. I understand Māori students enrolled in graduate courses have increased. So too, have the applications by Māori students enrolling in the diploma programme.

However, I believe that one full-time Māori staff member to provide support, guidance and experience to Māori diploma interns can be difficult when unexpected problems such as illness or bereavement occur, thus making it hard to access the appropriate level of support from within the university. Something needs to be done to address this gap.

On a more positive note, technological advances have allowed for on-going contact in many ways. Access to telephones, email, faxes and standard mail are a great assistance, and range of options, for students wanting to access and locate university support.

While I acknowledge that the process is important, the execution could benefit from being examined and reviewed. This leads to the question “why am I doing this?” Although now might be the appropriate time to specifically answer this question, I think this report in its entirety really answers it. However, to sum the answer in one sentence; to up-skill myself and because I recognise the potential that the internship, and the diploma, can provide for graduate students, in particular Māori students.

4.0 Issues: how do I deal with my work?

There have been both “upsides” and “downsides” to being employed in a Māori health research unit working within a mainstream organisation. The following section of the report shall explore both sides from the perspective of a Māori woman, and that of a community psychologist trainee.

4.1 Entering the workplace

When I joined the Māori health research group there were areas of learning that I had not considered a high priority for my professional development. It was not until I was embedded in the current environment that included; a political environment, a health research – funding organisations, research groups environment, and a Māori health research center environment that I began to recognise these professional development priorities.

I believe that each of the three environmental areas are inter-linked. For example, with health policy in general, focus/direction and priority are determined by health research and to a lesser extent funding organisations. Research funders determine their focus areas from the political environment and the findings of research previously conducted.

Māori research centers are influential in terms of providing research direction and context around Māori health issues.

My introduction to these three environmental areas of health have been developed since joining Whāriki (the Māori health research unit). My level of awareness in these areas was minimal beforehand because I did not recognise how each influenced health research. My thesis, contracts undertaken after graduate study, and my work in the market research field, did not focus on health influences, but rather on specific communities of interest and their issues, rather than their reflection of a system.

Advantages

In this section I shall describe some of the areas that I see are advantages of being based in a mainstream organisation as a Māori health researcher:

- *the systems in place:* Administration staff have experience in dealing with staff support and the university’s administration system. The number of administrative staff (secretaries, librarian, accounts clerk) has been a real treat, because there is generally someone who is available to help in cases or urgency. Compared to when I was doing independent research, the support systems in place are a luxury for me.
- *the development of a cohesive unit:* Over the years the unit has become a team. While the unit has grown and staff have changed. The majority of staff has generally remained the same. Only recently (the last year) have people moved on from the organisation. My perception is that if people stay in an organisation for more than five years, they must really enjoy their job and the work environment. But I’m sure that at

the same time they have become stagnant in their positions (in more than one way).

- *independence of the unit:* While the unit is based within the university, we are not dependent on the university for funding or resources. A unit that generates its own income and therefore does not come under threat when university ‘cutbacks’ are being discussed. This has allowed unit staff a level of security and certainty that some other university staff do not feel.

- *established reputation:* With such a long history of research in the field of alcohol, comes an established reputation. The Unit, and recently the Māori health research group have become known amongst other organisations as people to call for inquiries about research in the alcohol, evaluation and public health areas. Funding organisations refer providers to our office and people we have worked with in the past refer people to us.

- *supportive team:* that is experienced in the field, is visible as a unit, has established reputation. In comparison to being a Māori researcher on my own, I believe the positive aspects out-weigh the negative ones.

Drawbacks

There is one area I feel other organisations believe the Māori health research group is disadvantaged because of the partnership with a mainstream organisation. I refer to the drawback as “Uncle Tom syndrome.” This syndrome involves;

- ◆ *a lack of confidence:* in us as Māori researchers purely because we are based in a Pākēhā organisation and work from an evaluation/community action “Pākēhā” perspective.

- ◆ *jealousy and envy:* of the mahi we do and the networks we have. Some people would prefer to push us away rather than work with us. This is a rare occurrence, and probably involves dynamics/context I am not yet to fully informed of, but it does happen.

- ◆ *a derogatory opinion:* I have heard other Māori people refer to us in a negative manner because of who we are and where we are based. While similar to the previous point, is slightly different in that, the opinion may not be based on jealousy but on incorrect or bias information that has been passed on from others.

- ◆ *seen as “sell outs:”* People may consider us to be sellouts, because we do not have a strong tikanga focus and none of us are native speakers of the reo. While two of us did our bachelors degrees in Māori, we do not consider our reo skills as terribly high. We no longer have a male member who is strong in tikanga and the reo.

Some organisations choose to view the above points as negative aspects of our group and as ‘justifiable’ reasons for not working with us. While I personally do not feel these are issues for me, I have identified them as drawbacks for the environment that I work in.

The structure of the Unit is that everyone works on their own projects. This can become frustrating and people become isolated from each other although they are in the same office. Currently, we have no strong, Māori male voice. This can be a

factor for some Māori organisations. One of the difficulties we have tried to deal with has been the need to conduct interviews with Māori males. For these, we have had to draw on past networks, it is not always easy to access people, because they often have their own work to get on with and have no time. There is a conscious drive to recruit other Māori researchers however, there is a no large pool to select from.

While many Māori health providers recognise the skills and experience we can offer, others feel threatened by us because we work from what they see as a Pākēhā perspective. These groups turn towards other Māori groups to evaluate their programmes. I do not have a problem with people having a right to choose who they work with. What I do have a problem with, is people referring to Māori health research groups as Uncle Toms because the central focus in our work is not 'tikanga' based. Health research is a competitive environment, but I feel there is a point that I would not cross. Making another group sound bad to make our group look better is one of those points. We have offered to work alongside those groups who are tikanga focused, but some people have not yet taken up the opportunity.

Māori organisations can be difficult towards us if they think we are a "sell-out" because we work from a Pākēhā perspective. Although many Māori organisations recognise that funding agencies want programmes evaluated, and we can help them, there still seems to be a stigma attached. Consequently, sometimes (but not very often) I feel as though I do not fit in either world.

5.0 Discussion: Where is this leading me?

There is one vital question I ask myself. Can I be a culturally safe, professional and effective community psychologist?

I can. Being an effective community psychologist for me is about balance and growth. These are just the two aspects I have considered in my career and will discuss here. Not only do I want to see balance in my professional goals, but in my personal goals and between the professional and personal as well. As I mentioned earlier, it is difficult for me to separate the two. So for me, it is essential that I find a balance and not become overwhelmed or over-committed in either aspect which could in turn cause health difficulties (i.e. stress, strain, burnout).

Balance involves recognising the "scale" that is operating. That there are power imbalances, and in giving more power to the less powerful, does that mean taking power away from the powerful? Or can it be purely an increase for one side. What I am trying to describe in a general sense here is about keeping an eye on the bigger picture, and recognising that changes can tip the scale of balance. In making change, I believe there is a need to consider the implications and effects change can bring about.

In terms of growth, I shall continue to develop my skills, knowledge, understanding, experience and networks so that I am better able to make informed decisions in my work. I do not think it is not necessary for me to develop all of the weaknesses I have identified in this paper immediately. The main area of concern for now, is that I identify my strengths and weaknesses and recognise why they are in place. The next step is for me to understand how these effect me and what symptoms I exhibit as a result. Thus minimising negative effects. This means being able to accept/adapt to change. Because I feel, growth often means change. So, in terms of my short term development goals towards ensuring I am an effective community psychologist and an Māori community psychologist, I believe there is always room for growth.

Contemporary Attitudes to Traditional Facial Ta Moko: A Working Paper

Mohi Rua

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Until it came under serious attack from nineteenth century missionaries, ta moko was an integral part of traditional Maori society. Facial moko conveyed important information about identity, whakapapa and status. The process of receiving a moko was tapu and highly regulated. Recent years have seen an increase in the number of Maori receiving ta moko. Moko have been seen as a symbol of Maori pride and identity and have often been associated with political activism. This study set out to investigate the contemporary meaning of ta moko, the reactions wearers encounter from others and the ways wearers cope with those reactions.

Three case studies are presented. These show that the issues of personal identity and whakapapa were central to the meaning wearers attached to their moko. Receiving a moko was often associated with significant personal changes and an increased political commitment to Maori self determination. On the whole, positive reactions were more common than negative reactions but wearers did find themselves subjected to racist and antagonistic responses. Wearing moko was also reported to mean that others, particularly other Maori, placed certain expectations on the wearer, notably to be fluent in te reo and to be able to exercise leadership. Participants considered that there was a need for education about the significance of ta moko and recommended that those contemplating receiving a moko ensure that they are reasonably fluent in te reo.

The tattooed face of the Maori has always attracted attention. Moko, a specifically Maori term for tattoo – diverged from Polynesian tattooing into an art form that belongs uniquely to New Zealand (King, 1992). Tattooing (ta ki te moko) was lengthy and painful. The tools were known as ‘uhi’, small sharp bone points tied together in the shape of a matarau (spear) with four or five prongs, hit with a hammer of wood, called a whao. The points were arranged in a straight line for tattooing, and an expert operator (tohunga ta moko) could do it much more quickly than a beginner (Tikao cited in Beattie, 1990).

The place of moko in traditional Maori society, “served to identify rank, to give recognition to achievers and to provide identifiable authority structure” (Simmons, 1989, p.25). The practice of moko was not only an important custom in itself, “it also became a focal point for all that was idealised and valued in Maori culture” (King, 1992, p.5). Simmons (1989, p.25) describes the moko as a “system of giving information as well as supporting the status system”. The Moko transforms the wearer, defines one’s identity and each is as similar

yet unique as a fingerprint. The lines of the Moko are perpetuated with meaning. Recorded in the design are the wearer’s whakapapa, ancestry and the essence of ones identity. Accordingly, the moko was such a clear statement that it was considered bad manners to ask a person who they were. An inability to, “recognise a great chief could be regarded as an insult, even if the people had never seen him before. Insults were avenged by war” (Simmons, 1989, p.26). The power of the full facial Moko can not be denied.

The male moko came under severe attack from the missionaries in the early 19th Century. Simmons (1989, p.27) quotes J.L Nicholas of 1817, “it is hoped that this barbarous practice will be abolished in time among the New Zealanders: and that the missionaries will exert all the influence they are possessed of to dissuade them from it”. A transcript from A.S Thompson in 1859 reports upon both the missionary and settler influence on Maori culture. “Tattooing is now going out of fashion, partly from the influence of the missionaries, who describe it as the devils art, but chiefly from the example of the settlers” (Simmons, 1989, p.27). It is

claimed that the Maori moko made a brief revival during the nationalistic wars of 1864-68. However it is also claimed that the last of the traditional tattooed men of old died in the 1920's.

Because traditional tattooing involved marking the face and the shedding of blood, it was considered highly tapu and the process was associated with extensive rituals and regulations. The degradation of Maori culture over the past 150 years has seen a substantial change in ceremonies and relaxation of conventions about who is allowed to give the Moko and who is entitled to wear it. To many people associated with it today however, the custom is as authentic and sacred as it has ever been (King, 1992). The last 15-20 years has seen the increase of people acquiring the facial Moko as a symbolism of Maori pride and identity. It is at the forefront of Maori activism and a focus for media attention. This resurgence has often been met with societal scepticism and trepidation. It's these types of attitudes that I will attempt to assess as a means of highlighting the prevalent attitude towards Maori facial Moko in Aotearoa today.

Aims of Study

The specific aims of the study were to:

1. Explore the significance of ta moko in modern Aotearoa society
2. Explore the prevailing attitudes faced by wearers of moko as a result of their moko
3. Identify patterns in which moko wearers cope with prevailing attitudes

Methodology

A case study approach is being used. 10 wearers of traditional Maori facial moko will be interviewed. Each participant will be interviewed using items based on thematic areas of concern for the research. The overall research findings remain in their preliminary stages so a presentation of only three case studies will be made. All three participants have full facial moko. To respect their anonymity, alias have been developed.

The following are three case studies of research participants. Each participant lives in a rural setting and generally close to

family and iwi. Each case study has a brief background of the participant followed by themes that are evident as a result of the interviews. The themes are arranged as follows:

1. Significance of moko:
2. Prevalent attitudes:
3. Coping strategies:

For each theme, participant quotes have been inserted to emphasise each thematic point.

Case Study One: Tio

Tio is in his early to mid twenties. He is married with a wife and children and they all reside within the rural confines of his tribal area. Tio is actively involved with his local marae and strives to provide for his whanau, hapu and iwi. Although he is unemployed, he often finds himself in many of the main centres around the North Island in support of those with moko, those about to acquire moko and Treaty of Waitangi issues.

Significance of moko: The acquisition of the moko for Tio relates to be identified as a Maori person with traditional Maori ideals and values. The death of his father further increased his wanting of the moko. Tio states:

...My father was meant to have a moko before he died. It was then passed from my mother and older brother that I carry the tokotoko (in the form of a moko). To identify who I am, instead of hiding...I've got a lot of friends who are (Pacific) Islanders. It's hard to know if their Maori or (Pacific) Islanders. That's the other reason I did it. So when they look at us, they know straight away who we are! I just wanted to be known as a Maori at the end of the day...I didn't put it on for going out there and protesting...although I'll support that.

Prevalent attitudes: In acquiring the moko Tio understood the attention he would receive from his Maori community and general public.

...Some of my own (whanau, Maori) are the worst to be honest. Only because they are harawene (jealous)

cause they haven't got the moko on their face and they don't want to go through the take (in this case the circumstances that revolve around his having a moko). We face everything. We face our own, Pakeha and attitudes. You can just look at them and you know what they are thinking in their mind. When we first got it done, I didn't give a damn in the world...but there are some that are racist, but they don't worry us one bit. So long as they don't try anything silly.

Tio suggests that in his experience, the general public of the Bay of Plenty, are more accepting of the moko than places such as Hamilton and Auckland.

...Well some Pakeha react sweet as. Some don't know what to say...whether they like it or not we are here to stay. Around Whakatane they are used to us (moko wearers)...in Hamilton they freak all right. Especially those red-collars (rednecks), they freak bro!

...I don't know what they think, I don't know whether they think, 'ah there's those people that are bloody kicking us off their lands and all that' (laughs). It's not all about that. Some of them got it the wrong way.

Tio acknowledges the controversy surrounding moko and attributes a proportion of the blame to the media.

...Yeah well I reckon it's the media. The media is there to make us look like bad people. They try and act like they are there to catch the good parts, but their only there for the sad parts. Wait for someone to make a bad mistake, egg-out, and they are there to go, 'I'm putting that on the news!' And it's not like that. There are a lot of cheeky people out there on the streets when there are occupations going down. There to provoke you.

Tio is very keen to educate the uneducated. Whether they are Maori or non-Maori. A key aspect to resolving a lot of issues surrounding moko is education according to Tio although how this is achieved is uncertain.

...Like I said before even our people need to educate themselves to work with Pakeha. Talk with better understanding. Kindness, aroha, because that's what our old people had, aroha.

...To help that you've got to talk to them (Pakeha) and educate them in our (Maori) ways because we've educated ourselves in the way they think, in their ways. They don't know our tikanga...than they'll understand where we are coming from.

Coping strategies: An important issue for Tio is that people are educated to the significance of the moko for Maori people and wearers in particular. He foresees his role as an educator as a coping strategy.

...I've got three alternatives. I'll either talk to them and if they don't want to listen than I'll just walk away. If they want to come and nag me about it (after trying the first two alternatives), we'll go on the (marae) atea (settle it with a fight)...There is no win or lose, it's just sorting it out.

...Right from the time you get done (ta moko) it starts...the next day your out their facing the world. You get a lot of negatives but you just walk around with your head up high...I won't let my head down or I'll be letting myself and my wahine (wife) down.

The moko has meant subtle changes in lifestyle and viewpoint on life. A greater commitment to Maori issues, the language and marae duties in particular.

Case Study Two: Neweru

Newaru was a whangai (adopted) to his koroua (grandfather) and kuia (grandmother). During his fourth form year (year 10), Newaru left school and associated himself with gangs eventually becoming a patched up gang member himself. Newaru has since left the gang and currently resides in Whakatane. He is aged between 20-30 years. He is in the first year of a three-year Bachelor of Maori Studies degree. Newaru has had his moko for approximately 5 years although it is still incomplete.

Significance of moko: Neweru commented

The meaning of the moko for me is my truth to Io Matua Kore...through the Ira Atua down to the Ira Tangata, down to me. My right side is te taha tane (male side) and the left side is te taha wahine (female side). On my moko it explains my mothers people and my fathers people.

The life Newaru had led has provided extra impetus to acquiring the moko.

...I guess I prepared myself when I was a child really. I went through a stage of rebellious teenage life. I've been to jail before. I spent 28 months in jail. I was classed as an alcoholic and a drug user...I don't drink now, I don't smoke cigarettes and I don't smoke marijuana any more.

Prevalent attitudes: In assessing the attitudes Newaru is faced with he assures himself that ignorance and fear play an important role in people's reactions.

...I get a lot of good responses from Pakeha. A lot of them go to me, 'gee that's beautiful. Well balanced and there's not too much'. You know what I mean? Some moko when you look at them you can't see the person. You can't see the face you know what I mean. But with mine you can see my face, you can see who I am...Some people (Pakeha) look at me as if I'm an alien. Some of them don't realise that this (moko) was here before them and before their forefathers...I know there are a lot of them (Pakeha) that are really ignorant and arrogant. I can see it. Just the way they dominate the town, but I don't let that affect me.

In response to the reactions from Maori people Newaru has mixed views as well.

...My own whanau, they are okay with it, they are fine with it...I have talked to a lot of gang members or they have come up to me because I know a lot of them and they have said to me, 'gee you're intimidating with your moko'. They feel that I intimidate them and I go to them, 'ah look at you fullas, big, black and ugly' (laughs). They then

say, 'nah, your intimidating' because they understand the concept of the ta moko. They know that its tapu and they know that it's a spiritual thing.

However the historical representation and significance of the moko has caused a few dilemmas for Newaru.

...For me being young and wearing the moko, people have expectations of me. And I say to people when I first meet a lot of people, 'don't have expectations, because I might not be able to meet them'. They think I know everything but I don't.

Coping Strategies: In response to coping with situations that confront Newaru, humility and education appear to be his main strategy.

...Before I had my moko I wasn't a humble person. Anyone that would look at me I would say, 'what are you f... looking at' that sort of thing. What the moko has done for me is made me humble. When people are looking at me I just go, 'ah, their looking at the moko'. I just have to look at them and don't take offence. They have to look because I have a moko.

...I have to humble myself...I will let them come and ask me. Open myself up to people to come and ask me about my moko. If I can explain what their asking, well I will, if I can't then I'll say, 'can't answer it'.

With respect to the ignorant few Newaru finds it easier to simply walk away.

...I just leave it there because its not my problem, its theirs and they have to work that out. I know who I am, but they don't know who they are. Some of the Pakeha people I say to them, 'now this is old. This was here before you people were here'.

Case Study Three: Rihari

Rihari is aged between 25-35 years. He is currently in his final years of his Bachelors degree with the intention of completing a Masters. As a child, his father who was a carver exposed Rihari to the different elements of moko. Kapa haka however really allowed him that freedom to express

his interest in ta moko. Rihari has a full facial moko.

Significance of moko: Throughout Rihari's life he has never had the desire to get a moko despite his heavy involvement and interest in the art. However, the overall moko represents for Rihari the personal experiences in his life. Moko on the kauae is significant to the passing of his first wife and child. The moko (nose and mouth) represent his current relationship with his wife and children. The rae (forehead) is a reflection of his developments as a person within te ao Maori (Maori world). The right and left sides of the face represent tribal affiliations. The moko also represents his history in terms of having had gang relations and Maori political ties, although these are not as apparent in the designs.

Prevalent attitudes: Rihari comments

...Straight away people are looking for faults and to see if their wairangi (crazy) until they see the person's really changed (internally and externally)

...Before the moko I was just the same as everybody else. As soon as I got the moko there was a change. I've got the upper hand in the way I speak and conduct myself. The person has a different feel for me. They look at the way I'm dressed and speak and think (to themselves), 'gee, this person's educated. Look at the way he's dressed and speaks'. Stereotypical view is blown away really quickly.

Rihari found that shopping for clothes was a prime situation of being cast in a stereotypical role.

...In the shops I'm always taken to the cheap section of the shop. Cheap jeans and shirts. I don't know what you call it but they always suggest cheaper things for you. They'll always suggest the cheapest stuff! I think they must think I'm unemployed or something as soon as they see me. It must be the unemployment issue, the economic issue, social issues associated with moko...has to be.

Different people from society treat me differently. Like professional people treat me different...They think I'm gonna attack them or I'm anti-government, pro-Maori...I think their first impression of me changes when they speak to me. They get a first impression of how much education I've had.

...Our people tend to think you 'on to it' (clever) straight away because you've got one (moko). It's a little presumption they have...they think you can sing 500 waiata (songs), whaikorero. Lucky some of us can or we'll be blowing the bubble on us if we couldn't. There's the pressure to start doing things before you get one. They (people in general) expect things.

Coping strategies: The biggest challenge for Rihari was accepting this physical change.

...I had to get used to having it myself. That was the biggest thing I've ever had to deal with. The biggest challenge was having this permanent addition to my appearance.

The acceptance and support from family members was the reassurance he sought and with this Rihari has coped really well.

...I was okay with my family. The past history was there. There was no argument about, 'what are you doing?' They had seen my change. There was a change in what I was doing in my life. I was leaving the gang. They could see I was pulling away from it.

Treating people with a lot more civility and educating people about ta moko are the primary ways of coping. Rihari understands the provocation his moko will stir but is undeterred in his belief in educating.

...I started changing the way I treated people. I used to set them up so they could take the fall. I don't play that game anymore so I just get straight to the point when dealing with people...Say it with authority so any negative suggestions are averted. That's one philosophy I've maintained about Pakeha people and other people

that don't know about moko, or haven't got a moko. They are having these thoughts as untrained people. Lets teach them something while we're having this little experience. Try not to be rude and being polite.

Conclusion

It must be noted that the paper presented is a summary of preliminary findings from a study still in progress. The findings do however provide a starting point for further research.

Life experiences for research participants have ensured the moko act as a catalyst to their personal growth and development within Maori and mainstream societies. The significance of the moko is twofold. It marks a transition from one period in each participant's life to another. The moko has physically marked a time of grief and experience alongside personal change and direction. Secondly, participants have reassessed what is of value to themselves and their whanau and appear positive in their approach to realising those ideals. This is a significant step considering the background experiences of some of the participants.

The attitudinal reactions from the three case studies are similar in experience. The participants enjoy the many positive comments and support they receive from the public and are convinced about the sincerity. These types of attitudes appear to be a lot more prevalent than the ignorance, racism and intimidation that has also been encountered. A feature of Maori attitudes in particular relates to the traditional and historical expectations of moko wearers. For Maori, there are issues of fluency in te reo (Maori language), oratory, and the ability to recite whakapapa (genealogy), myths and legends; in essence showing the characteristics of a potential leader. This attitude, although not necessarily negative, is fairly widespread and demanding.

In an attempt to cope with these situations, all three participants have advocated for education and dialogue, as a means to reducing public scrutiny and individual stresses. In dealing with expectations participants have warned of at least knowing, or learning, to speak the reo. This

has been advised, as some moko wearers are not taken seriously.

References

- King, M. (1992). *Moko: Maori Tattooing in the 20th Century*. Auckland: D. Bateman.
- Simmons, D.R. (1989). *Ta Moko: The Art of Maori Tattoo*. Auckland: Reed Methuen.
- Tikao, T.T. (1990) The Art of Tattooing. In H. Beattie, *Tikao Talks. Ka Taoka Tapu o te Ao Kohatu* (pp.145-146). Christchurch: Penguin Books.

Maori and Epilepsy: Personal perceptions of the cause, treatment and consequences of epilepsy by Maori in the Bay of Plenty

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This paper discusses the perceptions of epilepsy held by Maori in the Bay of Plenty. The paper begins by introducing the purpose and rationale of the research. It then moves on to describe the aims and qualitative research methods that were used to collect the data. Finally the paper discusses the findings of the research, this includes: a close look at the unique perceptions of epilepsy that were reported by Maori in the Bay of Plenty; the lack of resources and services available in a small rural town of the Bay of Plenty; the services desired by Maori; attitudes towards medication and the inappropriate behaviour many of the participants experienced by the medical profession.

Question: What do Julius Caesar, Alexander the Great, Napoleon, Socrates Tchaikovsky and Keith Quinn all have in common?

Answer: They all have or had epilepsy.

The purpose of the research

The purpose of this research was to examine how Maori people in the Bay of Plenty perceive epilepsy. Through this, I hoped I might also be able to gain an understanding of how Maori with epilepsy and their whanau cope with epilepsy, what services they utilise and require and what are the key issues for them.

Through this paper I will explain how I arrived at this topic, why I think it is important how I went about researching my topic and finally I will concentrate on what my research found.

What is epilepsy?

Epilepsy is a relatively common but quite complex condition. About 1% of the population have epilepsy, 38,000 people in New Zealand.

Epilepsy takes the form of recurring seizures and these seizures can be controlled to a degree through medication. A seizure is a temporary malfunction of the brain's communication system caused by abnormal electrical discharge of neurons in the brain or, more simply, abnormal brain cell activity.

There are many types of epilepsy however they are usually categorised into two main types: *generalised seizures* where the whole brain is affected by the abnormal brain activity and the person becomes unconscious, and *partial seizures* where only part of the body is affected by the seizure since the abnormal brain activity is localised.

Rationale for the research

I chose to do this research after working as a caregiver. As a caregiver, I heard many stories that inspired, intrigued and saddened me. The stories that saddened me usually involved my client being denied a fair deal, an appropriate service or information that may allow them to progress. These stories inspired me to look further into the services offered to people with disabilities and in particular Maori. I also wanted to narrow my field of disability down and I discovered that there was very little (if any) research on what Maori thought about epilepsy.

I sought to increase the understanding of epilepsy in order to better ensure that Maori with epilepsy are assisted in accessing appropriate information and services. I also wanted to provide a document that would act as a basis for ongoing research into future developments for Maori with epilepsy and their whanau in the Bay of Plenty. I thought this important because there was a lack of literature relating specifically to Maori and Epilepsy.

Beginning with a wide literature search I was only able to find one paragraph that pertained to Maori and epilepsy in a document written by L.K. Gluckman about the medical history of New Zealand prior to 1860. The article specifically addressed “the history of insanity in the Maori”. In 1849 Dr A. Thomson made the following observation:

Epilepsy he believed was rare, never having encountered a medical man or European who had seen a Maori epileptic, nor did he meet a Maori who could describe the disease. There was then a current Maori word for a sickness in which a person falls without obvious cause but this term was commonly used for fainting episodes. He noted the children of natives not uncommonly had convulsions. (Gluckman, 1976, p.229)

So with that sole paragraph to go by I thought surely I could produce something a little more accurate and up-to-date.

Methodology

The questions which guided my research were:

- How do Maori people with epilepsy, their caregivers and other key informants view epilepsy?
- What are the key issues relevant to Maori people with epilepsy?
- How do Maori deal with epilepsy?
- What services Maori people with epilepsy desire or require?
- What traditional and contemporary views of epilepsy were/are held by Maori?

I planned to cover the Bay of Plenty region as a focus area as I have whanau, hapu and iwi connections throughout the Bay of Plenty. It was my intention to provide knowledge that would serve the community justly and would benefit my iwi (c.f. Cram, 1997). However I wanted to maximise participation in my research which meant extending the sample area to include the Paeroa and Waihi.

Qualitative methods of data collection were used for this research. That is, an indepth and detailed interpretative study was completed.

Semi-structured interview schedules were used to conduct face to face interviews with the participants. The interviews took place between May and November 1998 and a snowball technique was used to recruit participants. Nineteen participants were interviewed and these consisted of eight Maori with epilepsy, six caregivers and five key informants. The last group consisted of field officers, a general practitioner and an ex-director of services for the EANZ. Field Officers are employed by branches of the Epilepsy Association of New Zealand to educate the community about epilepsy, provide information about community resources to people with epilepsy and to provide social and psychological support in coping with epilepsy.

The purpose of interviewing key informants was to gather information about how Maori with epilepsy perceive epilepsy and how this might affect their knowledge about epilepsy, the services that are available to them and their treatment. Key informants were also helpful in accessing other participants such as caregivers and Maori people with epilepsy.

The purpose of interviewing Maori with epilepsy was to gain an understanding of how they perceive and cope with their epilepsy, what services and support they have found useful and what services they would see as being useful

Caregivers were interviewed to gain an appreciation of what they cope with when a seizure occurs, how they cope, what support services are useful and most importantly how they perceive epilepsy. How caregivers perceive epilepsy is important to establish as it may provide an indication as to what services they may seek for their child.

Findings

Views of epilepsy: There was a clear distinction between contemporary and traditional views of epilepsy. Traditional beliefs about epilepsy were associated with spiritual events such as breaking tapu. Participants who viewed epilepsy in a

contemporary fashion considered epilepsy to be medical condition.

The traditional views of epilepsy were highlighted by comments such as the following:

My mother had told me it was cos I played with a ouija board. I was playing with a ouija board a few years ago, in 1985 I think, with my mate and neighbour and when I told my mother about it she blamed it on that. When I asked how can other people play and Maori people can't mum? She said 'Oh I don't know'.

Key informants though such views had implications for the services Maori seek and their compliance with the advice given by these services. For example although the person may visit the doctor about their epilepsy they may be reluctant to take their medication correctly, possibly because they did not regard taking their medication as important. This in turn has implications on how well seizures are managed and the overall wellbeing of the person with epilepsy.

Lack of resources and services for Maori:

More accessible information was a key issue mentioned by participants. Participants said that health professionals should spend more time with clients explaining epilepsy, the implications of taking medication correctly, and the basic safety issues such as not leaving a person with epilepsy in the bath unattended. One field officer also reported that GP's were not getting information through to Maori people with epilepsy and their whanau and that this was having an impact on whether people took their medication correctly.

One reason why GP's are not getting the information across is that not many are up to date with what is happening in the field of epilepsy. Whereas in better serviced areas, people with epilepsy have access to Neurologists, in the Bay of Plenty they have to rely on poorly informed GP's to explain what epilepsy is and the implications or having it. Field Officers help fill in the gap,

but like most health professionals they are stretched to the limit and Small rural towns like Opotiki tend to feel the stretch the most. Another limiting fact is that GP's have only 15 minute consultations which is insufficient time to discuss fully the client's epilepsy.

The following illustration shows why it is so important to be informed about epilepsy. One participant had told me that their daughter had been diagnosed with epilepsy and it was the kind where her daughter loses consciousness. The doctor had explained a little bit about epilepsy but had failed to give her some basic safety advice. At home one evening the daughter was in the bath and the phone rang so the mother went to answer the telephone. After a while she had noticed that her daughter was not making any noise. The mother went in to check on her and found that she had had a seizure. Luckily she had fallen with her to the side of the bath, rather than straight back, and wasn't seriously hurt, but the failure to tell this mother about leaving her daughter unattended could have easily been fatal.

Services/required and desired: Participants reported that they would like to see more education about epilepsy, the establishment of support groups and the provision of an advocate. Support groups would provide Maori people with epilepsy and their caregivers with the opportunity to meet and share their experiences. Another positive suggestion was the provision of Maori services by Maori on Marae.

Another issue that arose when discussing the services for Maori with epilepsy was the insufficient services being offered in Opotiki. This finding is consistent with those of the Health and Disability Unit, Midland Health (1997) who report that resources are not being allocated to the areas, including the Eastern Bay of Plenty, that most need them.

An implication of this is that Opotiki's small population is unlikely to see an increase in services. But perhaps a realistic short term solution is to improve the current delivery of services being provided in the Opotiki area. This may be as simple as making regular

visits to the area by field officers, or information sharing between the health professional in the Opotiki area.

Medication: Taking medication correctly seemed to be an issue when talking with participants. Half of the participants (including caregivers) had either chosen not to take their medication or were not taking their medication correctly. Of those who had chosen to take themselves off medication only one had stopped having seizures. Others had opted to take themselves off medication as they have absence seizures (where the person appears to “black-out” or “drift off into a day dream”) and do not seem to place as much emphasis on this type of seizure. However taking medication correctly is important to controlling seizures. Being subject to uncontrolled seizures can have a ripple effect. For example unless seizures are controlled one can not obtain a driver’s licence. There are many other psychosocial effects epilepsy can have.

Inappropriate behaviour: Participants frequently mentioned that they had experienced inappropriate behaviour by the medical profession. Many caregivers reported that they had to be assertive with medical staff to either get referrals to specialists or a diagnosis. One participant had reported that a doctor had told her parents that there was nothing wrong with her that she was pretending to be ill and needed a good kick up the backside. This same person was later admitted to a psychiatric ward.

Such inappropriate treatment can lead to a delay in the diagnosis of epilepsy, thus increasing the possibility of the person injuring him or herself during a seizure. Perhaps a minor step in addressing this inappropriate behaviour may be through the provision of education about epilepsy by Field Officers to health professionals.

Conclusion

Through this paper I hope I have clearly illustrated why I chose this topic, the way in which I carried out my research, but most importantly I hope I have given you an indication that it was important to research

Maori perceptions of epilepsy in order to better ensure Maori with epilepsy are assisted in accessing appropriate information and services.

References:

- Cram, F. (1997). Features: Developing partnerships in research. *Sites* 35 (spring 1997) 44-63.
- Gluckman, L.K. (1976) *Medical history of New Zealand prior to 1860*. Christchurch: Whitcoulls.
- Health and Disability Research Analysis Unit, Midland Health. (1997). *Family health services in the midland health region*. Health and Disability Research Analysis Unit: Midland Health.

Ethnicity and deliberate self-injury: A review of the literature

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Deliberate self-injury is a significant social problem affecting youth in New Zealand. Rates of hospitalisation for youth (aged 15 to 19) from deliberate self-injury approximate 225 per 100,000. It appears that the rates for Maori and women are significantly higher. From 1987 to 1993, an average of 488 Maori women per 100 000 population have been hospitalised each year (Ministry of Health: Manatu Hauora, 1996). This paper draws upon both local and international literature to examine factors underlying this ethnic disparity.

There is a wealth of literature examining risk factors underlying suicidal behaviour as a whole. Deliberate self-injury is usually assumed to be an adjunct of youth suicide; prevention strategies are conflated. This paper argues that this assumption is untenable, and in particular, that prevention strategies designed for youth suicide are problematic in terms of deliberate self-injury. While prevention strategies are based upon studies that do not differentiate between these groups, results will be compromised.

More than one thousand people aged 15 to 24 are hospitalised as a result of non-fatal deliberate self-injury each year. The majority of these are Maori and women (Ministry of Health, 1996). Non-fatal deliberate self-injury has been the fifth leading cause of hospitalisation in young women (Department of Health, 1988). However, despite the prevalence of serious deliberate self-injury and the associated social costs, it has received minimal research. Rather, deliberate self-injury is assumed to be an adjunct of suicide. This assumption is questionable, and in particular, the prevention strategies designed for youth suicide are problematic in terms of deliberate self-injury. The literature suggests that youth who complete suicide and youth who deliberately self-injure are comprised of distinctly different groups, with characteristics that strongly suggest that different strategies are required (Maris, 1981; Pritchard 1994).

Until recently, as McKeown and colleagues (1998) point out, international literature on the prevention of deliberate self-injury and suicide has tended to focus on proximal risk factors; acute situations that may be construed as crises by adolescents, such as relationship break-up and school difficulties. However, these researchers found that focusing on proximal factors may result in the important role of environmental factors being overlooked. Blumenthal (1990) suggests that there are five overlapping spheres of vulnerability (psychiatric disorders, personality traits,

psychosocial, biology and family history) and it is the quality and interaction of these spheres that determines the risk for deliberate self-injury. The international literature suggests that although approximately 25% of people who commit suicide have previously engaged in deliberate self-injury (Maris, 1981), the two groups have distinguishing characteristics. Furthermore, these characteristics can be linked to psychosocial factors such as unemployment, sexual abuse and gendered patterns of behaviour.

This paper discusses the literature on deliberate self-injury, with a particular focus on ethnic differences. There will be a particular focus on social and environmental issues and possible factors involved in ethnic differences. In order to do this, I will also discuss gender issues in relation to deliberate self-injury, in an attempt to illustrate the similarities and differences between these two phenomena. Due to the paucity of local literature on deliberate self-injury (as distinct from suicide), international material will be included. However, as McKeown and colleagues (1998) point out, few studies of self-destructive behaviour include substantial numbers of ethnic minority participants. An attempt will be made to examine the relevance of these studies to the Aotearoa/New Zealand context. There are very clear differences between those who do, and do not injure themselves, and these differences seem to be linked to gender and ethnicity. This is an important

area for discussion because it is frequently assumed that prevention strategies for suicide will also be suitable for non-fatal deliberate self-injury.

Definitions

Deliberate self-injury, attempted suicide or parasuicide? Gauging a person's intent to die is problematic and it is common for people to change their minds during the process of committing suicide (Farberow, 1991; Greenwood, 1996). The term "deliberate self-injury" is used in preference to "attempted suicide" and "parasuicide" because it includes individuals for whom the intended outcome is unclear, but who, nevertheless, intended to cause serious harm to themselves. A major problem with these terms is determining people's intentions.

The term "self-injury" is used in this paper instead of "self-harm" because the latter may be taken to include relatively passive behaviours such as smoking, while the former is more frequently construed to describe active, deliberate or aggressive behaviour. However, it is acknowledged that some instances of self-injury will be overlooked because it is unclear whether injury was deliberate. For example, it has been suggested that this is the case in an important minority of motor vehicle accidents involving young men (Drummond, 1996). Unfortunately, there is no terminology available that can accurately capture this type of behaviour. Generally speaking deliberate self-injury in this context includes behaviour such as cutting and overdosing – there is an obvious intent to do injury to oneself, but there may or may not be an intent to die. However, if we think of self-injurious behaviour as a continuum with suicide at one end and relatively passive behaviour such as smoking at the other there are a number of points along the scale.

A set of behaviours that is outside the scope of this paper is that of high-repetition, low-lethality injury, such as superficial cutting. This type of behaviour is sometimes referred to as "self-mutilation" (Favazza, 1996; Walsh and Rosen, 1988). Early efforts to discuss self-mutilation and suicide emphasised their interrelatedness, leading to the concept of "parasuicide". More recent theories (Favazza, 1996; Ross and McKay, 1971; Walsh and Rosen, 1988) see self-mutilation as counter-intentional to suicide. There is often very little risk of dying, and no intent to die. Menninger

(1938) discussed self-mutilation as an attempt at self-healing in which a suicidal impulse was focused on part of the body instead of the total body: "Local self-destruction is a form of partial suicide to avert total suicide" (Favazza, 1996, p. 271). In Favazza's view, self-mutilation is antithetical to suicide. Although there are a number of similarities between self-mutilators and those who engage in the high-lethality, low repetition behaviour that is the focus of this paper (particularly in regard to risk factors), there also appear to be distinctions between them – and between these two groups and those who commit suicide.

Young People? The terms "young people" and "youth" mean different things to different people, and this is reflected in the literature. Although people often think of "youth" as teenagers, the World Health Organisation defines "young people" as those aged between 10 and 24 years. However, "youth" are more frequently categorised as those aged 15 to 24 years, and this is the case in many reports and articles on this topic (for example, those by the Ministry of Health). Moreover, it appears that the ages of 15 to 24 are characterised by important developmental transitions, and deliberate self-injury is relatively rare in those aged under 15. For these reasons, for the purpose of this report, "youth" is defined as those aged 15 to 24.

Maori? Shifting definitions are also a problem in relation to ethnicity. The classification of ethnicity used in health statistics was changed in 1995. As a result more people are now categorised as Maori. This has obvious implications for data analyses – comparing data obtained pre- and post-1995 will lead to inaccurate results.

Interestingly, the change of definition has had a significant impact on statistics. Prior to 1996, an individual's ethnicity was recorded as Maori if they had a minimum of 50 percent Maori ancestry. From 1981 to 1993 Maori rates of hospitalization for deliberate self-injury were consistently higher than non-Maori rates. Since the definition of Maori was changed to self-identification, statistics indicate that Maori and non-Maori rates are similar, and, indeed, hospitalization rates for non-Maori females are higher than Maori.

Statistics:

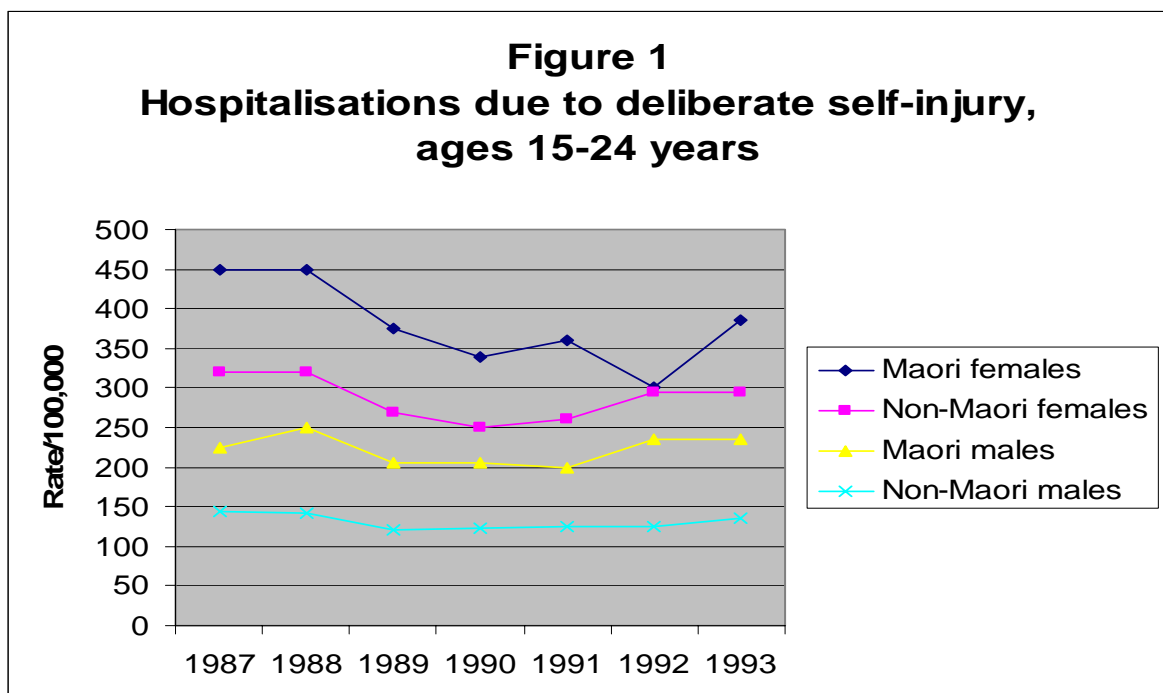
Aotearoa/New Zealand has one of the highest rates of male youth suicide in the world. In 1994, the World Health Organisation ranked New Zealand highest out of 23 OECD countries, with 40 deaths per 100 000 population. However, completed suicide is only the “tip of the ice-berg” in deliberate self-injury. This is not to suggest that suicide is over-researched or undeserving of the focus of attention that it currently receives. Rather, the point is that non-fatal deliberate self-injury may in fact be an even greater problem than is currently recognised.

Up until age 12, hospitalisation for deliberate self-injury is very uncommon – less than 10 per 100 000 population each year. Between ages 12 and 14 the rate leaps to 400 per 100 000, increases to 500/100 000 by age 18 and remains relatively stable until age 24, at which point a decline in hospital admissions begins. By age 30, the rate is approximately 300/100 000 and by age 45 the rate has decreased to around 150. Data suggests that deliberate self-injury is the fifth leading cause of hospitalisation for young women (Department of Health, 1987). Maori are twice as likely to be hospitalised as non-Maori. From 1981 to 1993, approximately

400 Maori females per 100 000 population were hospitalised, 300 non-Maori females, 250 Maori males and 150 non-Maori males – an overall rate of 1250 young people per 100 000 each year (Ministry of Health: Manatu Hauora, 1996, 1999). See Figure 1 for a graphic illustration of these disparities.

The rate of hospitalization for deliberate self-injury represents only a fraction of incidents, as many incidents are dealt with by general practitioners and emergency departments without formal admission to hospital (Ministry of Health: Manatu Hauora, 1996). In addition the rates of both completed suicides and attempts are under-reported, due to the difficulty in determining intent, and the desire to avoid adding to personal distress by applying labels.

Coggan, Fanslow, Miller and Norton (1997) estimated the total economic cost of attempted suicide in 1992 at \$11,811,449. This figure was based on \$4,569 per victim and included counselling costs, emergency treatment, hospital stay and loss of productivity. Coggan et. al. suggest that this is likely to be an underestimate, as suicide attempters may not be identified as such by hospitals. In addition, this figure appears to relate only to those who are hospitalised.



Adapted from: Ministry of Health: Manatu Hauora (1996). *Youth mental Health Promotion including suicide prevention: the public health issues 1995-1996*. Wellington: Ministry of Health: Manatu Hauora.

Characteristics of those who complete suicide, vs. those who engage in non-fatal deliberate self-injury

According to White and Stillion (1988), deliberate self-injury is qualitatively different from suicide – deliberate self-injury is usually a “cry for help”. Maris (1981) suggested that people who complete suicide and those who engage in non-fatal suicidal behaviour generally share some characteristics, such as depression and a sense of hopelessness, but differ in others. Moreover, those characteristics that are shared differ in their degree. For example: 75% of those who complete suicide make only one attempt (the successful one), while 58% of those who self-injure repeat the behaviour. Kerkhof and Nathawat (1989) argue that once people have injured themselves, they will be more inclined to see it as a feasible option. There is some suggestion that the attention received following an incident of self-injury becomes reinforcing, resulting in further incidents (Favazza 1996). In these cases the intended outcome of the behaviour is clearly not to die, but to seek support or attention.

According to Pritchard (1994), people who complete suicide (as opposed to the who self-injure) are less likely to have suffered early trauma, are unlikely to be frightened of death, and see death as a solution to their problems. They are more likely to suffer from a major affective disorder, schizophrenia or conduct disorder, a physical disability, illness and/or chronic pain or alcohol problems, and have often had a friend or relative who exhibited suicidal behaviour. They are also more likely to be male and be socially isolated. Suicide is also more likely to occur in spring or autumn.

Conversely, people who engage in non-fatal self-injurious behaviours are likely to have experienced early trauma (particularly abuse), have little sense of accomplishment,

are young, view their social interactions negatively, and are more likely to abuse drugs other than alcohol. They tend to be of lower socio-economic status, living in overcrowded circumstances, and aged under 30. Their attempts are likely to be anger-based and, according to Maris (1981), the first incident is often made in an attempt to manipulate others or draw attention to their problems. Farberow (1991) acknowledges that the distinctions between suicide, attempts, and other forms of deliberate self-injury are difficult to make, as attempts are usually preceded by threats and ideation, but nonetheless distinctions exist.

In one of the few New Zealander studies of non-fatal suicidal behaviour involving young people, Fergusson and Lynskey (1995) found that those who attempted suicide could be distinguished from those reporting suicidal ideation alone. The sample consisted of 954 sixteen year olds. By the age of 16, 15% of the sample reported having either made a suicide attempt or experienced suicidal ideation. (All those who reported making an attempt also reported suicidal ideation.) Of the attempts, approximately 20% required hospitalisation. The authors note that the prevalence of suicidal behaviour appears to

Differentiating suicide from deliberate self-injury be slightly lower than usually reported. However, this sample may have been reluctant to divulge this information in an interview situation. These findings suggest that those engaging in deliberate self-injury are characterised by a greater burden of psychosocial risk factors, such as higher rates of psychiatric disorder, problems of adjustment, and exposure to family adversity. Fergusson and Lynskey suggest that suicidal ideation in the absence of other risk factors is not typically associated with an increased rate of deliberate self-injury. Perhaps the most interesting finding was that young people who self-injure often come from dysfunctional family circumstances,

characterised by familial conflict and instability, parental substance abuse or offending, and economic disadvantage. As other New Zealand authors have suggested, young people, particularly young women, who are in contact with welfare services may be at greater risk of suicidal behaviour than others (Smith and Beautrais, 1999). This appears to fit with the pattern of

characteristics presented by Fergusson and Lynskey above.

Table 1 synthesises the findings from the literature and makes use of New Zealand statistics (Ministry of Health: Manatu Hauora, 1996) in setting out some of the important differences between deliberate self-injury and suicide.

Table 1: Differentiating suicide from deliberate self-injury

Suicide	Deliberate self-injury
Psychiatric illness – schizophrenia	Depression, personality disorder
Wants to die	Intent questionable
Males	Females
Alcohol / drug abuse	Alcohol / drug problems (less severe/likely)
Divorced	Divorced (less severe/likely)
Highest in 15 to 24s, <i>and over 75</i> (for men)	Mainly under 25
Previous deliberate self-injury	Previous deliberate self-injury
Physical illness, chronic pain	Unusual
All socio-economic classes	Lower socio-economic groups
Unemployed (less likely)	Unemployed
Living alone, socially isolated	Over-crowded conditions
In spring and autumn	No seasonal variations
Previous abuse unlikely	High likelihood of previous abuse
Roughly equal numbers of Maori & non-Maori	Considerably more Maori hospitalisations

Gender Issues

In 1992, females accounted for 59% of all individuals hospitalised for deliberate self-injury in New Zealand. As mentioned above, it is likely that many instances of deliberate self-injury do not result in hospitalisation, and this is particularly the case for females. Females tend to use less aggressive, slower-acting means of self-injury (e.g. drug overdose) than males, who are far more likely to use more lethal means such as hanging and shooting (Coggan et.al., 1995). As a result, women are likely to be discovered before hospitalisation becomes necessary. A study by the Wellington Hospital Board (1980) showed

that (in the Wellington area) people were more likely to engage in this behaviour if they were female, aged 15 to 24, unemployed, a sickness beneficiary, lived in the inner city and were Maori. Again, this information was compiled from hospital admission records, so these trends may not be reflective of those who were not hospitalised.

Low self-esteem is an important factor in depression, and 90% of people who engage in self-destructive behaviour are diagnosable with an affective disorder, depression being the most common. Prior to adolescence, rates of depression in boys and girls are very similar (Nolen-Hoeksma,

1990). However, with the onset of adolescence, female depression rates begin to increase rapidly. McGrath and colleagues (1990) argue that emerging gender role conflicts, fear of success and increasing devaluation of the female role are contributing factors. The normal physical changes of puberty often decrease female adolescents' satisfaction with their bodies, while the reverse is the case for males (Dornbusch et. al., 1984). Furthermore, Lerner and Karabenick (1974) found that young women's self-esteem is closely related to satisfaction with one's body. These studies were confirmed by Gilligan, Lyons and Hammer (1989), who found that girls are harsher in their self-appraisals than boys, particularly in regard to physical appearance. Allgood-Merten, Lewinsohn and Hops (1990) found that in a sample of 820 mid-upper socio-economic status teenagers, female adolescents reported more depressive symptoms, self-consciousness, stressful events and negative body-image, than boys.

Adults who have been victims of abuse as children report significantly greater symptoms indicative of depression, anxiety and self-abusive behaviour, and women whose experiences occurred within the family are at greater risk of disturbance than other women (Sedney and Brooks, 1984). Symptoms include trouble sleeping, nervousness, thoughts of hurting oneself and learning difficulties. Wagner and Linehan (1994) provide confirmation of some of these findings, reporting that not only are women who have been sexually abused more likely to engage in deliberate self-injury, their behaviour is also more likely to be lethal than that of women who did not report abuse. Over the last 10 years, Maori girls aged under 14 have had far higher rates of hospitalisation for maltreatment than any other group, although in the last five years the gap between Maori girls and Maori boys has narrowed. However, from 1988 to 1995 hospitalisation rates for girls aged under 14 have varied from 60 per 100,000 to 240 per 100, 000, compared to 50 to 100 per 100,000 for boys (Ministry of Health, 1998).

Some of the literature discussed above¹ examines deliberate self-injury and suicidal behaviour from a feminist perspective, arguing that all women may be directly or indirectly affected by discrimination, powerlessness and devaluation as a result of gender role stereotyping, possibly resulting in depression and a sense of hopelessness. One may argue that members of ethnic minority groups are at least as likely to be subject to these factors, which in turn, leads to other risk factors such as poor health, lower education levels, unemployment and other sources of stress, and less access to suitable health resources.

Ethnicity Issues

As discussed above, people who engage in non-fatal deliberate self-injury appear likely to be survivors of trauma. Furthermore, there appear to be links with poverty, physical well-being (or the lack thereof), and depression. In these regards, statistics on the health and well-being of young Maori make grim reading. Young Maori are more likely than young Pakeha to live in circumstances generally associated with an increased risk to well-being. In 1996, over a third of Maori left school with no formal educational qualifications. Just over one-third of Maori aged 15-19 who were available for work were unemployed. As at 1995, Maori children were nearly four times more likely to be hospitalised for abuse than non-Maori². In 1994, 51% of Women's Refuge clients were Maori, although Maori comprise approximately 13% of the total population of Aotearoa/New Zealand (Ministry of Health, 1998).

International studies suggest that colonised indigenous populations are at higher risk of self-injurious behaviour than the colonisers. McGrath, Keita, Strickland and Russo (1990) note that suicide is twice as high among Native Americans than among the general American population, and it is probable that the deliberate self-injury rate is similarly disproportionate. They suggest that poverty and lack of education are among the contributing factors. Similarly, these researchers contend that African American/Black women are faced with a number of mental health issues as a result of their historical, cultural and structural

position within American society. These issues are reflected in higher rates of ill-health and substance abuse. However, Black American deliberate self-injury rates are lower than white American rates (Neeleman et al, 1996).

In a study of Aborigines in South Australia, Clayer and Czechowicz (1991) found that there was a disproportionately high rate of suicidal behaviour among that population, whose position they considered to be similar to that of Native Americans. Both have experienced extensive social disintegration as a result of colonisation.

The importance of risk factors seems to vary markedly between dominant and non-dominant groups. Neeleman and colleagues' 1996 study of British-born Indian women provides a good example of this. The rates of deliberate self-injury in this group are 7.8 times higher than British-born white females. The researchers contend that unemployment is a much weaker risk factor amongst ethnic minorities in the United Kingdom. They suggest that members of ethnic minorities tend to be employed in less rewarding jobs, so that for them, unemployment may be less stressful than being in paid work.

The position of Maori

Keri Lawson-Te Aho, in her book *Kia Piki Te Ora o te Taitamariki* – the New Zealand Youth Suicide Prevention Strategy (1998), argues that there is a clear relationship between culture and behaviour, and that this relationship needs to be recognised in the design of Maori youth suicide prevention strategies. However, a review of the New Zealand-based deliberate self-injury prevention and intervention literature revealed a wide variation in the way the issue is addressed.

Although it is clear that there is an ethnic disparity in the rates of deliberate self-injury, most local writers fail to adequately address the position of Maori. For example, a report by Coggan, Fanslow and Norton (1995) draws largely on American material for their discussion of prevention and intervention strategies. They do not discuss the generalisability of American research to Aotearoa/New Zealand (other than questioning the relevance of further

restricting access to guns). There is no discussion whatsoever of the application of the articles of the Treaty of Waitangi or even of the principles. In fact there is little mention of the ethnic disparity in deliberate self-injury rates. The word "Maori" appears only once in the ten-page discussion of prevention and intervention, in an acknowledgement that suicides in custody make a substantial contribution to the Maori suicide rate, therefore "investigation of culturally appropriate interventions may be beneficial" (p. 104).

The Fergusson and Lynskey (1995) study referred to earlier was based in Christchurch is another example. Although there are fewer Maori living in the Christchurch area than the national average of approximately 12%, Maori still make up 7% of the population, with 6,582 Maori aged 15 to 24 living in Canterbury in 1996 (Statistics New Zealand, 1997). Given that approximately 65% of national deliberate self-injury hospitalisations are Maori, it seems reasonable to expect that a portion of their potential sample would be Maori. However, they are silent on this point. Similarly, Greenwood (1996) fails to even mention the ethnicity of her participants in her small qualitative study. Barwick (1992) does address the position of Maori asserting that it is feasible to generalise from international studies on acculturation through colonisation to the Maori situation. However, this hypothesis has yet to be tested. Similarly, Langford, Ritchie and Ritchie (1998) argue that deculturation and colonization have accentuated the risk for Maori. These factors, along with economic and social changes which have increased stress on families and youth and led to increased rates of depression, substance abuse, aggressive behaviour, family violence and schooling difficulties were all considered to have contributed to an alarming increase in non-fatal suicidal behaviour in Aotearoa.

Lawson-Te Aho's work (1998) is clearly located within a Treaty of Waitangi framework and seeks to formulate specific preventions and interventions for Maori. It was commissioned by the Ministry of Youth Affairs and Te Puni Kokiri, and is explicit in its aim to provide the basis for a

strategy for the prevention of Maori youth suicide. The strategies contained in the report are comprised of both government and community initiatives. Adherence to the principles of partnership, protection and participation is explicit throughout the document, particularly in "Goal Four: Mainstream Responsiveness" (p. 15), which discusses the need for mainstream services to respond appropriately and effectively to the needs of Maori youth through the establishment of partnerships with Maori. Lawson-Te Aho argues that as Maori will have a lifetime of dealing with mainstream institutions, it is important that these institutions contain people, processes and performance standards that are capable of meeting the requirements of youth and their whanau.

With the important exception of Lawson-Te Aho's work (1998), overall, the literature pays little attention to the possibility that the long-term effects of colonisation are a factor in the disproportionately high Maori suicide rates. Assisting in the development of self-esteem and self-efficacy and establishing a context of support and collective responsibility among Maori are some of the avenues through which Aotearoa/New Zealand can begin to reduce the Maori suicide rate. However, in order to do this wider socio-political issues may need to be addressed.

Conclusion

Self-injurious behaviour is a significant public health problem in New Zealand, yet there is no comprehensive plan aimed at the

reduction of the problem (Fanslow and Norton, 1994). We know, however, that deliberate self-injury is linked to a number of social risk factors. Many of the risk factors are inter-related, such as unemployment, abuse and poverty. At times it is difficult to determine which factors are causes and which are effects. The fact that risk factors are embedded in individual's social environment points to the need for an examination of the socio-political context.

Although there is some local literature, much of it does not address the most relevant issues. The differences in rates of self-injury between Maori and Pakeha are clearly worthy of further investigation - yet the issue is still being dealt with as a mainstream issue. It is obvious that more attention needs to be given to reducing deliberate self-injury, not only in the overall rate, but specifically in the Maori rate.

That a difference in rates exists points to a need for different ways of examining and thinking about the issue, and about interventions. It is evident that mainstream interventions are insufficient. Research that virtually ignores the Maori position clearly misses the point. In addition, it is important to find out more about the apparent differences in people who commit serious, but non-fatal, self-injuries. At the moment, the assumption seems to be that suicide prevention strategies will fix both problems. That is questionable.

References

- Allgood-Merten, B., Lewinsohn, P.M. & Hops, H. (1990) Sex differences and adolescent depression. *Journal of Abnormal Psychology*, 99, 55-63.
- Barwick, H. (1992). *Project workshop report and literature review*. Wellington: Department of Health.
- Blumenthal, S. J. (1990). Youth suicide: Risk factors, assessment, and treatment of adolescent and young adult suicidal patients. *Psychiatric Clinics of North America*, 13, 511-556.
- Clayer, J. R. & Czechowicz, A. S. (1991). Suicide by aboriginal people in South Australia: Comparison with suicide deaths in the total urban and rural populations. *The Medical Journal of Australia*, 154, 683-685.
- Coggan, C. A., Fanslow, J. L., & Norton, R. N. (1995). *Intentional injury in New Zealand*. Wellington: Public Health Commission: Rangapu Hauora Tumataniui & Injury Prevention Research Centre: Te Pu Taki Aukati Whara.
- Coggan, C. A., Fanslow, J. L., Miller, B., & Norton, R. N. (1997). *Economic Costs Associated with Suicide and Attempted suicide in New Zealand*. Auckland: Injury Prevention Research Centre, University of Auckland.

- Department of Health (1988). *Mortality and Demographic Data 1987*. Wellington: Department of Health.
- Dornbusch, S. M., Carlsmith, J. M., Duncan, P. D., Gross, R. T., Martin, J.A., Ritter, P. L. & Siegel-Gorelick, B. (1984). Sexual maturation, social class, and the desire to be thin among adolescent females. *Development and Behavioral Pediatrics*, 5, 308-314.
- Drummond, W. J. (1996). *Suicide New Zealand: Adolescents at risk*. Palmerston North: Nagare & BCU Press.
- Fanslow J.L. & Norton, R. (1994). A status report of suicide and parasuicide in the Auckland region. *Community Mental Health in New Zealand*, 8 (2),12-25.
- Farberow, N. L., (1991) Preparatory and prior suicidal behavior factors. In L. Davidson, L. & M. Linnoila, *Risk Factors for Youth Suicide*. New York: Hemisphere Publishing Corporation.
- Favazza, A.R. (1996) *Bodies under siege: Self-mutilation and body modification in culture and psychiatry* (2nd Ed.) Baltimore, Missouri: The Johns Hopkins University Press.
- Fergusson, D. M. & Lynskey, M. T. (1995). Suicide attempts and suicidal ideation in a birth cohort of 16 year-old New Zealanders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 1308-1317.
- Gilligan, C., Lyons, N., & Hammer, T. J., (Eds.) (1989). *Making connections: the relational worlds of adolescent girls at Emma Willard School*. Troy, N.Y.: Emma Willard School.
- Greenwood, S. (1996). "I can't work this out...I'm at a dead end" women discuss their experiences of attempted suicide as young women" Unpublished Master of Arts thesis, University of Waikato.
- Kerkhof, A.J.F.M. & Nathawat, S. S. (1989). Suicidal behavior and attitudes towards suicide among students in India and the Netherlands. In R.F.W. Diekstra, R. Maris, S. Platt, A. Schmdtke, & G. Sonneck, (Eds.). *Suicide and its prevention: The role of attitude and imitation*. Leiden, the Netherlands: E.J. Brill. pp. 144-159.
- Langford, R. A., Ritchie, J., & Ritchie, J. (1998). Suicidal behaviour in a bicultural society: A review of gender and cultural differences in adolescents and young persons of Aotearoa/New Zealand. *Suicide and Life-Threatening Behavior*, 28, (1) pp. 94-106.
- Lawson-Te Aho, K. (1998). *Kia Piki te Ora o te Taitamariki: Strengthening youth wellbeing - New Zealand Youth Suicide Prevention Strategy*. Wellington: Ministry of Youth Affairs: Te Tari Taiohi, Ministry of Health: Manatu Hauora, & Te Puni Kōkiri : Ministry of Maori Development.
- Lerner, R. M. & Karabenick, S. A., (1974). Physical attractiveness, body attitudes, and self-concept in late adolescents (sic). *Journal of Youth and Adolescence*, 3, 307-316.
- McGrath, E., Keita, G. P., Strickland, B. R., and Russo, N., F. (1990). *Women and depression: Risk factors and treatment issues*. Washington, D.C.: American Psychological Association.
- McKeown, R. E., Garrison, C. Z., Cuffe, S. P., Waller, J. L., Jackson, K. L., & Addy, C. L. (1998). Incidence and predictors of suicidal behaviors in a longitudinal sample of young adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 612-619.
- Maris, R. W. (1981). *Pathways to suicide: A survey of self-destructive behaviors*. Baltimore: Johns Hopkins University Press.
- Menninger K. (1938). *Man against himself*. New York: Harcourt Brace World
- Ministry of Health: Manatu Hauora (1996). *Youth mental Health Promotion including suicide prevention: the public health issues 1995-1996*. Wellington: Ministry of Health: Manatu Hauora.
- Ministry of Health: Manatu Hauora (1998). *Our children's health: Key findings on the health of New Zealand children*. Wellington: Ministry of Health: Manatu Hauora.
- Ministry of Health: Manatu Hauora (1999). *Youth suicide facts: 1997 statistics*. Wellington: Ministry of Health: Manatu Hauora.
- Neeleman, J., Jones, P., Van Os, J., & Murray, R. M. (1996). Parasuicide in Camberwell – ethnic differences. *Social Psychiatry and Psychiatric Epidemiology*, 31, 284-287.
- Pritchard, C. (1994). Psychosocioeconomic factors in suicide. In T. Thompson & P. Mathias (Eds.). *Lyttle's Mental Health and Disorder* (2nd Ed.). London: Ballière Tindall. (pp 276-295).
- Sedney, M. A. & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. *Journal of the American Academy of Child Psychiatry*, 23, 215-218.
- Smith, D. & Beautrais, A. L. (1999). Identifying young people at risk of suicide. *Social Work Now: the Practice Journal of Child, Youth and Family*, December 1999, 23- 34.
- Statistics New Zealand (1997). *1996 Census of populations and dwellings: Maori*. Wellington: Statistics New Zealand Te Tari Tatau.
- Wagner, A. W., & Linehan, M. M. (1994). Relationship between childhood sexual abuse and topography of parasuicide among

women with borderline personality disorder.
Journal of Personality Disorders, 8, 1-9.

Walsh, B. W. & Rosen, P.M. (1988). *Self-mutilation: Theory Research, & Treatment*. New York: The Guildford Press.

Wannan, G. & Fombonne, E. (1998). Gender differences in rates and correlates of suicidal behaviour amongst child psychiatric outpatients. *Journal of Adolescence*, 21, 371-381.

Wellington Hospital Board (1980). *A Social Analysis of Fatal and Non-Fatal Deliberate Self-Harm in the Wellington Region, 1978*. Wellington: Corporate Planning Unit.

White, H. & Stillion, J. M. (1988). Sex difference in attitudes toward suicide: Do males stigmatize males? *Psychology of Women Quarterly*, 12, 357-366.

Notes

1. For example, McGrath et al, (1990).
2. However, some of this differential may be due to the biases of hospital staff, who have been found less likely to confirm cases of abuse in non-Maori children (Ministry of Health, 1998b).

Ya got ta know when ta hold ‘em: Maori women and gambling

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Gambling among Maori women is under-researched. In this study, I interviewed thirty Maori women to investigate how they got involved in gambling, what maintained their gambling and what they thought might help to moderate their gambling. I found that the whanau was central to understanding these issues. As children, my participants were exposed to gambling within their whanau. As adults, whanau and other social support relationships were an integral part of their gambling, which most commonly occurred in the context of card schools and housie. A sense of reciprocity was important in both forms of gambling. Card schools were reported to be close-knit groups within which the money circulated, giving all a chance to win. By playing housie, the women felt that they were contributing to the welfare of their marae. Through the social bonds of gambling and the acquisition of skills, gambling contributed to these women's sense of identity. On the other hand, financial and relationship difficulties were identified as negative consequences of gambling. The women felt there was a need for Maori-focused services for problem gambling.

Researchers have paid little attention to gambling among Maori women. For example, there is little or no literature available on the uptake of gambling and possible reasons why Maori women gamble. Consequently, there is little information available to help to community and social services groups who might be working in this area. This is despite the fact that a number of “general” studies have documented the pathology of gambling in Aotearoa (Abbott, 1998; Abbott & Volberg, 1991, 1994; Flintoff, 1992; Gerdelan, 1997; Sullivan, 1994).

My thesis was intended to help address this gap by exploring the gambling experiences of thirty Maori women. The aims were to provide information about

- (a) how these women came to be involved with gambling and whether there was any link between generations within whanau;
- (b) how these women maintained their gambling activities; and
- (c) what advice they had for those who might wish to change their gambling.

Setting the scene

In many ways, I am an “outsider” in relation to gambling. I do not participate in gambling. Nor do I assist with organising gambling activities at home or at the marae.

I do, however, have numerous memories of gambling.

As a young child growing up in Ohinemutu I remember the card games held on a regular basis at one of my aunties’ home. I remember, too, housie at Whakaturia (the main dining hall), Te Aomarama (the Anglican church hall), the crypt in St Michaels church and later at Petticoat Lane, the housie hall in town. I also recall my dad and koroua listening attentively for the horse race scratchings on the radio nearly every Saturday morning and now and again my mum getting dressed up to go to the races at Arawa Park. The most distinct memory of my extended whanau in relation to gambling was their elegant, glamorous dress and sense of class. On the other hand, I also remember the negative aspects of gambling and the implications for my cousins. For example, they would often be left to tend to the emotional and physical needs of their younger siblings whilst their parents were out gambling.

I remember a special aunty who loved to play cards and housie, who welcomed myself and siblings into her home as children and adults. Particularly vivid is the memory of the lovely food and drinks, her amazing sense of humour and her laughter. In addition, I remember that my cousins always had a lot of money as a result of participating in housie and organising the

suppers. Yet, I don't think it ever came into my mind or any of my siblings (possibly because my mum discouraged any notion of participation) to be part of that money-making venture.

Indeed, as a non-gambler, I have remained to some extent an "outsider" to the gambling which has occurred around me. This posed some difficulties. Some of my participants challenged my right and ability to undertake this research. My experiences of gambling activities were somewhat removed from theirs. On the other hand, through interviewing my participants, I have rediscovered some of my family history of gambling. For example, I learnt about my paternal grandparents' active participation in a variety of gambling activities. And while I may never fully understand the lure of gambling for the gambler, my history has given me my unique perspective on the issue, multiply positioned as an insider in some respects and as an outsider in others.

In retrospect the stories of my participants have taken me down a journey I will never forget.

Ma te wa ka whakahokia mai nga hua e ngaro atu

(Time always gives back what is lost)

My approach

Maori women's stories of their whanau history and experiences with gambling, both past and present, were explored using a qualitative approach with thirty women. To include a historical perspective it was important to elicit information from kuia kaumatua. Maori women aged between 20-84 years were interviewed: eight aged between 60 and 84 years, fourteen women between 40 and 60 years and eight between 20 and 40 years. Their experience of formal education ranged from those who had completed six to seven years of schooling to those who had undertaken tertiary study. Some of the women were retired or unemployed, others self employed or in a diverse range of occupations. All of the participants lived in Rotorua and have whakapapa and iwi affiliations there.

I adhered to tikanga Maori processes and consulted with kuia and koroua kaumatua

from my hapu to gain support for my research. From the open-ended interviews completed with these women, I wrote summary reports. The summary report data was analysed, organised into categories and then into thematic areas, and involved the identification of repetitive themes.

Gambling activities

For the purpose of this research the term gambling includes a variety of organised games of chance where money changes hands. I have differentiated between occasional gambling and regular gambling that is part of what might be termed a gambling life style. Most of the participants in this study gambled regularly and thought of themselves as gamblers rather than as people who occasionally gambled. The predominant forms of gambling were card games and housie, usually with whanau members, although other forms of gambling were also mentioned such as lotto, horse race betting and casino gambling.

Informal card games were the most common form of gambling. The women who played card games described themselves as belonging to a card school. These schools were usually comprised of whanau members who played together on a regular basis – for money. Along with membership of the school came rules that had to be observed. For example, the women described the use of two kitties. One kitty was a pool of bets and the other a household kitty, a percentage of betting kitty taken to cover expenses (i.e. power, phone, food and beverages).

Whanau and the development of gambling behaviour

My participants reported being exposed to gambling as children. That is, they had watched their parents and whanau members gamble and they had been encouraged to develop the skills of gambling in their own peer groups. For example, some of the women recalled accompanying whanau members to card games held at their marae or being at other whanau members' homes where they observed their elders gambling. During these times, some of the women were invited to play, even though they were relatively young. To this extent, my

findings seem consistent with a social learning (Bandura, 1997) explanation of gambling behaviour.

By observing whanau and peer groups, participants came to see gambling in a positive light. They saw and felt the excitement of gambling. They often benefited from associated activities such as trips to town and social interaction with whanau. Sometimes, the benefits were the direct consequences of gambling, as in the case of treats bought out of winnings. In this way, gambling was part of the women's social conditioning (c.f. Lesieur & Blume, 1990), leading to a perception that gambling was "normal".

Exposure to these sort of gambling-related activities probably helped normalise gambling at an age when the participants were dependent on their whanau for food, protection, shelter, and physical care – as well as social learning. The experience of gambling was suffused with the experience of pleasure and security. Similarly, the findings suggested that fun, excitement and listening to the stories of the older player's exploits were pleasant memories for these women. These associations may be a critical aspect of developing gambling behaviour as the experiences associated with pleasure and security are powerful reinforcers of behaviour (Eaddington, 1998; Lesieur & Blume, 1990; McCartney, 1997).

Not all of the participants were encouraged to gamble as children. Some were actively discouraged by strict cautions against gambling and monitoring by whanau. However, despite such prohibitions, these participants did take up gambling as adults, often because they married into whanau who gambled regularly. In this way the women were exposed to gambling and reinforced for taking part.

Some participants who had gambled as children discontinued gambling during their adolescent years. Usually, this was attributed to moving away from home and out of their gambling environment. Yet, these participants all recommenced gambling in their adult years when they returned home. Such "re-established" gambling was associated with reconnecting with kinship groups and a desire for group membership, rather than the desire to gamble per se.

This link between gambling and kin-based systems appears to be unexplored in the literature, although it is hardly surprising.

For example, there seems to be a good match between gambling and Maori values of kinship ties, reciprocity (Haringa, 1990) and the sharing of resources (Hingston, 1994; Papakura, 1986; Ritchie, 1992; Salmund, 1991; Walker, 1990), as I will discuss later.

The gambling activity of the women I interviewed was encouraged by outcomes that the women saw as being beneficial to themselves, or wider social networks such as support of their marae, church and sport groups. This is consistent with Dyall (1997) who suggests that Maori gambling is often related to the maintenance of social networks and marae, and is a crucial form of revenue.

Many of the women continued the commitment of fundraising such as playing housie and card games to maintain their marae as a legacy to their parents as well as ensuring the continuity of their turangawaewae for their mokopuna (Walker, 1990). In this sense notions of social support cannot be easily separated from financial support for social institutions. Some of these ideas are explored in the next section.

Social support

The development of long term friendships with whanau members and others and the good times associated with gambling were significant benefits for many of the women. Gambling with whanau in their own homes provided a safe environment in which to socialise. In particular, it provided an environment free from the racism they often experienced in the outside world. This was consistent with Hingston (1994) who found that, in general, Maori prefer to socialise with whanau or whanau-like groups.

Although the women have remained within their hapu and iwi environment, the dominant culture in which they are living and working is non-Maori. Many of them had experienced exclusion by virtue of being Maori, being women, and being relatively poor. Marginalisation has a direct effect on health and well being (Durie, 1994; Young, 1990). Ensuring the maintenance of strong Maori networks is therefore important. For Maori, those networks are often centred on whanau, as noted by Hui and Villareal (cited in Hingston, 1994) who found a relationship between family cohesion and the psychological wellbeing of family. Thus, gambling with whanau often provided a

supportive, safe environment for these women.

The gambling groups described by these women appeared to provide other aspects of social support identified in the literature such as shared interests (Breakwell, 1986), regular contact (Bruhn and Phillips, cited in Jennings, Stagg, & Pallay, 1988) and whanau membership (Hui and Villareal, cited in Hingston, 1994). This supports the women's perceptions of the value of the groups to them. An additional benefit of whanau card schools was the potential to learn about their own whanau members' history of gambling, providing a context for their own behaviour which served to cushion the effects of social stresses when marginalised in society (Lahey & Heller, 1988).

The gambling activities strengthened whanau social networks to produce a sense of safety, belonging, identity and general support both within and across generations. Stated in another way, the gambling activity served to facilitate the process of whanaungatanga and to reinforce the importance of the institution and system of whanau.

Gambling identity

In addition to strengthening a sense of Maori identity, gambling also allowed some of these women to establish an identity that was separate from their partners or husbands. They identified this as being important. For some it made it worth enduring their husbands' or partners' animosity. Identity was also enhanced by the skills they developed through their gambling which in turn contributed to their self-esteem. Many of women in this study were excluded from educational and professional achievements but appeared to experience a sense of accomplishment through developing their gambling skills. This was contrasted with the relatively low status of their domestic and low skilled work and with the reflected status gained through partners. These findings are consistent with earlier research (Hindland, cited in Volberg, Reitzes & Boles, 1997; Deci & Ryan, cited in Chantal et al., 1995) which found that gamblers like to articulate their card skills, attempt to develop new learning and then demonstrate their new-found skills to impress other gamblers.

Financial Incentives

Poverty had been a feature in the lives of most of the women interviewed for this study. Gambling was often seen as a way to supplement income and improve their financial status. (This may also be why a large number of participants reported widespread gambling within their whanau and social circles.) These findings are synonymous with the gambling theorists who propose that people gamble primarily for economic gain and to increase their wealth (Cornish, 1978; Dickerson, 1984; Halliday & Fuller, 1984).

On the other hand, the women in this study indicated that they gambled for community benefit as well as for personal gain. Gambling for collective causes was reported to be seen as more legitimate in some circles than gambling for personal gain. For example, some of the women in the study who described their parents as being opposed to gambling, nevertheless recalled their parents as tireless supporters of the marae, often volunteering their time to assist other marae committee members organise gambling activities. Some of the women whose parents did not personally participate in gambling activities recalled them assisting with collecting money or food as prizes for housie and card games. This may seem like a contradiction unless one takes into consideration the importance of sustaining the marae. If the marae is seen as pivotal to cultural survival, then gambling can be seen as having a positive value, even among those otherwise opposed to it.

Reciprocity

Important distinctions between various forms of gambling arose from my research. Common sense might suggest that most gamblers lose more money than they win. On average, that is true for many forms of gambling (e.g. TAB, casino and gaming machines) in which the organisation and the state retain a significant percentage of the money wagered. However, different considerations apply to card schools. The women described an ethic of care and reciprocity. They believed that every one got a turn to win or to win back the money that they had lost. Furthermore, they would pay each other's bills, provide food, lend from the kitty and contribute towards the cost of food and refreshments. There was a strong perception by many of the women that the money was going around and each player got the opportunity to win. The same principle of reciprocity applied to marae

fundraising. That is, the women had a clear understanding that the money they lost playing cards or housie would go toward the maintenance of their marae. In this way, playing housie too was seen as a reciprocal activity.

The principle of reciprocity applied not only to money. Other resources, such as food, were shared. The younger members in the group learnt the kawa, ensuring that the needs of the older members came first. The card schools provided a setting for the transmission of manaakitanga. The money set aside from the household kitty ensured that household expenses were covered, therefore not imposing an economic expense on the person hosting the games. In these ways, the women considered that there were real benefits to be derived from their gambling.

Given that Maori cultural values have taken different forms throughout history, the reciprocity principle incorporated into gambling school ethics could be perceived as a specifically Maori value (Haringa, 1990).

Financial costs

While there were undoubted benefits to gambling, there were also costs. The most obvious of these were financial. Some participants reported that gambling losses had a significant adverse impact on their lives and those of their whanau and friends (c.f. Heineman, 1992). Some had resorted to selling personal belongings and, occasionally, illegal practices to recover their financial losses.

Pressure on relationships

As reported earlier, the development of a distinct identity was recognised as one of the benefits of gambling. For some of the women, this has not been without costs. Some Maori men refused to accept their partner's gambling behaviour, even though some of the men gambled themselves. Although in a different context, Custer's (1994; cited in Spanier, 1994) findings suggest that society accepts men gambling but disapproves of women gambling. Some of the women took money to gamble without their partner's knowledge and encountered physical and emotional abuse when this was discovered. These Maori women did in fact override external pressures and concentrated on the realities of the moment which was their identity as

gamblers (c.f. Urick, 1976). Further, it seems that membership of a gambling card school helped their resistance to abuse by enhancing social support networks.

Many of the participants who identified their gambling as a problem implied that gambling contributed to the break-down of relationships. This was most commonly because the women used housekeeping money for gambling and lost the trust of their partners. There are parallels here with earlier research (Dickerson, 1984; Heineman, 1992; Sullivan, 1994) which has suggested that large scale gambling can disrupt trust, family support and friendship.

Other family consequences

Although some of the women prioritised the needs of their children when they won money, this was not always the case. Some of the women who experienced financial losses reported returning home without any money and having to confront their children's disappointment and mistrust. Although this was challenging, it did result in change (c.f. Dickerson, 1985; Heinemann, 1992; Sullivan, 1994). Four of the participants felt that their gambling losses had disadvantaged their children educationally and emotionally. This is supported by McCartney (1997) who states that children are often disadvantaged while parents or adult care-givers focus on gambling.

Some of the women in this research said that they had been unable to meet the psychological and physical needs of their children due to gambling. At the same time, taking their children with them to gambling events may have contributed to the cycle of gambling. Certainly, some of the children are now gamblers themselves. This finding is consistent with Sullivan's (1994) finding that children of gamblers model their parents' behaviour and transgenerational gambling behaviours are common.

Because childhood exposure to gambling was so influential in their own lives, some of the women came to regard it as inevitable that their children would also gamble. Such a view may undermine one possible motivation for women to moderate their gambling. At the same time, it should be noted that not all of the children of these women have in fact become gamblers.

Implications for service providers

The women in this study have identified aspects that helped them change their

gambling behaviour, as well as services that they think are important to aid in the change process. The information they provided shows the complexity of relationships that cannot be underestimated when working with Maori women in their attempts to change behaviour.

Being able to access Maori providers of gambling services was considered important to some of the women. Where possible Maori personnel should be available either through existing agencies or through newly established Maori provider services. Currently, there is an onus on existing agencies and funders to examine the appropriateness of their service to Maori clients.

Participants suggested that people working for change with Maori women need to take into account the value of whanau relationships when helping them to explore possible supports or advising them to avoid others who gamble. For example, encouragement to avoid whanau may result in additional stress that may precipitate further gambling or other detrimental behaviour.

When working with Maori women and children the relationship between the women's gambling behaviour, sense of identity and self esteem will need to be considered.

Some women have been able to successfully modify their gambling so that it does not impact adversely on their lives. It may be important to take this into account rather than ask women to stop gambling altogether. It should not be assumed that behaviour modification is impossible.

Conclusion

What has been presented are only some of the insights from my research. Further research is needed.

I would like to take this opportunity to thank the thirty Maori women who shared their experiences of gambling with me. What an insightful journey it has been.

References

- Abbott, M. (1998, June). *Problem gambling*. Paper presented at National Workshop on Treatment for Problem Gambling, Auckland.
- Abbott, M., & Volberg, R. (1991). *Gambling and problem gambling in New Zealand*. (Research Series No.12). Wellington: Department of Internal Affairs.
- Bandura, A. (1997). *Self-efficacy in changing societies*. Cambridge: University Press.
- Breakwell, G. (1986). *Coping with threatened Identities*. London: Methven & Co.
- Chantal, Y., Vallerand, R.J., & Vallieres, E. (1995). Motivation and gambling involvement. *Journal of Social Psychology*, 135, 755-763.
- Cornish, D. (1978). *Gambling: A review of the literature home and its implications for policy and research*. London: Her Majesty's Stationery Office.
- Dickerson, M.G. (1984). *Compulsive gamblers*. London: Longman.
- Durie, M. (1994). *Whaiora: Maori health development*. (2nd ed.). Auckland: Oxford University Press.
- Durie, M. (1998). *Te mana te kawanatanga: The politics of Maori self determination*. Auckland: Oxford University Press
- Dyall, L. (1997, June). *Kua noho koiata mai to totoa i nga take hauora: Gambling as an emerging health issue for Maori*. Paper prepared for the first National Hui on Gambling for Maori. Te Manatapu Wawaruka o Aotearoa, Auckland.
- Eadington, W.R. (1998). Contributions of casino style gambling to local economies. In J.H. Frey (Ed.), *The Annals of the American Academy of Political and Social Sciences*, 556, 44-59.
- Flintoff, A. (1992). *Review of treatment for pathological gambling*. Auckland: Mental Health Foundation.
- Gerdelan, R. (1997). *Clinical report 1997*. Wellington: The Compulsive Gambling Society of New Zealand.
- Halliday, J., & Fuller, P. (1984). *Psychology of gambling*. London. Penguin.
- Haringa, M. (1990). *Family networks and social support: A qualitative study of ten Waikato families*. Unpublished master's thesis, University of Waikato, Hamilton.
- Heineman, M. (1992). *Losing your shirt*. United States: Compcare Publishers.
- Hingston, O. (1994). *Ka po, ko au ethnicity and oppression: the perceptions of seven Maori*

- individuals*. Unpublished master's thesis, University of Waikato, Hamilton.
- Jarden, K. (1992). Education: Making a Maori underclass. *Race, Gender, Class*, 13, 20-25.
- Jennings, K., Stagg, V., & Pallay, A. (1988). Assessing support networks: Stability and evidence for convergent and divergent validity. *American Journal of Community Psychology*, 16, 793-809.
- Lahey, B., & Heller, K. (1988). Social support from a friend, perceived support, and social problem solving. *American Journal of Community Psychology*, 16, 811-824.
- Lesieur, H.R., & Blume, S.B. (1990). Characteristics of pathological gamblers identified among patients on a Psychiatric admissions service. *Hospital and Community Psychiatry*, 41, 1009-1012.
- McCartney, J. (1997). Between knowledge and desire: Perceptions of decision-making. *Substance Use & Misuse*, 32, 2061-2092.
- Mowbray, M. (1993). *Incomes monitoring report 1981-1991*. Wellington: Social Policy Agency.
- Papakura, M. (1986). *Makereti: The old-time Maori*. Auckland: New Women's Press.
- Ritchie, James. (1992). *Becoming bicultural*. Wellington: Huia Press.
- Ritchie Jane & James. (1997). *The next generation*. Auckland: Penguin Press.
- Salmond, A. (1991). *Two worlds: First meeting between Maori and Europeans 1642-1772*. Auckland: Viking.
- Spanier, D. (1994). *Inside the gamblers mind*. Reno: Nevada Press.
- Sullivan, S. (1994). Pathological gambling a potent addiction. *Mental Health News*. Summer 94.
- Te Awekotuku, N. (1991). *Mana wahine Maori*. Auckland: New Women's Press.
- Urick, R.V. (1976). *Alienation*. Englewood Cliff, N.J.: Prentice-Hall.
- Volberg, R., Reitzes, D., & Boles, J. (1997). Exploring the links between gambling, problem gambling, and self esteem. *Deviant Behaviour: An Interdisciplinary Journal*, 18, 321-342.
- Walker, R. (1990). *Ka whaiwhai tonu matou*. Auckland: Penguin.
- Young, I.M. (1990). *Justice and the politics of difference*. New Jersey: Princeton Press

Maori women and dual ethnicity: Non-congruence, “passing” and “real Maori”

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In this study, I wanted to explore the often uncomfortable experience of having dual ethnicity. I did this through open-ended interviews with nine women, who, like me, were aged between 20 and 30 and who identified as being of both Maori and Pakeha (or other) descent.

While the women all identified as having dual ethnicity, as the interviews progressed it became clear that many of them had little pride in being of Pakeha descent and identified more strongly with their Maori heritage. In most instances the way they were identified by other people was incongruent with how the participants identified themselves. By virtue of having fair skin, many were able to “pass” as Pakeha. This provided them with certain advantages, notably being exempt from racist treatment. On the other hand, their appearance often resulted in them being labelled as not being a “real Maori.” Paradoxically, when they were identified as Maori, others, both Maori and non-Maori, sometimes expected them to be an expert in all things Maori. For most participants being a “real” Maori did not rely on looking Maori or on being able to speak Te Reo fluently. Instead, having whakapapa was considered the most essential element on which to base their Maori identity.

The concept of identity is at the heart of complex social relationships between individuals and groups in society. In everyday situations one's identity is called into question by society. The presentation or negotiation of identity has the potential to shake the very foundations of our lives (Jenkins, 1996). Identity is a concept of sameness and simultaneously establishing two possible relations of comparisons between people: on one hand, similarity and on the other, difference. Harris (1995) suggested that identity refers simply to “... an individual's sense of uniqueness, of knowing who one is, and who one is not” (p.1), in turn contributing to a healthy personal identity (Abrams, 1990; Bradley, 1996). Of the various aspects of identity, ethnicity is one of the most salient, especially for people who are not members of dominant ethnic groups (for whom ethnicity may have a non-problematic, taken-for-granted nature).

Background to the research

When my mother and her sisters were growing up they had minimal experiences of things Maori, as my grandparents were of the opinion that for their children to succeed they needed to be Pakeha. Maori language was usually only spoken at home

when my grandparents wanted to prevent their children from understanding what was being said. In effect, it was a secret code. Similarly there was an absence of things Maori from the school curriculum. It is as if, in my family, a wall of invisibility and silence has been built around being Maori,.

Over recent years this has become an extremely painful subject. There is a sense for my mother and aunts that something is missing from their lives. This has had a ripple effect on me, as there was also an absence of things Maori from my own life. As a child the only things Maori I was aware of were Maori friends in the playground, the occasional Maori song and words in “Maori hour” and the Maori food we ate every now and then. At high school, things Maori had negative connotations. For example, “they”, the Maori children, were always the ones who were in trouble. We learnt about the British feudal and religious systems, and about the New Zealand Land Wars which were always referred to as the “Maori” land wars. The absence of things Maori from my own life have often created pain and embarrassment as I did not know who, or where I was from.

Discovering who I was, a woman of dual ethnic descent, has been an extremely traumatic journey. How could I explain to

people that my dead great grandmother was in effect speaking to me, without people thinking I had “lost the plot”. I was depressed and isolated, feeling as if I was the only person in the world experiencing these types of thoughts and emotions. The main drive for conducting this research was to see if there were other women who had similar experiences and were “like” me.

Claiming dual ethnicity is a very dynamic process, which in my instance has changed frequently. At times I feel comfortable with being both Maori and Pakeha, and then other times identify more strongly with being Maori, and other times cannot be bothered with the ethnic politics of either side.

Aims of the study

I wanted to explore some of the pathways that have lead women to identify themselves as being of dual ethnicity. Here, I was thinking of pathways as events and experiences that may have occurred during the time the women were growing up. I also wanted to document the issues faced by women of dual ethnic descent and the strategies they used to develop, maintain and strengthen their dual ethnic identity.

I thought that this was appropriate research for me to carry out because of the similarity between my ethnic background and that of the participants. I tried to work alongside them so that they were able to position themselves in the role of “expert” and share experiences they have had in the development of their ethnic identity.

By conducting this research, I wanted to provide a document that could be read by other people in a similar situation. I wanted such readers to know they are not isolated in their identity struggles and that there is no one correct way to being a woman with dual ethnicity.

Method

I recruited women who (a) identified themselves as being of Maori and another ethnic group(s) descent and (b) were between the ages of 20 and 30. This age group was used so that participants would be from the same era as I and may have had similar experiences growing up (such as the same primary school curriculum, wearing the same fashion, watching the same

television programmes and listening to the same music).

Finding participants was slightly problematic, as I was unable to tell by looking at a person whether they met the criteria. The selection process involved a combination of purposive and snowball sampling (Robson, 1993).

I interviewed nine women, face to face, using a semi-structured interview.

Defining dual ethnicity

There are many terms used to describe people who have membership of two or more ethnic groups: for example, *biracial*, *multiracial* and *interracial*. The term I used was *dual ethnicity*. The term refers to the fact that the participants are able to claim membership of two ethnic groups. Claims to a dual ethnic identity does not mean that participants necessarily have one parent from each ethnic group. Ethnic membership may also be claimed through grandparents or great grandparents (Hutchinson & Smith, 1996).

The participants of this study identified themselves as being of dual (and in some cases multiple) ethnic descent. For many of the participants the ethnic groups that constituted their dual ethnicity consisted of a dominant group and a non-dominant group. However, in some cases both groups would be considered as non-dominant groups in a New Zealand context. For example, combinations of ethnic groups were Maori and Pakeha (such as Scottish, English, French Canadian), Maori and Tongan, Maori and Spanish.

There were two ways in which participants identified themselves as having dual ethnicity: descent and geographic origin. Ethnic origin was usually identified through parents and grandparents. For example, Marama based her dual ethnicity on descent:

... my father is a first generation person from England ... He's from Norwich in England and as far as I know, he has through his mother and father, Welsh and English ancestry. ... On my mother's side I'm Maori. On the other hand, Jacki described dual ethnicity using countries of origin.

Maori [has] already been said. I would also have to say Tongan, in that my mother was born in Tonga and her parents were Tongan. ... I would also have to say European and by that I guess I mean British and other European countries.

Pinderhughes (1995) suggested that denying one part of a person's ethnic heritage makes biracial individuals vulnerable to a sense of disloyalty to one parent. This may help explain why some participants identified themselves as having a dual ethnic heritage: they did not want to choose one ethnic group over another.

At the beginning of the interview many of the participants identified themselves as having dual ethnicity. However, as we explored the subject it became clear that many of the participants did not have a sense of pride in being of Pakeha descent. They identified more strongly with their Maori heritage. Lack of pride in being Pakeha may be attributed to feeling guilt for the part those ancestors played in the colonisation of Maori people, the effects of which are still visible.

Strong identification with being of Maori descent may be attributed to several factors. For example, some of the participants grew up in Maori contexts and experienced various aspects of Maori life. Many of the participants who identified strongly with being of Maori descent had few non-Maori relations living in New Zealand.

Identification by other people

A major finding which emerged from participants' accounts was that in most instances the identity attributed by other people was incongruent with how participants identified themselves. For some participants this meant being identified as Pakeha by both Pakeha and Maori as they did not have 'Maori' physical attributes. This seemed to be due to their fair skin and fine facial features. Being identified as Pakeha was problematic as it meant participants had to continually identify themselves and justify their presence in Maori contexts.

Physical characteristics may not only be markers for identifying people: they can also be used as tools for excluding people from a group. One participant, Katarina,

who has blonde hair, blue eyes and olive skin, reported that she is often identified as Pakeha by other Maori in work situations, and as a result she sometimes receives a less than pleasant reception from Maori people.

I had one situation where I went into a room and I was introducing myself to some staff members. [The] team was half Maori half Pakeha, which is pretty unusual 'cause it's normally all Pakeha. In the proposal [at] the beginning I had put my whakapapa. I got ignored by two Maori men basically when I walked in the room. ... The proposal went round and they were reading it. I saw them really obviously reading it and looking at me like going "whoa!" They came up and apologised to me afterwards for basically ignoring me...

Debbie, who has fair skin, described being left out of Maori groups in social situations because she was believed to be Pakeha. As soon as Debbie explains who her family is she is generally allowed to join in. Similarly Debbie mentioned that her extended whanau pick on her and her siblings because their skin is pale when compared to the rest of the whanau. They are not considered dark enough to be Maori.

It was suggested by Brown (1990) that biracial children often become hypersensitive to being defined by white people in ways incongruent with how they identify themselves. My findings suggest that the same can occur when such attempts to define them come from members of the non-white group to which they also belong.

Being perceived as Pakeha can be an advantage

Although incongruent with the way they viewed themselves, participants sometimes thought there were advantages in being identified or "passing" as Pakeha (Abrams & Hogg, 1990; Daniel, 1992; Jenkins, 1996; Miller, 1992; Phinney, 1989). Passing as Pakeha had enabled participants to receive a higher standard of service from government departments and to be privy to more information. Participants surmised that these privileges would not have been available if they were identifiably Maori. For example, Marama suggested that being brought up as Pakeha had some advantages.

[B]ecause I've been brought up as a Pakeha there's still that side of me that can become very Pakeha. I have the

ability to be very Pakeha. ... To be very kind of "professional" and speak in a different way. ... The words I use, my grammar, my tone, everything ... When I'm in a government department or something like that, I come across as a Pakeha person because it suits me to do that. ... [When] trying to get a flat, ... I come across as a good Pakeha psychologist person. I wouldn't get my flat if I came across as a Maori person.

However, as Phinney (1990) reported, "passing" is not available to individuals who are undoubtedly members of a particular non-dominant ethnic group.

Expectations

Describing oneself as Maori means certain expectations are placed on one's behaviour.

Firstly, if participants identified themselves as being Maori, it was often assumed by others that they will automatically know things like marae kawa. It is also commonly assumed that they would know where they were from (e.g. which marae, hapu and iwi). In some instances this was not the case. These participants only knew which iwi they were from but knew no details beyond that.

Secondly, participants reported that if they identified themselves as Maori, Pakeha would expect them to represent a Maori view. This was marked by questions such as "You're Maori – what do you think?". In this way, participants felt that they were expected to represent all Maori.

Thirdly, if participants identified themselves as being Maori it was often expected, by Maori and non-Maori alike, that they would be able to speak Te Reo. Jacki recalled

...an incident up at the Maori block where someone was speaking Maori to me. I was like kao don't speak Maori, and she carried on talking. ... I guess I was thinking that's not [in] the spirit of Maoridom, what you're doing ...

If participants identified themselves as being Maori there was an assumption that they would look Maori and have the physical characteristics which people associate with being Maori (for example, dark skin and a broad nose). What has emerged from the interviews is the notion that being Maori does not rely on looking Maori and being able to speak fluent Maori. For most participants, having whakapapa is a strong enough base on which to build their identity. This is sufficient to identify themselves as being Maori. Similarly, learning te reo was not thought pivotal to one's identity as Maori. Many of the participants have begun learning Maori and to incorporate Maori words and values into their everyday lives. Being told "You are not a 'real' Maori" is often damaging to a person's self esteem and pride, particularly when one has only just begun to openly identify as being Maori. Once a secure Maori identity has been developed other strategies may be used to counteract such comments.

Conclusion

In this paper I have presented a brief summary of some of my thesis findings, particularly three key areas as they relate to dual ethnicity: non-congruence, passing, and being a 'real Maori' person. I have found that there is a glaring absence of research relevant to dual ethnicity in New Zealand. It is hoped that this paper will increase awareness of some of the stressors women of dual ethnicity face in their daily lives.

References

- Abrams, D. (1990). How do group members regulate their behaviour? An integration of social identity and self-awareness theories. In D. Abrams & M. A. Hogg (Eds.), *Social Identity Theory: Constructive and Critical Advances* (pp.89-113). New York: Springer-Verlag.
- Abrams, D., & Hogg, M. A. (1990). An introduction to the social identity approach. In D. Abrams & M. A. Hogg (Eds.), *Social Identity Theory: Constructive and Critical Advances* (pp.1-9). New York: Springer-Verlag.
- Bradley, H. (1996). *Fractured Identities: Changing patterns of inequality*. Cambridge: Polity Press.

- Brown, P. M. (1990). Biracial identity and social marginality. *Child and Adolescent Social Work, 7*, 319-337.
- Daniel, G. R. (1992). Passers and pluralists: Subverting the racial divide. In M. P. P. Root (Ed.), *Racially Mixed People* (pp.91-107). Newbury Park: Sage Publications.
- Harris, H. W. (1995). Introduction: A conceptual overview of race, ethnicity, and identity. In H. W. Harris, H. C. Blue, & E. E. H. Griffith (Eds.), *Racial and Ethnic Identity: Psychological development and creative expression* (pp.1-14). New York: Routledge.
- Hutchinson, J., & Smith, A. D. (1996). Introduction. In J. Hutchinson & A. D. Smith (Eds.), *Ethnicity* (pp.3-16). Oxford: Oxford University Press.
- Jenkins, R. (1996). *Social Identity*. London: Routledge.
- Miller, R. L. (1992). The human ecology of multiracial identity. In M. P. P. Root (Ed.), *Racially Mixed People* (pp.24-35). Newbury Park: Sage Publications.
- Phinney, J. S. (1989). Stages of ethnic identity development in minority group adolescents. *Journal of Early Adolescence, 9*, 34-49.
- Phinney, J. S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin, 108*, 499-514.
- Pinderhughes, E. (1995). Biracial identity: Asset or handicap? In H. W. Harris, H. C. Blue, & E. E. H. Griffith (Eds.), *Racial and Ethnic Identity: Psychological development and creative expression* (pp.73-93). New York: Routledge.
- Robson, C. (1993). *Real World Research: A resource for social scientists and practitioner-researchers*. Oxford: Blackwell Publishers.

Maori Women and Research: Researching Ourselves

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This was the closing keynote address at the Student Symposium organized by the Maori & Psychology Research Unit at the University of Waikato, Hamilton in August 1999. Most of the people attending were Maori, and female, and I spoke to, for, and about us. The speech was transcribed from an oral address with transparencies, and has been revised here for this publication.

Tui, tui, tui tuia....

Weave the magic, weave the story, weave together...

The title of my presentation today is *Maori women and Research: Researching Ourselves*. Rather than look at the huge perceptual challenge of being a researcher of whatever ethnicity working on Maori women's issues, I thought I would focus on Maori women as researchers researching ourselves. So I ask, what does research mean for us as Maori people? I found a statement made by Te Rangi Hiroa to his friend Sir Apirana Ngata, in February 1931.

Kua mutu te wa kia Te Peehi ma, kua riro ma taua, ma te Maori, taua korero

The time for Best is over, we as Maori should take responsibility for researching our world for ourselves. It is left to us to straighten up what has been written by our Pakeha pioneers.

This was written in 1931, and described what was happening two or three generations ago. Yet ironically, whatever their reasons or motives, the pakeha continues to pioneer. Or plunder, depending on how one sees it. And their output is "authoritative" and prolific.

So what do we do about it? How do we deal with these pioneers? We can only do that by producing our own work. But how?

At a conference on Maori research at Massey University in 1998, the Ministry of Women's Affairs offered a workshop for Maori women doing research. It was cancelled at the last minute; leaving one and a half hours to fill. I offered to facilitate a discussion session. It was challenging and difficult; and also immensely exhilarating, with between sixty and eighty women

wandering in and out while Waimarie Nikora recorded their comments on the whiteboard and Karyn Kee transcribed these to her powerbook. Some of these comments form the basis of this paper; he mihi atu tenei ki a koutou, nga kai korero, kai hautu o tera hui. Kia ora koutou. To you all I am sincerely grateful. I will now discuss some of the questions raised, and also cover many others of my own.

Being female and being Maori

The first issue is being female and being Maori and what all that means. What are we? Who defines us? How do we fit into our communities? Why are we reminded constantly that we must always be humble? Why are we told to be feminine? Does a city born Maori woman have the same hassles as a rural one? How do traditional protocol issues and expectations influence our behaviour and our choices? Why are we often silent, particularly in my tribal area, Te Arawa? Does being voiceless have advantages? Like, if we're not noticed we can get on with the real work? Now what exactly does that mean in the context of doing research, and the type of issues and realities that Maori women researchers have to cope with? And what about age differences and the interacting between generations? How does a twenty-one year old starting out on her first self-directed study approach a kuia? How does she make herself trusted? How does she convince these kuia that she is worthy of their information? What does she do? Especially when she is told, *Kaore te kumara e korero mo tona nei reka?* (The sweet potato does not talk about how tasty it is.) If you can't bite it, how will you know?

Roles of women

From there we come to the whole idea of rights and roles of women within the hapu and tribal environments. The daughter of the matriarch who sits on the marae and organises things for the community is seen as someone who is really important. Does this mean she gets more attention than someone whose mother is an urban factory hand? How do you deal with that contrast? Does one woman have more value than the other in the eyes of the community? Or are they seen in different ways? Does age make any difference? If you wore a skirt instead of trousers to that first crucial encounter, would that be better? If you need a pae arahi to introduce you, should it be an older close relation? What happens if that person misrepresents you? How do you choose the right one? Does a pae arahi make access easier? Similarly there is the issue of Maori men having greater access, because they are men.....and their questions may be received with more bemused tolerance; for what they are doing is serious *mahi*. They can never be a *nuisance asking questions*. Or seen as just *hanging around being noseey*. Males are expected to ask questions, and have them answered, because they are men.

By doing what we are doing, we are perceived to be transcending our femaleness, our wharetangata, our biological destiny. We are daring to move beyond it. And when we realize how incredibly important and exciting the work can be, how vital to the iwi, that makes it all worthwhile. It makes the pain almost bearable, because after the process is the outcome; which is good. I urge you to think about that.

Maori women in academia

Such relativities and relationships also occur between academic women. Many of us have been hurt by watching a pakeha female researcher visit our old people, spend hours or even days with them, and then go back to the office with all the data and write it up, while the very same people whom we have been trying to get around and squeeze even the tiniest morsel of information out of, won't talk to us. What do you do about things like that and how does that put you in relation to the pakeha researcher? What does that sort of reality

do to relationships within academia? It does a lot of damage. It causes a lot of pain. It slows down our work, and sometimes, even stops it.

This problem engages us all. I recommend a book called *Sister Girl* by Jackie Huggins, an aboriginal historian, which talks about her struggle to be engaged and recognised as a valid voice. Similar voices may be heard in Pacific History. Notable examples are Lilikala Kamealeihiwa and Haunani Kay Trask and their work in the Hawaiian context. Other native women scholars and women of colour record their experiences in anthologies edited by Anzaldúa, Silvera and Camper. bell hooks consistently and aggressively confronts the academy in her many works. Here in Aotearoa, there is a growing canon, with such writers as Linda Tuhiwai Smith, Leonie Pihama, Kathy Irwin, and contributors to the periodical *Te Pua*, a scholarly vehicle for Maori women commentators. Tuhiwai Smith pays particular attention to kaupapa Maori research as a paradigm and I urge you to check this out if you haven't already. With each other, we address these issues of exclusion and control, and we attempt to resolve them by discussion and strategic coalitions.

Often we judge, or monitor, ourselves. What will Maori accept from or do about other Maori women? Do we have an image of ourselves that we do not like or that we find hard to deal with or that makes our research project or our expectation of it more difficult than it actually is? What do you do, if you do not fit into the ideal or the expected image of what a Maori woman is or how she should behave? Or even, how she should look, dress, speak and present? To what extent are we hard on our selves and each other? Is some sort of self policing part of our being women, being Maori, being Maori women?

Tapu

Much of this concerns tapu and the nature of prohibition. How many of us were told by our kuia or koroua *Oh, I can't tell you that, it's tapu*. And then you find out from another kuia that, *They didn't know anyway; they're just saying that because*

they don't know! So you end up in this really comic bind of wanting to prove something but you cannot because of your respect for elders. You know that the information is there but who do you go to? Here is a personal and rather fraught example. In my own thesis research I approached two of my uncles. One – a master carver - said to me, *If you go and see him I'm not going to talk to you, waste my time.* And the other one who was an arts administrator, said to me, *That man's not local. He's not from around here. You mustn't go and talk to him. He doesn't know anything about our whakairo. He might give you funny ideas.* Because I was doing research on tourism and whakairo, both views were essential. And so here I was with one uncle saying I won't talk to you if you talk to him, and the other saying you go anywhere near him and that's it!

This was crazy. I did not know what to do. My supervisors weren't much help. I checked with the uncles' families, talked to my aunties and my cousins, who helped me out. When one uncle was gone I went to see the other one, and when that koroua was home but the other one had gone away on a trip then I talked to him. Because I was based miles away (actually in Hawaii!) and not living at home, I got away with it. I don't know if I could do that now! And I would certainly never recommend that my students do that, either!

Tapu is also about prohibition. One salient and ongoing issue for women is mate marama, menstruation. This is particularly crucial in areas of museum research or research related to matters of wairua.

What can we ask? When is an appropriate time to raise it? How can we keep ourselves safe, our participants safe and the information safe? Is it about pollution, and do we pollute what we are doing? Is there an actual, inherent, risk? To us? To our work? To our participants? How do we deal with this one?

In feminist and wiccan scholarship, such concerns become empowering and celebratory. For Maori, they become somewhat restrictive and difficult. Here is a telling and immediate example. I was asked to bring ten or so photographic slides of Ta

Moko, people with ornamented skin, to a symposium. I wanted a small container, instead of a clunky carousel. So I was in the bathroom and I saw this! (At this point, speaker flourishes a small, sturdy 35 mm slide-sized cardboard box discreetly labelled "Carefree.") Immediate confusion. *It is so practical! The slides fit perfectly! Oh Ngahuia, just forget it.* And that is a classic example. I know that most of my Pakeha woman colleagues would have no problem. However, for me, through its association, that small box was something you do not put next to images of people with Ta Moko, particularly slide images of ancestral portraits.

What was interesting too was my reaction. Despite tourism, and guiding and dancing for overseas guests, as young girls in Ohinemutu village, we were brought up with a very clear indication of what was right with regard to things like mate marama, things like the biological reality of our being female. We were taught how to get in and out of an open air mineral bath and not reveal a thing, though we were quite naked. We were taught about respect, by older women; our mothers, grandmothers, aunts. And now, we ask, how does this affect our ability to do research as females? Are there pathways that are closed to us? Are there certain aspects of knowledge that will be beyond our reach because are women? Are there particular elements within the Maori conceptual reality and research arena that are not for us to investigate?

This is an ongoing concern for all of us Maori women doing research. Are there things we are not allowed to do? Places we should not explore? Does this affect all of us, or just those with a traditional upbringing, or who wish to assert a traditional upbringing?

Again I reflect on my own journey. A curatorial position came up in a provincial museum – my own home town. Even before I actually applied, I was told by the kaumatua involved in the interview process, *Don't bother girl. It is wrong for women to touch our taonga. We will not have it.* He then explained to me very carefully that it was *unseemly* for women to

be engaged in certain types of museum work, *because they bleed*. Choking on the blood of rage and disbelief, I withdrew. A few months later a similar vacancy occurred in another city, and I was successful. It's necessary to note that the paramount chief of that region is a wise and utterly inspiring woman, who honoured me with her discreet support and encouragement.

Access to knowledge

Incidents like this raise the question of access to knowledge in the Maori world. Why are the knowledge keepers there at all? In whose interests are they being protective? What rights do they have to restrict or retain access? Who owns what we want? Who is it for? Here we have issues, not only of intellectual property, but in the Maori context, of kaitiakitanga and whakapapa. We need to consider arguments put up by people like Moana Jackson, Charles Royal and various other Maori researchers that only those who are of a particular descent line should have access to the information related to that descent line. This is an exciting area, fraught with challenges to the sensitive researcher. On the one hand, we have the universal scholars who say we are all human beings and knowledge belongs to everybody and we should all get into it and enjoy it and work at it for the betterment of humankind. On the other hand, we have this discriminating and consciously protective environment which says that only those who are uri or descendants of the knowledge makers can determine the future of this knowledge.

I think that is a dynamic that we are going to see more and more, not just within the mainstream but also within the Maori Academy, particularly with the growing muscularity of wananga. It is going to be really exciting. I see it as a challenge. I know that there will be blood on the floor and on the marae. It will require passion and perhaps a little craziness to take on these issues. But it will be worth it. This is what being an academic is about.

There are interesting questions here about the control of knowledge. Do the people who control the knowledge need to

maintain some version – their version – of mana? Is it about mana? Are mana and matauranga synonymous? What is the relationship between what you know and who you are? Foucault and others have drawn attention to the link between knowledge and power. But within the Maori context, issues of knowledge and of power can be complex indeed. As I have already noted, there is an issue of restrictions on the information given to Maori women.

Growing up in Te Arawa in the fifties I remember that the ones who were regarded as the keepers of the correct record were the elderly women. If an orator incorrectly recited whakapapa, if he made a error in his tauparapara, certain women – an aunt, an elder sister, his wife - would gently correct him. That was their right. If he persisted or reacted adversely, they would humiliate him. Such a right indicated that they, too, had the knowledge and the training. This convention is rare today, particularly in the Waiariki region where it was once so pronounced. So what has happened? What is going on? How has what was once regarded as an essential female role been allowed to discontinue, to effectively fade away? Is this about language? Or does this reflect the diminishing perception of the male/female roles as complementary, and the reinforcement of a more male-centred power base to which women make no active contribution? And what does this say about the development of Maori knowledge – matauranga Maori – for future generations? What does this mean?

Matauranga Maori

Matauranga Maori is one of the issues here. In the nineteenth century and early decades of the twentieth much of the compiling of Maori knowledge was done by people like Grey, Best and all those others whose information came from Maori sources. For example, if you consider Grey's material, much of that was done by Maihi Te Rangikaheke and the Maori text is substantively different from the English. Much has been lost in the translation or shameless bowdlerisation of the koroua's words. One fine example is the story of Hinemoa and Tutanekei. We are continually reminded that this is the

greatest romance of all time, which is why it is such a popular tourist tale, presented in song, dance, and active storytelling. Hinemoa defied her parents and swam the midnight waters of the lake to win her fluteplaying beloved, Tutanekai. Yet people overlook some critical elements. *She* swam to him. *She* took the initiative. He was much more interested in Tiki, his comely male companion, so to get Tutanekai's attention, in Rangikaheke's version, Hinemoa masqueraded as a man. She presented herself with a male voice and sent Tutanekai's friend back up to him and then lured him down as a male, not as a woman. That story offers an intriguing perspective on sexuality and gender roles in the ancient Maori world; yet we are left with a quaintly colourful telling of the "Great Maori Romance." I bet that is the first time most of you have ever heard the other version, but if you look at the original text in Maori, it is there. And there are others waiting for someone else to decode them, to rediscover their true form.

And we need to ask this question, too – were these narratives restricted? Were they coded, only to be truly known and then reinterpreted by the few? What versions were given to the pakeha recorder? Who made those first Maori to English translations? Did our old people censor material, and do they continue to do so? Is there still a sense that knowing this information may perhaps be threatening to us? Can knowledge be dangerous? Consider for example, whakapapa, land ownership or the location of wahi tapu. If it is dangerous, then who is at risk? Should certain ideas remain secret to a particular family or hapu? I deliberately refer here to *ideas*, not to facts like the whereabouts of paru for dyeing flax fibre, or which landmarks indicate the best papa hi kahawai at sea. I am discussing ideas, which may be menacing. Yet we cannot afford to lose them. These are the questions that perplex us every day as Maori researchers, as young Maori in the Academy.

Te Reo

Another important issue to address here today is Te Reo Maori, a knowledge of the language. How much do we miss out on

through our own kuwaretanga - simply by the fact of where and when we were born, and the misguided goodwill or deluded protectiveness of those to whom we were born? Is it important to be fluent in Te Reo or to have Te Reo as your primary tongue to get the very essence of the information conveyed? Dr Miria Simpson was the Maori language interviewer and editor of the history of the Maori Women's Welfare League, *Te Timatanga Tatou Tatou*. Writing in the preface, she offers a lucid insight about language.

The aim here is to preserve that frankness...

Swinging back and forth between Maori and English, the *talk* comes *straight off the page*, complete with here and there the inevitable repetition and the occasional slip of the tongue.....

With little imagination, the reader becomes aware of the differences in the thought process when "thinking Maori" changes suddenly to "thinking English" and back again. Is it a conscious change?

....like lightning..... it eludes me.

Imagine what it does to second language speakers or to other conscientious punters! I think that's all I'll say on that.

Challenges being in the academy

What about the loneliness and the challenge of being an active researcher? Life as a Maori woman academic can often be lonely. It goes with the territory. It is a challenge and it is hard because so much of the time you are isolated, or you feel isolated, from your family and significant others, unless, of course, your work involves them, and that raises its own questions. A common question is how do you cope if you leave your partner behind? What if you get the better grades or higher honours? What happens to the man? I think that too is a really interesting question. I know it's a very painful one for many of us because not only are the children involved in the process of Mum getting a degree, but the husband or partner is as well. What becomes of him or her? How do they cope? In the process there is a risk of the researcher falling over and of the project falling over too.

At the discussion group mentioned earlier, all the women said

Oh, you just get up again ... you just get up again and you keep going. You get up again. You get on and you do it. You just don't sit around wondering about why you're doing it and who you're doing it for, but you look at your own values and your motivation and you get up there and you do it and you complete it. You have to.

It is about endurance. It's about courage. It is about taking risks. It is about being mad enough to go out there, put your head on the block and follow your dreams. Just keep doing it because it is fun and it is, I think, not a thankless exercise but in many ways a great and exciting one.

Difficulties also occur in the institutional environments in which many of us choose to take those first scary steps into the Academy. Everdina Fuli writes in *Whaia e Koe te iti Kahurangi*,

The library was another area I was terrified of using. I remember standing in line waiting to be issued a book by the librarian. I was totally ignored by the librarian and made to feel embarrassed while the Pakeha male student behind me asked to be served. That incident sent me home crying and feeling whakama. It took me a while to return to the library, let alone to attempt to use the library to its fullest capacity. The humiliation suffered made me feel both utterly disempowered and abused racially.

Everdina kept going. After her cry she came back and gained her first two degrees and is now working full time as a researcher.

Conflicting expectations

My final theme is conflicting expectations and what happens when our people realize our research skills may be useful to the whanau, hapu or iwi. For most of us there's a sense of affirmation, of reward. *We're recognised. Hey, they know we're here ... Oh, I can now give my skills back to the community.* What happens next? The relations or their appointee will turn around and say

Wait on, you've got to do this and this and this. Go and see this one and don't talk to that one, she's all wrong, and I want you back at seven o'clock tomorrow to do the xeroxing and pick up the key from Uncle So-and-so but

don't tell him what you'll be doing. You just get that key That's my job to tell him and I'll be in later on.

You end up with various pressures, but it is part of the belongingness, of belonging to the iwi, of having the experience and the joyous affirmation of giving back. This is, I think, a huge part of the reason that we undertake study programmes and pursue degrees in the disciplines of Social Science. It is another way of helping - with specialist skills and acquired knowledge. It nurtures the community in its own way.

But within the iwi context one must learn never to push oneself, particularly if you are a woman. You have got to know your place. You must not be seen to be aggressive. You have got to wait to be invited. And if an alpha male pushes in front of you, well, he gets the goodies first, or exhausts the source, or tires out the elderly participant, and that is that. For if you sit back with a PhD or Masters and wait to be invited ... all the boys with BAs will score the jobs, or muscle in and write their essays en route. This becomes a real issue for women in the Maori world. How many of us have seen guys who have not even completed their degrees get the jobs at home? It becomes a very cruel and ironic situation, because you know you should be pleased for them, but you also want to say, *Hey, but I've got a BA Honours, (or a graduate diploma, or a Masters). What about me?*

Another difficulty is that the whanau assumes that because you are at varsity, you have got loads of time. *You just go to school, you know.* So Mummy gets sick? *Hey you! Come home and look after her.* Or *Okay, somebody has to take a child to the doctor in Auckland. You do it. You're just at school. You're the girl, too. It's your role, your know that.* And along with pressures like that, there is also amongst some of us and our families the idea that you are doing it for yourself, that study is actually very selfish. So that when you are asked to do things for the whanau you should be grateful they're taking notice of you. It can seem very mean-hearted and inappropriate to assert yourself. Not Maori.

And who wants to be seen as behaving like a Pakeha?

Political protest and radical activism have been part of the western tertiary learning environment for centuries. For many of us, it is an integral element of the varsity experience. Combined with the flax roots initiatives on the home front, many graduates find themselves considering the various approaches to social change and benefit for the iwi. One wonders what is more effective long-term ... radical protest and immediacy with the iwi, or maintaining one's corporate or professional identity and working at that elevated level? Can we work effectively both ways? For many of us, this becomes a real issue. My resolution is that we are all different and we choose carefully what we do and whatever we do we must be good at. But often that too becomes political...or subject to the whims of the funding machine. It also relates to who gets noticed and who doesn't, and what gets noticed and what doesn't And we end up trapped by fable of the sweet potato, that tasty kumara, all over again.

We frequently get asked what we are doing, and how does it make things better for Maori? How do you best explain a research project to your immediate whanau or to the people whom you most want to get involved? We have seen some very good examples of those types of processes in the presentations today. They are there and we have enjoyed them; their next step is with the iwi.

He Taniko

And now I come to the end of my presentation, to the hem of the garment I have woven with you. Figuratively, He Taniko : bordering conclusions. Taniko is a plaiting/weaving technique of multiple coloured strands. Originally, it was brought from the Otherworld by Niwareka, the faerie wife consort of the mortal human Mataora, who acquired the art of Ta Moko, engraving skin, from her father Uetonga. So both these creative traditions are entwined. Taniko, however, is unique to the Maori world. No other culture or no other known society on the planet does taniko, only Maori. I think this is quite wonderful. It gives us a place in world art history. But

it also, I think, explains and manifests in a very elegant way the metaphor of knowledge, the metaphor of gathering strands, the metaphor of creating and lending and, ultimately, producing something of beauty, of colour, of impact.

Taniko was used as a border on kaitaka or draped chiefly garments of very finely processed flax. Taniko formed the front panels and the lower hems, not the collars that we see in Lindauer's painting of nineteenth century kuia and kaumatua. These images were actually constructed. They were not real. Maori never wore the hems of their garments up around their chins. But Lindauer thought it looked better that way and our old people were very accommodating models, so they tipped their kaitaka upside down and sat there with the hems around their chins thinking *This Pakeha is very strange*. So now we have this amazing example of misinformation coming to us a hundred years later and many of our own new designers think that the taniko should be worn shoulder high whereas traditionally, it should be down around the feet.

Which ever way up, taniko is about bordering so we come to the idea of bordering conclusions, and the principal conclusion that I'd like to offer you for today is that, as all of the presentations have revealed, we should take heart. We should not give up. Whatever may happen, particularly to us as women, we must keep going. We must not lose our motivation. We must not slacken our discipline. We must hang in there. Because research is also about following our dreams. About achieving what we want, for our children, for ourselves, for those yet to come. The papers presented at this symposium reflect those dreams, and also reveal how the words exchanged between those two koroua six decades ago are in the process of being realized. Keep going. Continue to produce your work. And do it well, as best you can. And never ever stop dreaming, questioning, wondering.

So I conclude with the words of a great twentieth century visionary, scholar, composer, and inspirational leader, Te Puea Herangi.

Te ohonga ake I oku moemoea, Ko te
puawaitanga o te whakaaro

I awake from my dreams; and they
blossom into ideas, they are realized.

Kia ora tatou katoa.

References

- Anzaldúa, Gloria (ed). (1990). *Making face, making soul = haciendo caras: Creative and critical perspectives by women of color*. San Francisco: Aunt Lute Foundation Books.
- Best, Elsdon. (1952). *The Maori as he was: A brief account of Maori life as it was in pre-European Days*. Wellington: R.E. Owen, Government Printer.
- Brant, Beth. (1994) *Writing as witness: Essay and talk*. Toronto: Women's Press.
- Camper, Carol (ed). (1994). *Miscegenation blues voices of mixed race women*. Toronto: Sister Vision Press.
- Grey, George. (1965). *Polynesian mythology and ancient traditional history as told by their priests and chiefs*. Wellington: Whitcombe and Tombs Ltd.
- Hooks, Bell. (1994). *Outlaw culture resisting representations*. New York: Routledge.
- Huggins, Jackie. (1998). *Sister girl: The writings of aboriginal activist and historian Jackie Huggins*. Brisbane: University of Queensland Press
- Irwin, Kathie & Irihapeti Ramsden (eds). (1995). *Toi wahine : The worlds of Maori women*. Auckland: Penguin Books.
- Jackson, Moana. (1998). Research and the colonization of Maori knowledge. In Te Pumanawa Hauora (eds). *Proceedings of Te Ora Raganau Maori Research & Development Conference, 7-9 July*. Palmerston North: Massey University.
- Kame'eleihiwa, Lilikala. (1992). *Native land and foreign desires*. Honolulu: Bishop Museum Press.
- Makereti. (1986). *The old time Maori*. Auckland: New Women's Press.
- Rabinow, Paul (ed). (1986). *The Foucault reader*. London: Penguin.
- Royal, Te Ahukaramu Charles. (1998). Te Ao Marama – A Research Paradigm. In Te Pumanawa Hauora (eds). *Proceedings of Te Ora Raganau Maori Research & Development Conference, 7-9 July*. Palmerston North: Massey University.
- Silvera, Makeda (ed). (1991). *Piece of my heart: A lesbian of colour anthology*. Toronto: Sister Vision Press.
- Simpson, Miria & Anna Rogers (eds). (1993). *Te timatanga tatau tatau: early stories from the founding members of the Maori Women's Welfare League*. Wellington: Bridget Williams Books.
- Smith, Linda Tuhiwai. (1999). *Decolonizing methodologies: Research and indigenous peoples*. Dunedin: University of Otago Press.
- Sorrenson, M.P.K. (ed). (1987). *Na to hoa aroha : From your dear friend, the correspondence between Sir Apirana Ngata and Peter Buck 1925 – 1950 (Vol 2)*. Auckland: Auckland University Press.
- Te Awekotuku, Ngahuia. (1991). *He Tikanga Whakaaro : Research ethics in the Maori community*. Wellington: Manatu Maori.
- Te Rangikaheke, Wiremu Maihi. GNZ MMS 51 Special Collections, Auckland Public Library.
- Trask, Haunani K.. (1993). *From a native daughter*. Maine: Common Courage Press.