



He waipuna koropupū: Taranaki Māori wellbeing and suicide prevention

Volume 2 | Issue 2

Article 8, September 2017

Ngaropi Cameron
Tū Tama Wāhine o Taranaki

Leonie Pihama
University of Waikato

Jocelyn Millard
Tū Tama Wāhine o Taranaki

Awhina Cameron
Tū Tama Wāhine o Taranaki

Bry Kopu
Tū Tama Wāhine o Taranaki

Abstract

The research project He Waipuna Koropupū aimed to explore and share a knowledge base that could inform practice in relation to Taranaki Māori suicide. The project was grounded upon the notion that through Taranaki knowledge and information we can make significant changes in our approach to life and to our whānau relationships. The project was primarily about whānau ora and the wellbeing of future generations; through the reclamation and sharing of Taranaki Māori knowledge that can support intergenerational change and transformation. Taranaki Māori *whānau* (extended family groupings), *hapū* (subtribal grouping) and *īwi* (tribal grouping) deserve access to Kaupapa

Māori approaches in order to help reclaim and inform decision making processes.

Keywords: Taranaki, intergenerational, Kaupapa Māori, Māori wellbeing, suicide prevention.

Introduction

This project draws its name from a *whakataukī* (proverbial saying) commonly spoken by renowned North Taranaki *taueke* (elder) describing concepts of wellness being linked with active resistance—

*He maunga Titōhea
He waipuna koropupū
Ahakoa tukitukia e te poaka
E kore nei e mimiti
Ka koropupū, ka koropupū*

A unique descriptor for the Taranaki mountain meaning improvised

The pool of life

Although plundered by the Pig [reference to the Crown]

It will never cease

It will bubble forth

This whakataukī, is an instruction from the past and a message of hope for future generations; the strength to keep *bubbling on* despite seemingly insurmountable assaults. It is this term *Waipuna Koropupū* that highlights the critical components of past resistance and future potential, the concept of having the fluidity to adapt and the strength to sustain. This is a theme that continues to emerge in Taranaki, the notion of

resistance as opposed to *resilience*. Taranaki *hapū* (subtribal grouping) and *iwi* (tribal grouping) have a demonstrated history of resistance and this could be viewed as an example of how Taranaki *whānau* (extended family groupings) might actively strive towards healing and prosperity.

The research project He Waipuna Koropupū aimed to explore and share a knowledge base that could inform practice in relation to Taranaki Māori suicide. The project was grounded upon the notion that through Taranaki knowledge and information we can make significant changes in our approach to life and to our *whānau* relationships. The project was primarily about *whānau ora* (*whānau* wellbeing) and the wellbeing of future generations through the reclamation and sharing of Taranaki Māori knowledge that can support intergenerational change and transformation. For these reasons the research methodology utilised was Kaupapa Māori which is often defined as *by Māori, for Māori, with Māori* (Smith, 1999).

In accordance with the fundamentals of Kaupapa Māori, the research has been defined, controlled and shaped by those who have been involved and affected by suicide within the Taranaki Region (Pihama, 2001). In general terms, Kaupapa Māori refers to Māori philosophies, Māori approaches, and Māori ways of being, which are defined and controlled by Māori. Central to the approach of Kaupapa Māori is the principle of Māori as self-determining. By conducting the research within a Kaupapa Māori framework, the values and ethics were informed by Taranaki *tikanga* (traditional practices and protocols) and cultural values and concepts that are fundamental to Māori society. These included concepts such as *wairua* (spirituality), *whānau*, *whenua* (land), *te reo* Māori (Māori language), *tinana* (body/physical), *hinengaro* (intellect and consciousness), and *tūpuna* (ancestral) knowledge. The communication required for the gathering of information recognised these principles and ensured those essential values were maintained, enabling acknowledgement and affirmation of *mana* (authority), which included *mana atua* (spiritual authority), *mana whenua* (territorial authority) and *mana tangata* (human authority and status).

The project set out to help build the evidence base of what will work for Taranaki Māori

whānau, *hapū* and *iwi* in relation to preventing Māori suicide. *Whakapapa* (cultural genealogies) connections were utilised in the research approach and aligned to relationships within the wider Taranaki region. This has been an important aspect because Tū Tama Wahine o Taranaki (TTW) works closely with Taranaki *whānau*, *hapū* and *iwi*, and those linkages were essential in achieving the goals of this research project.

For this project, a process of *Personal Invitation* to participate was utilised, which reflected a form of *karanga* (call) to those that are seeking to enter into the conversation in the same way that we would enter onto a *marae* (formal gathering places) to engage in *wānanga* (gathering with focused discussion). This invitation brings a different interest and participation to the forum. Some things are just not heard or learnt unless one is listening from a sacred place or space, and invitation can be used to access this sacred space. When exercised in a respectful meaningful manner, such invitations can help break down barriers and prejudices. It is important that people are not mandated to attend such conversations but rather invited to help create a new future. There was a deep desire from participants to be able to talk safely about Māori suicide and to become informed about Taranaki history in relation to suicide. Block (2008), in his book *Community: The Structure of Belonging*, identifies invitation and conversation as keys to unlocking the silence.

Both the community conversations, Lifting the Lid, and the interviews held for He Waipuna Koropupū were grounded upon understanding our history, the impact of trauma events (Walters, 2012), the impact of the soul wounds experienced by our people (Duran, 2006) and discussing our relationship to the *spirit of suicide* as described by Eduardo Duran (2012). Questions were raised about past experiences within Taranaki in regards to suicide and if there are examples or cultural understandings that existed prior to colonisation that may give insight into how we can engage this issue today. Examples of questions raised in the *hui* (gatherings) included: Do we have a cultural relationship with suicide and if so what did that look like? Do we have experiences of suicide in Taranaki? Is there such a thing as a predisposition to suicide?

Historical Context

Understanding the context of Taranaki is critical to understanding the deluge of suicides in Taranaki. Since the arrival of *Pākehā* (white people) in Taranaki in 1841, there has been continuous conflict for hapū. Creeping land appropriation of the settlers was enabled by successive settler governments who did not shy away from using military and armed constabulary for over 40 years in their attempts to subjugate Taranaki hapū. In the 1860s Parihaka, a Māori settlement in the Taranaki tribal area became the centre of a peaceful, passive resistance movement to address colonisation and the surveying and alienation of hapū lands. The leaders of this passive resistance movement were Te Whiti o Rongomai and Tohu Kākahi. Both were of Taranaki and Te Ātiawa descent.

In the late 1870s, followers of Te Whiti and Tohu were told to plough and fence the stolen lands and thus disrupt the surveying activities. For over two years the peaceful protesters were arrested and incarcerated in the South Island. Protests, however, continued peacefully, and on the morning of 5 November 1881, 1589 voluntary and armed constabulary troops invaded and occupied the peaceful village. 2000 of our people sat quietly on the marae while the Government Native Minister, riding a white charger, wearing a full military uniform and carrying a saber lead the armed invaders into the peaceful and unprotected *papakāinga* (communal lands) of Parihaka. Amidst children singing, Te Whiti o Rongomai and Tohu Kākahi were arrested and exiled from their homelands (Waitangi Tribunal, 1996).

Parihaka was supported by many iwi outside of Taranaki. It was a productive, cohesive and creative community whose occupants actively affirmed the belief that Taranaki Māori autonomy was the foundation for peaceful coexistence with Pākehā. The impact of colonisation on Māori in the Taranaki region should not be compared to what happened to other iwi throughout Aotearoa. By the time the invasion of the peaceful and unprotected village of Parihaka took place, Taranaki had been a war zone for 40 years and unlike other areas, Taranaki lands were confiscated prior to the cessation of hostilities. The Waitangi Tribunal Taranaki Report (Waitangi Tribunal, 1996) noted that 1,199,622

acres were confiscated in Taranaki and reflected the 1927 Royal Commission Inquiry into Confiscated Māori Lands the Sims Commission Report which stated that:

Both the Taranaki wars ought to be treated...as having arisen out of the Waitara purchase... The Government was wrong in declaring war against the natives... Dr Featherston called it, an unjust and unholy war... we think that, in the circumstances, they ought not to have been punished by the confiscation of any of their lands. (p.11)

Māori Understandings of Suicide

Within Māori concepts of health and well-being, suicide is often considered an imbalance in terms of wairua (spiritual) and whakapapa. Naera (2013) asserts it is not entrenched in Tikanga Māori nor is it normal for Māori. Whilst not being a tikanga or accepted as common practice, the little information about how our tūpuna reacted to suicide would indicate that neither was it treated negatively. Emery, Cookson-Cox and Raerino (2015) in fact retell the Te Arawa narrative pertaining to their renowned tūpuna, Te Matapihi o Rehua. They clearly assert that “Contrary to contemporary views of the act of *whakamate* (suicide), traditional Māori tribal pedagogies have revealed that the death of an individual by suicide was not considered a shameful or cowardly act; rather it was viewed in its full context” (Online Abstract).

Disconnection from one’s whakapapa has been recognised as a suicide risk factor. Lawson-Te Aho (2013) states that “Whakapapa frames suicide as a disconnection from the collective cultural identity” (p.67). Lawson-Te Aho also introduces the concepts of *whakamomori* and *whakamā* stating “in traditional times, suicide was often attributed to the alteration of kinship relationships through death of a spouse or a deep sense of whakamā (shame) as a result of breaches of tapu against the collective wellbeing” (p.67). Ihimaera and MacDonald (2009) expand on the term whakamomori as the emotions of a deep-seated suffering that can build up and lead to suicide. They state that “whakamomori is an āhua tuku iho, nō mai rāno and it too has a whakapapa”, which is associated with Tāne and

Hineahuone and the beginning of humankind (p.24). A common understanding of that whakapapa is that their daughter Hinetītama was also taken by Tāne as a partner, and when she realised this transgression her overwhelming whakamomori lead her to Rarohēnga (An underworld) and her transformation into Hine-nui-te-pō (Goddess of the Night). It is the role of Hine-nui-te-pō to then receive those that have passed into the spirit world.

In the report, *He Hinatore kī te Ao Māori: A glimpse into the Māori world* (Ministry of Justice, 2001) the concept of whakamā is referred to as follows, “In traditional times, whakamā has been known to contribute to suicide. Whakamā works on the individual because they are conscious of the feeling that is felt when they have transgressed the values of their community. The embarrassment or shame felt is an extremely powerful and emotional force” (p.185). Suicide completed by widows on the death of their partners, particularly those of rank, is noted by Te Rangi Hiroa (Buck, 1949) and Ngāi Tahu leader Teone Tikao (Tikao & Beattie, 1939). Tikao also states that “sometimes a father or mother would suicide (whaka-momori) if a favourite child died, or a child would do so on the death of a parent, but such instances were not common” (p.151).

The colonial view of suicide as a moral taboo is likely to have arrived with early British settlers. Moreover, when Aotearoa was made a Crown Colony, death by one’s own hand was a criminal offence under British common law¹. Punishment included excommunication, public mutilation of corpses and ignominious burial for the act of mortal sin, and forfeiture of property. Burial exclusion from traditional whānau and hapū *urupā* (cemetery) and reduced protocols of tangihanga practices have been evident only since post-colonial contact.

Lawson-Te Aho and Liu (2010) describe the traditional Māori conceptualisation that individual well-being is tied to the well-being of

the collective cultural identity. Therefore, individual pain is inseparable from collective pain, and the role of the collective becomes that of carrying individuals who are suffering. They assert that community empowerment requires policies and practices that offer pathways from colonisation towards tino rangatiratanga, or self-determination. Lawson-Te Aho and Liu also note that contemporary indigenous psychologists have developed an alternative frame for viewing suicide that shifts the focus from the individual level to group-level explanations. Strengthening whānau response and capability has been a focus of many interventions and championed under the Whānau Ora movement (Durie, 2006, 2009; Lawson-Te Aho, 2013; Naera, 2013; Russell, 2013). This Whānau Ora or holistic approach is not new to kaupapa Māori health and social service providers (Russell, 2013). Strong whānau and family connections are recognised as protective factors against suicidal behaviour for youth (Clark et al., 2011). However, there is also an argument that it is not enough that whānau be caring and supportive, but they in turn must be supported by broader structures of hapū and iwi (Naera, 2013, Lawson-Te Aho & Liu, 2010). Lawson-Te Aho and Liu (2010) explains that Māori suicide prevention relies on contextualising the whānau, hapū, iwi experience within the concept of historical trauma and colonisation.

At a national level one in five people who die by suicide are Māori, with the highest levels of suicidal deaths occurring amongst Māori males aged between 40-44 years. National statistics for 2012 (Ministry of Health, 2015a) reveal:

- The Māori youth suicide rate was 2.8 times the non-Māori youth rate (48.0 per 100,000 Māori youths compared with 17.3 per 100,000 non-Māori youths).
- Over the 10 years from 2003 to 2012, Māori youth suicide rates have been at least 1.7 times the non-Māori youth suicide rates.

¹ The legal term being *felo-de-se*. A *Felo-de-se* is he that deliberately puts an end to his own existence; or commits any unlawful, malicious act, the consequences of which is his own death, as if attempting to kill another he runs upon his antagonist’s sword; or shooting at another the gun bursts and kills himself. (Clift v. Schwabe, 1846, ‘Common Bench Pleas.’ Quoted by McManus, R. (2005) in ‘Freedom and suicide: a genealogy of suicide regulation in New Zealand 1840- 1970’, pg 12.

- Māori had an age-standardised suicide rate of 17.8 per 100,000 Māori, compared with the non-Māori rate of 10.6 per 100,000 non-Māori. There were 30 suicide deaths among Pacific people and 23 among Asian people.
- Over the 10 years from 2003 to 2012, Māori suicide rates have been at least 1.2 times non-Māori suicide rates.

The Ministry of Health's Suicide Facts Report (2015b) revealed that between 2008 and 2012, Taranaki had an average of 13.4 suicides per 100,000 population compared to a national average of 11.6 per 100,000. Between July 2007 and May 2015 there were 127 suicides in Taranaki, an average of 15.8 suicides per annum. The two highest years was 2009/10 with 20, followed by the 11 months in the 2014/15 with 19. Of the 127 suicides:

- 13 were female which means that 90% of the completed suicides in Taranaki are male
- The highest number of suicides fall in the 25-44 year age band (39% of total)
- By district, New Plymouth has a slighter higher proportion of the completed suicides, than does Stratford and South Taranaki.
- Māori represent 19% of all suicides in the eight-year period

Data on suicide attempts in Taranaki has been informed by police data, which records the number of suicide attempts that officers are called out to. However, there are limitations to this data with differences in coding, noting the severity of attempts and a lack of gender or ethnicity markers. Taranaki data on self-harm has also been explored with 78.3 intentional self-harm hospitalisations per 100,000 population, which is higher than the national average of 71.0 (Taranaki District Health Board, 2015). When disaggregated by gender, there were 99.7 occurrences per 100,000 of the female population. This translates into 370 people being admitted to hospital out of a total 809 people presenting with self-harm acts between 2012-2015. Of those who self-harmed and were admitted, Māori were over-represented as 21% of the total; so too were women, who were two-thirds of the group. However, these statistics are not reflective of the true picture of suicide of Taranaki Māori. During the period this research

project was undertaken there have been five other suicides, but because they occurred outside of Taranaki they will not be reflected in the region's statistics.

Articulating a Taranaki Perspective on Suicide

The marginalisation of Taranaki knowledge in relation to suicide is one of the effects of colonisation. The impact continues to this day as the symptoms of historical trauma reveal themselves through many forms of both imposed and internalised violence. Brave Heart (2007) identifies historical trauma as having a major influence upon high mortality rates, including suicide rates. The eroding and marginalisation of Taranaki *mātauranga* (knowledge) continues daily as those historical trauma impacts trigger certain responses and behaviours amongst our people. Additionally, the continued settlement of *tauiwi* (immigrants) and others in Taranaki means there remains an ongoing struggle for validation of hapū and iwi on their own lands. It is clear from the conversations and interviews held that reclamation of Taranaki *mātauranga* in relation to relationships and interaction between collectives is central to supporting the recovery of Taranaki Māori intellectual infrastructure. Many examples of the centrality of Māori and Taranaki knowledge were shared throughout the conversations, and whānau also talked about their understandings about the impact of the historical trauma in Taranaki and the contribution of that through disconnecting whānau and the silencing that surrounds suicide.

I think you go right back to our history in the 1880's in terms of what happened after European contact. For me I think that it's a loss of our language and part of that was a cultural taking of a lot of our Tikanga in terms of how we would have dealt with things. I think that's got a lot to do with it, I've got no evidence, I've just got the gut feeling with what happened to our people, our old people talk about those happenings having a detrimental effect in terms of our upbringing our life. (Interview)

We really have to think about our historical past, how that has impacted on us as a people from back then to now our people have lost conversation. (Interview)

Participants in 'He Waipuna Koropupū' interviews consistently raised the need for us to think deeply and carefully about the language we use in regards to suicide. In particular, a number of people highlighted the need for the correct terminology to be referenced in relation to suicide when Māori terms are used, for example one participant highlighted the need to be aware of the range of Māori concepts related to depression and the various states of depression that can occur.

That is the process of pōuri or depression that the person affected is going through... Leading towards. How to describe what state a person is in when they are in whakamomori. Modern newspapers from last century have a lot of articles about ngākau pōuri. Ngākau pōuri was something that was seen as a real heart affliction. You start to look at the deeper depression that they got into and the description of those depressions. Definitely ngākau pōuri and whakamomori and another word is hopohopo. Hopohopo is a type of fear that is far stronger than matakū. Matakū you are in control of your fear, hopohopo it is in control of you. It is these deep anxieties that occur and the extent to which they get engulfed in this process of whakamomori. That's the time when people can see something is wrong. (Interview)

Alongside discussions of te reo Māori, participants also talked about the reclamation of Taranaki tikanga practices and concepts of koha (reciprocity). Returning our tikanga to the centre of whānau life as a day-to-day way of living offers the possibility of restoring order, balance and wellbeing into whānau (Kruger et al., 2004). These are values that have helped keep Taranaki whānau, hapū and iwi intact and aid survival through 175 years of colonial violence. Traditional knowledge forms such as whakataukī, *pūrākau* (storytelling), *waiata* (songs) functioned in relationship with each other and provided mechanisms for the maintenance and reproduction of tikanga. They are strategic compositions that contain meticulously encoded messages, which informed our pedagogical practices of intergenerational transmission. They are methods that are designed to instruct, warn, enlighten and educate. None are random or disconnected from the collective (the people), creation or history.

As far as waiata are concerned as I was talking about whakamomori, now there is a state of being within whakamomori about pōuri tension, the mamae. There are many waiata that definitely demonstrate or express mamae. There are waiata here in Taranaki or throughout Taranaki that have been written to express the mamae and hurt and tension that one has, maybe within their family of a particular issue, and that was a way to relieve that pressure so possibly he rongoā. Yes, there was that option or that avenue to express their mamae to get it out there to let it be known; so possibly either that or a huarahi that can be looked at. We do have a lot of waiata with those particular expressions in it, that address mamae. (Interview)

That you could align to such whakataukī like ko te aroha te mea nui, ko te tangata or something like that it depends on how you interpret that love for your family, love them to bits as this is the core value. The value of being united, being loving, being caring, being family orientated. All those come out of that whakataukī. (Interview)

Silence surrounding issues of suicide was a prevalent issue. Informants advised that suicide was not talked about as a topic of conversation, nor was it that apparent when growing up. When a suicide did occur, it was usually spoken about in descriptive terms in relation to the manner of death and apparently without judgement.

You know, as a child growing up suicide was not a big thing. It wasn't a big thing in terms of being talked about in the house at all, when we knew. Well, suicide in itself is a new word. (Interview)

Because I remember you know our family talking about, oh, he hung himself or he shot himself. But there was no reference to suicide or mention of any suicide. (Interview)

The importance of supporting whānau to understand how they belong and why they are valued was reiterated on multiple occasions by the participants. They spoke of whānau wānanga, whānau leadership stepping up and particularly in relation to embracing tikanga to empower the *keāinga* (home) back into a caring and accountable social structure.

It is very vital for us to have tikanga and values that help align our thinking and way forward, as a whānau. For us Māori it is to have these values in store, so that is basically a coping strategy for our people to move forward when we do come up against things we are able to move forward,

transition through those hardships adequately to ensure that we don't come up against these sorts of issues... Where people are connecting back to their tūrangawaewae in regards to a whānau that may be unaware of their whakapapa, who they are or where they are from and that's where it's important for them to establish, or rekindle, especially that identity reconnecting back to your whānau, hapū, iwi back to your marae. We can talk about installing dedication and enduring commitment to who you are as a Māori, in terms of your identity that also falls out of ensuring that that understanding is there first. (Interview)

He Rongoā: Protective Factors and Healing

Research undertaken within Taranaki titled “Tū ka ora: Traditional healing stories from Taranaki” (Reinfeld, Pihama, & Cameron, 2015) highlights that within the region there remains strong knowledge sources about healings that were undertaken by our tūpuna. A key finding is that certain whānau held for many generations essential knowledge about traditional healing practices. The revitalisation movement in regards to te reo and tikanga has given impetus to the rejuvenation of healing knowledges that can be drawn upon to support the wellbeing of our people. The term “healing” means many different things to many people and is made more complex because of the denial of the traumatic colonialising history of Taranaki. Those involved in this project highlighted that one's identity and understanding one's history directly influences our lives. Emphasis was placed on the importance of embarking on what is likely to be a life-long journey of awakening awareness about whānau, hapū and iwi history within Taranaki. When a hapū, whānau or significant members in a whānau lose purpose, have no knowledge or feeling about their ‘calling’ in life, and lose focus and direction in life, the physical and spiritual disconnection is complete and the meaning of life disintegrates. Within Taranaki present generations are experiencing a profound lack of connection to our past and are hopeless about our future. Protective factors and healing are closely connected with the reclamation and revitalisation of the fabric of te reo Māori and tikanga.

The values of belonging to a hapū, whānau hapū, and iwi and knowing your tūrangawaewae and whakapapa that these things have to be instilled early so that they are almost immovable; and then somebody has always got that as a reserve, when things get hard. (Interview)

Mātauranga Māori provides us with ancestral understandings and practices for how to move within a contemporary world (Nepe, 1991). *Mōteatea* (traditional chants), whakataukāki and traditional teachings related to *ātua* Māori (Māori deities) are examples of Māori traditional knowledge that provide guidance in all aspects of our lives (Broughton, 1993, Reinfeld et al., 2015). The roles within Māori society were also guided through mātauranga Māori with a number of whānau discussing roles and responsibilities of Māori men in educating Māori boys to understand their relationship to Māori women as *Te Whare Tangata* (House of the people), and in supporting the collective and matriarchal structures that were a part of specific communities. Discussion dedicated to Māori men focused upon (i) their requirement to take control of their trauma and return to the homelands, and (ii) a need to increase knowledge that enables them to help nurture the wellbeing of the whānau and collective. Participants highlighted that Taranaki should be clearly articulating what is expected of a Taranaki Māori man, as distinct from what is expected of Māori men of other hapū and iwi living in the Taranaki region. Taranaki needs to confront the issue of the pathologising of Māori men, which has been reinforced by the successive layers of state violence for 200 years, and has contributed significantly to their disconnection from whānau, hapū, iwi, te reo and tikanga. It is highlighted that we need to extend invitation and a requirement for Māori men to exit their marginalised positioning and stop dwelling on the fringes of society. Some participants spoke of the need for Māori men to return to their homelands and in doing so return to the centre of the whānau with a renewed quest for purpose, and identified direction. These participants considered that to do so would enable a reconnection towards healing and reposition them in line with their whakapapa, rights, responsibilities and obligations. Where reconnection to whānau, and whenua strengthens life purpose it is also critical that adequate and appropriate support systems,

resources and reconnection to te reo, tikanga and mātauranga Māori are accessible and is seen as essential in regards to prevention and intervention of suicide.

The ability to understand how to manage feeling and behaviour associated with whakamomori were an intricate part of the cultural social fabric and language of Taranaki Māori. The conversations and interviews highlighted that emphasis has to be on a collective effort to repair the social fabric of Māori cultural connectedness. A focus is needed upon recovering and empowering our shared sense of belonging. Repairing the dynamic social fabric of Māori community in all its complexities is more important than searching for a quick fix or the appearance of a fix. Short-term programmes for youth at risk are just that – short term. In order to move beyond the restrictions that are placed on programmes by the government we need sustained prevention, intervention and healing processes that are grounded in tikanga and connectedness through whakapapa that affirms the value of human life.

Suicide within Taranaki is directly connected to the forms of collective historical and intergenerational trauma that have been experienced by Taranaki iwi. That impact continues as successive governments impose treaty settlement processes that create division and discord amongst our own. The impact further continues as the New Plymouth District council denies *tangata whenua* (indigenous Taranaki) voice in the decision making that happens daily on our lands, and as personal and institutional racism persists. These systemic issues are grounded in the invasion of Taranaki in the 1860's (Waitangi Tribunal 1996). Colonisation systematically destroyed Taranaki language, culture, our entire society, stole our lands, and our wealth. Throughout this research these colonialisng events both past and present were identified as having a significant impact on the participants and whānau.

Taking a Taranaki approach to learning and teaching in regards to relationships and healthy ways of being would be inclusive of the many examples of whakatauākī, waiata, pūrākau that can inform our youth in terms of their connectedness to Taranaki and to living. A range

of whānau emphasised a need to draw upon mātauranga Māori, and particularly Taranaki tikanga, in all developments related to suicide and general wellbeing.

Here are some examples of this, this is the perspective of our tūpuna who really treasured and cherished life. 'Nā te pō te kai hari o te ao, nā te mate te kai hari o te ora', that is the classic example of how even in a state of despair that is the carrier and will bring you to appreciate life. Those terms and expressions are specifically to Taranaki and knowing that expression, I suppose there is probably a gap from actually knowing some of this stuff and actually educating or getting it out there so that the general public can understand those concepts. (Interview)

The development of a collective focused Taranaki Māori strategy to address this issue is essential and must include Te Reo o Taranaki Charitable Trust revitalisation and language reclamation strategies that provide for te reo and tikanga, the *Kura Kaupapa Māori* (Māori language immersion schools) in Taranaki and Te Wananga o Aotearoa who host a significant number of Māori students across the generations on its New Plymouth campus. Developing plans for the Taranaki region that support both decolonisation and cultural revitalisation is important to rebuild the village. In relation to whakamate, the collaboration between the language revitalisation strategy and a healing learning strategy would have positive benefits in relation to drawing the kāinga back into a caring, responsive, accountable, and authentic Māori social structure.

It's about us; if we are going to intervene we have to be clear in ourselves about what we do. We have to be clear about what we are going to do and finish the task you know and that might go on for a long time it won't be a 2-minute job. (Interview)

...there is no quick fix. We've got to spend a lot more time studying the whānau dynamics and their circumstances to be able to align some of our practices, value practices to meet their current needs. We can't just write a prescription to go there, do this, do that, buck yourself up. We've got to understand what is actually happening for the whānau. (Interview)

The fragmentation of whānau, hapū and iwi through the imposition of colonial ideologies and structures means that the bringing together of the

collective in a supportive meaningful manner is critical. Advocating for collective ways of being where everyone has a place and is accepted as belonging and possessing gifts and skills that benefit the whole is central to ensuring the survival of the whānau or collective. Prevention must support whānau to restore their own mana rather than being dependent upon outsiders to do this for them. Alongside this was also interwoven the fundamental need for the normalisation of *Te Reo Rangatira* (the noble Māori language) and for people to *kōrero* (talk) together and to keep in contact on a regular basis.

Within our tikanga and te reo we have an ancestral knowledge archive to draw upon that can guide and enable us in the development of responses to the forms of historical trauma faced by our people. The whānau that shared in the conversations for this project have given us strong indicators as to the need to decolonise, revitalise, regenerate te reo and tikanga from Taranaki, and in doing so strengthen our resolve to live a good and healthy life as tangata, as whānau, as hapū, as iwi, as Māori. We are not speaking of merely surviving or resilience, we are speaking of resistance to the imposition of colonial historical trauma upon our people.

Lawson-Te Aho and Liu (2010) outline the intervention logic used in their paper “Indigenous Suicide and Colonisation” that relies on the restoration of culture at group level as a response to the situation of Māori. Utilising whakapapa to strengthen cultural identity may be instrumental to the promotion of good mental health and positive psychological outcomes for Māori (Durie, 2001; Durie, 2006). Lalonde (2006) asserts the challenge for cultural resilience (and persons within communities of interest) is that cultures must change, and yet if they are to survive the pressures of global society they must somehow remain the same. A pre-condition of defining cultural resilience must be the establishment of a higher burden of risk on the community of interest. Lalonde (2006) also asserts that when communities succeed in promoting their cultural heritage and in securing control over their collective future, the positive effects reverberate across many measures of health and well-being. In his study on personal persistence and cultural resilience, Ungar (2005) makes a passionate argument that in order to

better understand resilience, it is vital that researchers pay attention to and understand the role of culture and context. Where these authors stress resilience within communities, this research is grounded in notions of resistance as a critical conceptual positioning within Taranaki. This project has affirmed that for Taranaki many significant answers lie within. It is time to remember that our tūpuna laid before us guiding principles that reassure us that in surviving the genocidal acts of colonisation within Taranaki we originate from the seeds of Rangiatea, and we will continue to resist, and through that resistance we will again flourish as a people.

References

- Block, P. (2008). *Community: The structure of belonging*. San Francisco, CA: Berrett-Koehler.
- Brave Heart, M. Y. H. (2007). The impact of historical trauma. The example of the Native community. In M. Bussey & J. B. Wise, (Eds.), *Trauma transformed: An empowerment response* (pp. 176-193). New York, NY: Columbia University Press.
- Buck, TR. (1949). *The coming of the Māori*. Wellington, New Zealand: Māori Purposes Fund Board.
- Clark, T. C., Robinson, E., Crengle, S., Fleming, T., Ameratunga, S., Denny, S. J., & Saewyc, E. (2011). Risk and protective factors for suicide attempt among indigenous Māori youth in New Zealand: The role of family connection. *International Journal of Indigenous Health*, 7(1), 16.
- Durie, M. (2001). *Mauri Ora: The dynamics of Māori health*. Auckland, New Zealand: Oxford University Press.
- Durie, M. (2006). *Measuring Māori Wellbeing*. Wellington, New Zealand: New Zealand Treasury Guest Lecture Series.
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other Native peoples*. New York, NY: Teachers College Press.
- Duran, E. (2012). *Historical trauma presentation*. Presented at Tū Tama Wahine o Taranaki, New Plymouth, New Zealand.

- Emery, T., Cookson-Cox, C., & Raerino, N. (2015). Te waiata a Hinetitama—hearing the heartsong: Whakamate i roto i a Te Arawa—A Māori suicide research project. *AlterNative: An International Journal of Indigenous Peoples*, 11(3), 225-239.
- Ihimaera, L., & MacDonald, P. (2009). *Te Whakauruora. Restoration of health: Māori suicide prevention resource*. Wellington, New Zealand: Ministry of Health.
- Kruger, T., Pitman, M., Grennell, D., Mac Donald, T., Mariu, D., Pomare, A., ... Lawson-Te Aho, K. (2004). *Transforming whānau violence – A conceptual framework* (2nd ed.). Wellington, New Zealand: Ministry of Māori Development
- Lalonde, C. (2006). *Identity formation and cultural resilience in Aboriginal communities*. In R. J. Flynn, P. Dudding, & J. Barber (Eds.), *Promoting Resilience in Child Welfare* (pp. 52–72). Ottawa, Canada: University of Ottawa Press.
- Lawson-Te Aho, K. (2013). *Whāia te mauriora: In pursuit of healing*. (Unpublished doctoral thesis). Victoria University of Wellington, New Zealand.
- Lawson-Te Aho, K & Liu, J. (2010). Indigenous suicide and colonisation: The legacy of violence and the necessity for self-determination. *International Journal of Conflict and Violence*, 4(1), 124-133.
- Ministry of Health. (2015a). *Suicide Facts: Deaths and Intentional Self-harm Hospitalisations 2012* Retrieved from <http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2012>
- Ministry of Health. (2015b). *Suicide facts: Deaths and intentional self-harm hospitalisations 2012: accompanying tables* [table]. Retrieved from <http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2012>
- Ministry of Justice. (2001). *He binatore ki te ao Māori: A glimpse into the Māori world*. Wellington, New Zealand: Ministry of Justice.
- Naera, M. (2013). *Turamarama ki te Ora* [Online Resource]. Retrieved from <http://www.slideshare.net/suicidepreventionnz/preventing-mori-suicide-involving-whnau-and-community?related=4>
- Nepe, T. (1991). *E hao nei i tenei reanga: Te toi huarewa tipuna, kaupapa Māori, An educational intervention* (Unpublished master's thesis). University of Auckland, New Zealand.
- Pihama, L. (2001). *Tibei mauri ora: Honouring our voices. Mana wahine as a kaupapa Māori theoretical framework* (Unpublished doctoral thesis). University of Auckland, New Zealand.
- Reinfeld, M., Pihama, L., & Cameron, N. (2015). *Tū ka ora: Traditional healing stories from Taranaki*, New Plymouth, New Zealand: Tū Tama Wahine o Taranaki.
- Russell, L. (2013). *Preventing Māori suicide: Improving care and intervention*. Retrieved from <http://www.slideshare.net/suicidepreventionnz/preventing-māori-suicide-2013?related=2>
- Smith, L. T. (1999). *Decolonising methodologies: Research and Indigenous Peoples*. London: Zed Books.
- Taranaki District Health Board. (2015). *Taranaki suicide prevention and postvention action plan 2015-2017*. New Plymouth, New Zealand: Taranaki District Health Board.
- Tikao, T, & Beattie, H. (1939). *Tikao talks: Treasures from the ancient world of the Māori*, Auckland, New Zealand: Penguin Books.
- Ungar, M. (2005). *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp.xv-xxxix). Thousand Oaks, CA: Sage.
- Waitangi Tribunal. (1996). *The Taranaki report: Kaupapa tuatahi, muru me te raupatu: The muru and raupatu of the Taranaki land and people* (Wai 143). Wellington, New Zealand: Government Printer
- Walters, K., (2012). *Historical trauma research seminar*. Retrieved from <http://mediacentre.maramatanga.ac.nz/content/historical-trauma-research-seminar-professor-karina-walters>
- Ngaropi Cameron**, Ngāti Mutunga, Ngāti Kahungunu ki Wairoa. Ngaropi is the foundation member, Director and Senior Domestic Violence Programme Facilitator and Educator of Tū Tama Wahine o Taranaki. Ngaropi has worked in the

social service area in a variety of environs for over 25 years. Throughout this time, she has been involved in numerous local and national community development projects implementing a variety of kaupapa Māori services, trainings and resources. Ngaropi was the only ACC accredited Māori sexual abuse counsellor for Taranaki for 15 years, is a former member of the Ministry of Justice Domestic Violence Programme Approvals Panel 2002 – 2011 and former member of Māori Advisory Board National Taskforce on Family Violence.

Ngaropi.Cameron@tutamawahine.org.nz

Leonie Pihama, Te Ātiawa, Ngā Māhanga a Tairi, Ngāti Māhanga. Associate Professor Leonie Pihama is a mother of six and a grandmother of three. Leonie is an Associate Professor and the Director of Te Kotahi Research Institute at the University of Waikato. She has worked as a senior lecturer in Education at the University of Auckland teaching in the fields of policy analysis, Māori women's issues, and the politics of representation of indigenous peoples. Leonie is a leading kaupapa Māori educator and researcher and was a recipient of the Hohua Tūtengaehe Post-Doctoral Research Fellowship (Health Research Council). She has completed a Fulbright Scholarship with the University of Washington, and in 2015, she was awarded the New Zealand Association for Research in Education (NZARE) 'Te Tohu Pae Tāwhiti Award', for excellence in Māori Educational Research. Leonie has extensive expertise connecting her to a wide-range of communities and iwi, which enables her to relate to people throughout Aotearoa New Zealand. She has served on the Māori Health Committee for the Health Research Council and on a number of key boards including Māori Television and Te Māngai Pāho, and was recently appointed to the Board for Ngā Pae o te Māramatanga. Leonie was the Principal Investigator on the Ngā Pae o te Māramatanga research project 'Tiakina Te Pā Harakeke: Māori childrearing within a context of whānau ora. Leonie is currently the Ngā Pou Senior Research Fellow for the Health Research Council, and also leads other key Māori Health research projects.

leonie.pihama@waikato.ac.nz

Jocelyn Millard, Ngāti Maru Wharanui: Ngāti Ruanui; Ngā Rauru. Born and raised by her kuia

under Te Mouna Tītōhea, Jocelyn is now semi-retired with two adult sons. Taranaki, the mountain barren by virtue of its lofty stance, its lands laid barren by a history of armed invasion and confiscation continues to exemplify the power of resistance to oppressive acts. Jocelyn has predominantly been engaged at a flax root level in social services to strengthen and empower people and in active citizenship towards the reclamation of Mana Māori Motuhake.

Awhina Cameron, Ngāti Mutunga, Te Ātiawa Nui Tōnu, Ngāti Kahungunu ki Wairoa. Awhina is a whānau, hapū, iwi practitioner and CEO of Tū Tama Wahine o Taranaki a tangata whenua development and liberation organisation. Previous areas of work have included youth crime prevention and project management of Taranaki Ora – the implementation of a Taranaki based whānau ora action plan. Recent development projects include Tu Tangata Whenua a 'masterclass in active citizenship' and community enterprise incubator projects.

Awhina.Cameron@tutamawahine.org.nz

Bry Kopu, is born and raised in Taranaki with whakapapa to Te Ātiawa iwi. She runs a successful national consultancy that specialises in fundraising, positive youth and community development. She has held roles as the Chief Executive of the Mayors Taskforce for Jobs national network, Manager Community Development at New Plymouth District Council and currently is the General Manager of the Taranaki Health Foundation. Bry has a strong personal interest in community based research that builds on inter-generational knowledge and experience that has the power to tap the spirit and inspire change.