MĀ TE ARA WAIRUA, KA KITE HE ORANGA

A Kaupapa Māori study into the development of traditional healing knowledge and spiritual concepts in social work

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Statement of originality

This is to certify that to the best of my knowledge the content of this thesis is my own work. This thesis has not been submitted for any degree or other purposes.

I certify that the intellectual content of this thesis, is the product of my own work and that all the assistance received in preparing this dissertation and its sources have been acknowledged.

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DATE: 28, February 2024

Te Tuhingā: Abstract

This thesis explores the development of traditional Māori healing knowledge and spiritual concepts in social work from the perspective of sixteen individuals. The current knowledge base predominantly views social work from a Western lens which begs the question: "What is the role of traditional Māori healing knowledge in social work?" The present research study is an attempt to address this question by investigating the experiences of Māori healers and social workers using a Kaupapa Māori research design. The first aspect of this study is the Pūrākau (storytelling) methodology which captures the essence of participants' stories and layers their experiences into a meaningful narrative. The Pūrākau are then examined using the Ara Wairua (spiritual pathway) data analysis tool to draw out the key themes and findings from each story. This approach is unique to the present study because it describes four analytical stages which are based on traditional healing concepts of the human mind and takes the reader on a journey into the three baskets of knowledge. The thesis title derives from this very process – *"Mā te Ara Wairua, ka kite he oranga"* which means "by the spiritual pathway, one can see wellness". Since the Pūrākau and Ara Wairua methodology make up an important part of this study's epistemology, the specific methods to carry out the research are therefore underpinned by Kaupapa Māori Theory. Face-to-face Wānanga (shared learning space) with participants revealed six key Kaupapa (themes) during the rigorous four stage data analysis. The themes presented in this thesis provide culturally nuanced understandings and insights into traditional Māori healing concepts, relational principles for Kaupapa Māori praxis from theory to intervention, transference of knowledge for non-Indigenous workers, spiritual responsiveness, and the importance of Indigenist social work.

As each of the six themes organically emerged, the study yielded twelve key Aka Matua (research results). These specific findings establish healing as being the practice of unconditional Aroha (love) and intuition, an emphasis on enhancing Māori epistemology in social work policy and theory, and the protection of Mana Motuhake (vested power). It is my intention to produce research that informs Indigenist social work practices which can be actualised by non-Indigenous practitioners. In Chapter 12, I argue that social work must develop a broader understanding of knowledge embedded within Whakapapa (ancestral lines) and how to interpret spiritual experiences which are equally as important in their structure and content. This research identifies the challenges in

relation to understanding these concepts, however, several key recommendations have been provided for the social work profession.

1. Whakarongo: Active listening

Social work must consciously and actively listen to the concerns of Indigenous practitioners, healers, and community leaders by critically appraising processes and policies which tend to favour a one-size fits all paradigm. At a minimum, social workers must promote the value of traditional healing knowledge as being part of the interventions required when working with tribal groups, kinships, and community.

2. Whakamānawatia: Empowerment

Social work should empower practitioners and social work educators, to develop the application of traditional healing knowledge in practice by prioritising and coordinating effective programs which can enhance cultural initiatives and meaningful engagement across the government sector and mainstream helping professions.

3. Whakapono: Belief

Social work must seek to maintain cultural humility and create spiritually responsive practices. If traditional healing Māori knowledge is not part of assessment processes involving basic human survival, then there is critical problem with spiritual diversity and inclusion in social work. Social work should identify these challenges and seek to implement Wairuatanga (spirituality) as part of assessment needs and interventions.

4. Whakahonohono: Connection

Social work should aim to reconnect people with their worldviews and ways of being by contributing to piloting work and establishing programs which help connect service users to cultural identity, Whakapapa and Mana Motuhake. Reconnecting people to worldview does not necessarily mean integrating cultural paradigms with Western epistemologies but instead encourages one to be Indigenist in their on-going efforts towards reinstating the value of traditional Māori healing knowledge in social work.

5. Whakamarumarutia: Protection

Social work ought to commit to the ongoing protection of traditional Māori healing knowledge in practice and education by critically analysing how the sector enables Tino Rangatiratanga (self-determination) and shields Mātauranga (knowledge) from cultural

misappropriation. The protection of Māori healing practices must also be founded on principles of Tīkanga (cultural protocols) as a way of repositioning and authenticating the Indigenous voice in social work.

6. Whakatumatuma: Advocacy

Social work must advocate for the utility of traditional healing knowledge in health care, justice, and education systems through ongoing consultation with the broader community. Advocacy in social work can help increase the value and potency of cultural healing knowledge. In doing so, social workers can identify a more sustainable framework which builds on Indigenous worldviews, epistemology, and ontology.

7. Whakawhitingia: Interconnectedness

Social work must ensure that intergenerational weaving of knowledge, experiences, and culturally nuanced strategies are part of the movements towards creating healthier relationships between service users and Indigenous Peoples globally, locally, and rurally.

These recommendations for social work are useful in terms of establishing cultural humility when dealing with First Nations groups and identifying pathways for individuals to actualise their own worldviews in practice. Understanding the interrelationships between diverse cultural epistemology and practitioners' disposition with marginalised communities, is an important ethical obligation especially in a system that sometimes fails to include the spiritual dimension as part of purposeful interventions. Hence, the implications of this research hopes to offer impactful knowledge for social workers irrespective of their cultural background, colour and race, especially if their intention is to work collaboratively with First Nations populations and marginalised communities.

Whakamaumahara: Dedication

I dedicate this PhD. to my loving Dad, Winston Fox, who passed away on February 14, 2021, just before my doctoral journey began.

Nou te hohonutanga o oku hara

I karanga ai ahau ki a koe e te Ariki,

E te Ariki kia rongo koe ki toku reo.

"Out of the depths I hath cried to thee oh Lord,

God hear my voice".

De Profundis: Psalm 130

Ngā Mihi- Acknowledgements

Ehara taku toa, he takitahi, he toa takitini

My success should not be bestowed onto me alone,
as it was not individual success but success of a collective

There are many hands who have contributed to this thesis in some way. First, I wish to acknowledge my academic supervisors who persevered in this 'marathon of a lifetime' with me. To Associate Professor Dr Susan Huhana Mlcek, our rivers met when I came onto the Bachelor of Social Work degree at Charles Sturt University in 2016. Since then, you have gracefully taken me under your wing and continued on as an ever-present Kaitiaki! Kāre ano he kupu, there are no words to express my gratitude for your Rangatiratanga. Ngā mihi –Thank you. To Professor Jioji Ravulo. I want to acknowledge you for your patience, professionalism, and guidance since we first met at the University of Wollongong some years ago. We have become professional allies and collaborators on some special pieces of work, but nothing compares to being with you on this amazing race. I will always be inspired by your authenticity and unapologetic agenda for the good of all people. Vinaka - Thank you! To my Indigenous 'Aunties' Dr. Mareese Terare and Associate Professor Lyn Riley. You both came on board my supervisory team at a critical time during my transition to The University of Sydney when I truly needed grounding at a deeper level. I am talking about a connection to this place, Te Whenua Moemoeā (The land of the Dreaming). Your words of encouragement and expertise have helped shaped many aspects of my PhD. journey and you both contributed to its essence. Our ancestors dance together beyond the veil and nurture us all together - He whānau kotahi - We are one family. Thank you! To my loving Whānau and friends, I want to thank you all for persevering with me as I follow my passion and work to become a better version of myself. I took a chance on this PhD. which meant I had to sacrifice time with you all. Not once did you complain, but on the contrary, supported me with all the love and care you could give. To my partner Ardie, thank you for always believing in me, loving me, and supporting me. Finally last but not least, to all my participants. You trusted me with your knowledge and dedicated your time to this research. It goes without saying this thesis is all because of you. Ngā mihi aroha kia tātou - With much love and appreciation.

Glossary

Ahua	Aura/characteristics
Āhurutanga	Creating safe space
Ahi kaa	Home fires
Aka Matua	Key concepts/ research results
Aroha	Unconditional love/breath of Creator
Ara Wairua	Spiritual pathway
Awa	River
Hāpu	Sub tribal group
Hinengaro	Consciousness
Hui	Meetings
Hūmarie	Humility/humbleness
Io	Creator
Ira tāngata	Terrestrial side of a person
Ira atua	Celestial side of a person
Iwi	Tribal group
Karakia	Prayer/ ceremonial rites
Kai	Food
Kaitiaki	Spirit guide/guardian
Kapa haka	Performing arts
Kahupō	Spiritual blindness/state of spiritual famine
Kaupapa	Research themes involved in this study
Kaupapa Māori	Māori specific topics/tasks/conceptualisations
Kauwae Runga	Upper jawbone
Kaumātua	Elders
Kauwae Raro	Lower jawbone
Kare-pū-toro	Pure thought/clear conscious
Kai-rāranga	Weaver
Korowai	Cloak
Kōrero	Discussion/talk
Kōrero tāwhito	Ancient stories
Kōrero ō nehe rā	Stories from the beginning of time
Kōrero parau	Fictional stories
Kōrero ahiahi	Fireside stories
Kohā	Gifting/reciprocity
Kuia	Grandmother
Kura Kaupapa Māori	Full emersion schools
Moemoeā	Dreams/visions/epiphany
Matakite	Heightened intuition
Mirimiri	Physical manipulation
Matakitetanga	Intuitive skills
Mātauranga	Māori epistemology
Maramataka	Māori lunar knowledge
Mauri Ora	Wellness/pursuit for wellbeing
Mauri Moe	State of inactivity and dormancy
Mauri Oho	State of awareness and interaction
Mana	Divine authority

Mana Atua	Power of the gods
Mana Motuhake	Vested power
Mana Whenua	Power of the land
Mākutu	Sorcery/witchcraft
Mate Māori	Māori sickness
Matapono	Key principles
Maunga	Mountain
Marae	Ancestral meeting house
Mokopuna	Grandchildren
Ngā kete o te wānanga	The three baskets of knowledge
Ngā take pū	Principles for practice
Ngākau pōuri	Illness of the heart
Noa	Normality/commonness
Ngāngara	Parasitic or negative entities
Oranga tamariki	New Zealand Ministry for Children
Papatūānuku	Earth Mother
Pākehā	New Zealand European
Pakiwaitara	Mythology
Papakainga	Communal dwellings
Pepehā	Introduction of self
Pou	Foundation
Poutama	Stairway
Pūrākau	Narratives/stories/tap-root
Pūmotomoto	Crown chakra
Pukenga	Principles
Rangatira	Chief/senior
Rangatiratanga	Chieftainship/seniority
Ranginui	Sky Father
Rāranga	Weaving
Rākau	Stick
Rongoā	Traditional Māori medicines and healing practices
Ruru	Owl [enchanted being /guardian]
Takutaku	Incantations/chant to spiritual phenomena
Tapu	Sacred/holiness
Tapu o te tangata	States of divinity
Tāne-nui-ā-rangi	Tāne of the greater heavens
Taniwha	Creature
Taaniko	Embroidered pattern
Taamoko	Tattooing
Tangata Whenua	People of the land
Taonga	Gifts/ ancestral treasures
Tangihanga	Funeral processes
Taumata	Summit
Te Ao Wairua	The spirit world
Te Whenua Moemoeā	Land of the Dreaming
Te Ao Māori	The Māori world
Te Tiriti o Waitangi	The Treaty of Waitangi [1840]
Te Reo Māori	The Māori language
Te Kurahuna	The mystical school of knowledge
Tino Rangatiratanga	Māori sovereignty

Tīkanga	Customs/protocols/rules
Tohu	Sign/message/symbol
Tohunga Matakite	Expert seer
Tohunga Ruahine	Wise lady
Tohungatanga	Priesthood
Tūpuna	Ancestors
Turangawaewae	Ancestral homes/place of standing
Wairua	Eternal essence
Wairuatanga	Spirituality
Waitai	Saltwater
Wānanga	Shared learning space
Wāhi tapu	Sacred sites
Wāhine	Women
Whakapapa	Ancestral lines
Whakamā	Shame
Whakaorite	Balance
Whakamomori	Act of taking ones own life/deep suffering
Whakatauākī	Proverb/saying
Whakanoa	Normalisation
Whakairo	Carving
Whakaaro	Perspective/thought process
Whānau	Family/relations/kin
Whānau Ora	Family health
Whanaungatanga	Relationships
Whaea	Female Elder/Motherly figure
Whatumanawa	Spiritual heart space
Whenua	Land

List of tables and figures

Figures:

Tables:

Table of contents

Chapter One: Ranginui A Tamaku
A Kaupapa Māori study of healing knowledge

Ko o tātou whakapono nga kaiwehewehe I a tātau:
Ko o tātau moemoeā me o tātau pākatokato ngā kaiwhakakotahi I a tatou

Ideologies separate us: Dreams and adversity bring us together

Nā Te Wharehuia Milroy (cited in Elder, 2020)

Introduction

This thesis explores the experiences of sixteen Māori healers and social workers, and how these particular individuals understand traditional healing knowledge in their practices. The Whakatauākī (proverb) above sets the scene for this work. It denotes the interactions between Māori and Pākehā (White) worlds, and a dream of weaving our inherent ideologies into social work. Indigenous social work focuses on the nature of being, holistic interventions, and processes of metaphysical dynamism when it comes to working with Indigenous Peoples. The idea of relationality is vital because it opens the door to culturally responsive practice whereby Pākehā practitioners can critically and safely engage with Indigenous knowledge. This study is important because little research has been done which specifically identifies the development traditional Māori healing knowledge in social work, mainly due to a sustained reliance on Western empiricism and invisible processes of colonisation. My research is an attempt to address this gap in knowledge by exploring a slice of life from Māori healers and social workers using a Kaupapa Māori (Māori topic/conceptualisation) design. The title of this thesis derives from the Kaupapa Māori research design "Mā te ara wairua, ka kite he oranga" which means "by the spiritual pathway, one can see wellness". I draw on two key aspects to explore participants' experience. First is the Pūrākau (narrative) approach used to collect each story alongside the Ara Wairua data analysis framework which has been applied to investigate those Pūrākau. The methodology will be thoroughly discussed in Chapter 5. The first part of this chapter gives a snapshot into the beginnings of this project followed by a clear outline of the research problem and the research questions. The final section of this chapter will discuss my study's benefits to social work alongside a full summary of how each chapter is designed to help inform the research problem statement.

Creating a story

Doing a Kaupapa Māori research project meant I had to locate myself within the study. This was a unique way to position myself in the world while writing 'about the world', and I did not want to artificially remove myself from this experience. As Wilson (2008) suggested, critical traditions emphasise sensitivity in terms of positioning researchers in the creation of knowledge. This process is similarly important for interpreting Kaupapa Māori research findings (Linda Tuhiwai Smith, 2021). This thesis creates a Pūrākau unto itself by retelling my own experiences alongside the narratives of sixteen Māori social workers and healers which have been interpreted to make sense of the traditions which Indigenous Peoples treasure and uphold. The insights and wisdoms expressed by this particular group of individuals, involves understanding the notion of Matakitetanga (Intuitive skills) and Whakapapa knowledge handed down by Tūpuna (ancestors). The term Pūrākau means 'tap root' which is a metaphorical reference to the origins of a vast forest of Indigenous trees. I acknowledge and celebrate the work of many Māori scholars and Kaumātua (Elders) who have already contributed to our forest of knowledge since Mairāno (a long time ago). Reframing this story from the voices of participant and passing on the Rākau (stick) is a privilege because the stories leave a Taonga (gift) for the next generation of Mokopuna (grandchildren). This journey began with a Moemoeā (dream).

An ancestral epiphany

I had been planning on undertaking my PhD. for about two years prior to enrolling at The University of Sydney in 2021. During these two years, I was also on a quest to rediscover my own Matakitetanga and spiritual insights. After living in Te Whenua Moemoeā (Land of the Dreaming) for many years, there were times when I felt detached from aspects of my cultural identity and Wairua (eternal essence). It is worthwhile mentioning here that the research project is geographically located in Australia, however, the participants have been selected across both Aotearoa and Australia to help increase sites of knowledge into the experiences of Māori living in Te Whenua Moemoeā. Doing my doctorate in Australia was a timely occurrence because it provided me with a pathway to remembering my spiritual side and reconnecting to Whakapapa knowledge. When I began the PhD. journey in 2021, I contemplated a number of avenues and Kaupapa that would speak to my Wairua. However, having a clear sign from Tūpuna was most

important to me and I was waiting for a sign, but nothing came, hence, I needed to go deeper to find my place in the world by pondering questions such as Ko wai au? Where do my waters flow? And what is in those waters that inspires me to do this work? I have always known where I came from in terms of my roots, but there was still so much to be learned in terms of who Māori are as spiritual people. For me, the most appropriate way to reconnect with my Whakapapa knowledge, was to return home and make existential links to the place where my spiritual waters flowed. This return home to Aotearoa would be the first of two trips during my candidature while the second visit was to carry out the interviews a cohort of participants from the North to South Islands of New Zealand.

Figure 1.1 Photo of Nanny Rahera Te Rakaihau Kirikiri Keelan

I visited Ngāti Porou (tribal area of the East Coast in Aotearoa) in November 2020 to spend time with my Kuia (grandmother) – *Rahera Te Rakaihau Kirikiri Keelan*. The family homestead looks over our ancestral mountain Hikurangi and stands near the mouth of the Waiapu river. Being closer to my Kuia helped me settled on my study's Kaupapa. "Why are you here?" she asked. I replied, "I am looking for something". She knew

exactly what I was talking about without even having to ask further questions. I have an important bond with my Kuia being her first-born Mokopuna (grandchild) and carrier of her ancient teachings. She explained the meaning of Mokopuna as being the carvers of knowledge. Moko is the term for tattooing (Taamoko) and Puna refers to a deep pool of knowledge. My Kuia taught me all I know about our family history and Whakapapa, and she also guided my development of a finely tuned connection to the spirit world.

As a young boy, I recall watching my Kuia and some of her Aunties, heal some very unwell people with Waitai (saltwater) and a white cloth which they would place over the person's head. I remember the powerful Takutaku (incantations) and Karakia (prayers) they would recite to release the sickness or distress that was ailing that individual. I could see the green Ahua (aura) of the disease become trapped within the cloth before it was burned to destroy the entity within it. I do not see spirits per se', but I am able to connect with visions in Moemoeā (dreams) and empathic knowing. One of my mentors who is a well-known healer and Kaumātua, Pāpā Wiremu Niania described spiritual experiences in this way: "Matekite is a kind of seeing that goes beyond normal human vision…as expressed in the following Whakatauākī: Mā te kite ka mōhio, mā te mōhio ka kitea he oranga. By the seeing, one will have knowledge; by that knowledge, one will find an answer" (Niania et al., 2016, p. 2). There is often an element of belief and truth that is needed for cultural interpretations of mysticism, which is why I felt it was necessary to go home and learn more about Matakitetanga from my Kuia.

The night I arrived in Ngāti Porou, my Kuia and I spent many hours talking about these shared experiences of Matakitetanga. It was not long into my visit that I began to have dreams and visions of a Ruru (Owl) with its wings wrapped around the snow covered top of Hikurangi. "What does this vision mean?" I asked my Kuia the next day. She laughed and said "Ahhhh Koina, you got it!". "Got what?" I asked. She smiled at me and said, "The Tohu (sign/message) you were looking for!" My Kuia goes on to tell me that the Owl is a protector of the underworld and healing knowledge. It is one of many Kaitiaki (spirit guides) for my family. According to Takirirangi Smith (2007, p. 267) "a passive tohu might be a symbol or representation that appears to remain dormant or non-reactive to the observer but, nevertheless, has the potential for the manifestation of power". In Te Ao Māori (the Māori world), healing is about returning to a state of purity or Mauri Ora (wellbeing). Again, my PhD. needed to come from my Wairua, so I interpreted this dream of the Ruru as being a sign that I needed to delve deeper into the

meaning of Mauri Ora, the nature of being, and processes of metaphysical dynamism when it comes to working with community.

I spent the last few days of my visit to Ngāti Porou, discussing this Moemoeā with my Whānau and other members of the healing community. As my fascination with the research topic grew, so too did my curiosity where I began to think about how this study could be situated in terms of academia and what benefits this work might have for the broader scholarship. I was also getting rather excited about building my PhD. around the topic of traditional Māori healing knowledge because after two months of having no clear sign from Tūpuna, I finally found the part of my Wairua which was calling me to do this work. Once the realisation came that my Kaitaiaki had played a role in settling on this research topic, I laughingly asked my Kuia, "Why didn't you just tell me about the Ruru by phone?". She replied "E Kao – Whakahokia ki to ukaipo. Koina I kite koe ki te ara!" – "You must return to the place you seek sustenance and there you will find what you are looking for". This reconnection with Whānau ultimately inspired my PhD. and there were many 'ah-ha!' moments as seen with this trip to Aotearoa, but there were also many challenges along the way which I will point out in Chapter 12 – the strengths and limitations of my research.

When I returned to Australia, I began building the foundations for my research and its methodology. The Pūrākau storytelling technique seemed like a good fit for my study with the many layers of Whakapapa and Wairua knowledge adding to a richer understanding of ancestral concepts. As my research proposal went underway, I had another vision of a triangular stairway which I interpreted as being an upward spiral in the search of knowledge. This Poutama (stairway to heaven) was also symbolic of the journey of our ancestor Tāne-nui-ā-rangi [*Tāne* as he will be referred to from now on] and his quest to the 12th heaven to obtain Ngā kete o te wānanga (The three baskets of knowledge). I pictured myself on this same psychospiritual journey and was inspired to weave a Taaniko (embroidered pattern) as part of my methodology. I will explain the specific research design and methodology in Chapter 5 however, it is worthy to note here that the analytical strategy and data analysis tool for the research was born from this vision of a triangular stairway. I called this data analysis tool the Ara wairua (the spiritual pathway) framework to represent an upward spiral in the search of knowledge. The next discussion gives a brief introduction to the research topic area and some of the literature which will be presented later.

Introducing the Kaupapa

The philosophy of Māori healing has been discussed widely over the past ten years in New Zealand's health and social welfare systems (Ahuriri-Driscoll & Boulton, 2019; Niania et al., 2016; Mark & Lyons, 2010; Mildon, 2016; Tuakiritetangata & Ibarra-Lemay, 2021). To contextualise, traditional Māori healing knowledge derives from Mātauranga (Māori epistemology) which has been described as a tool for organising information and informing us about the world and our place in it (Hirini Moko Mead, 2003). Not only does the study of Māori healing knowledge derive from Mātauranga, but this study's epistemology is underpinned by Kaupapa Māori Theory wherein Mātauranga is part of the processes for linking theory to research. Chapter 4 will explain the theoretical approach to the current project however, it is important to identify how the praxis of Mātauranga and Kaupapa Māori Theory involve a systematic and structured approach for Indigenous Peoples to understand and relate with the world. Te Ahukaramu Charles Royal (2012) wrote about Mātauranga as representing the entire body of Māori knowledge. The Kauwae Runga (Upper jawbone) is where spiritual-based knowledge sits and the Kauwae Raro (Lower jawbone) is a specific reference to human knowledge (Marsden, 2003). This research study similarly draws on aspects of spiritual knowledge which derives from each of these epistemological constructs.

Māori healing knowledge can be contextualised in terms of mental health and psychospiritual distress. The concept of Whakapapa is a strong theme within this thesis with the majority of research participants theorising perceptions of Whakapapa and the origins of psychospiritual distress from a Māori worldview. Lawson Te-Aho (2013) described the loss of Whakapapa as a being in line with Duran's (2002) notion of soul wounds and restoring Whakapapa consciousness through securing cultural identities (Kruger & Pitman, et al. 2004). Whakapapa reconnection is fundamental to rebuilding a strong cultural identity and is exemplified in kinship relationships. Considering the role of Māori healing knowledge in social work, practitioners must reinvigorate and raise Whakapapa consciousness (Fox, 2021; Lawson Te-Aho, 2013). Moreover, Brave Heart and colleagues (2011) identified the restoration of kinships and spiritual healing as being two fundamental cornerstones of healing from the negative impacts of colonisation, while Pihama and others (2015) describe Whakapapa as a being a vehicle for Mātauranga and expression of who Māori are as an Indigenous collective. In addition, the reclamation of Whakapapa knowledge can be observed as foundational to self-determination, drug

and alcohol reformation and other trauma-related interventions (Waretini-Karena, 2019). The essence of Mātauranga therefore encompasses the many branches of celestial knowledge from Kauwae Runga (Upper jawbone) and Kauwae Raro (Lower jawbone).

Traditional Māori healing knowledge is constantly transforming society and the way communities interrelate with each other (Ahuriri-Driscoll & Boulton, 2019). In the next chapter, I provide a full exploration into the various layers of Māori healing practices and how these concepts are adapted to social work. It should be noted here that much of the studies available in the literature review, will refer to Māori healing knowledge by its traditional term which is Rongoā. According to Dr. Charlotte Mildon (2016), the many forms of Rongoā, healing rituals and ceremonial practices are based on the metaphysical Māori concept of unity, connection to values, our relationships with the environment and spiritual connections with all life. Father Michael Shirres (1998) similarly drew on the work of Reverend Māori Marsden that this view of the universe has several parallels with modern physics in terms of beginning from the nothing, to expansion over time, and the importance of consciousness and energy. This description essentially places Rongoā and Māori healing concepts into a cosmological view of the universe which is theorised and understood by Mātauranga. Thus, Rongoā is a metaphysical and dynamic system of healing which focusses on the relationships between people and the spiritual dimension.

Reverend Māori Marsden (2003, p. 111) identified key aspects of Māori spirituality when he compared Mātauranga Māori with contemporary physics theory: “The three-world view of the New Physicists, with its idea of a real world behind the world of sense-perception, consisting of a series of processes and complex patterns of energy, coincides with the Māori world view…Māori… however, go beyond this schema and ask us to conceive of different levels of processes which together comprise the world of spirit which is ultimate reality”. Conversely, Māori healing concepts extend beyond the physical ailments of an individual and encompass a greater connection to Wairua (Niania et al., 2016). The Pūrākau of sixteen traditional healers and social workers, will be presented in Chapter’s 6 -8 and gives specific attention to the emergence of six key themes involving concepts from a Māori worldview, one of which involves the engagement of spiritual sensitivity when entering into transformative social work practice. I provide a full discussion of the findings in Chapter’s 9 – 11 where the Pūrākau will be synthesised with literature and themes from the Ara Wairua data process.

In terms of the research journey itself and establishing the foundations for my PhD., it took at least two months of reviewing a range of literature until I was able to clearly highlight the study's research problem statement. I will describe the specific procedure used to generate my literature review in Chapter 6, however, I note that this activity was beneficial because I also had to apply intuitive skills to pull the so-called 'golden thread' from the database of existing knowledge. Indeed, a web of chaos had naturally formed while preparing my research project proposal because there were many interwoven ideas and much of my study's information came both experientially and intuitively. The golden thread so-to-speak became the actual research question which I will articulate in this introductory chapter followed by the problem statement. Prior to formulating the research question, it was also important to carefully consider where this project was going to sit in terms of an academic context and why this work may be justified for a doctoral degree.

Indigenist social work context

This study is situated within an Indigenist social work context to allow for a broader discussion at a regional and global level. Indigenist social work is a concept borrowed from the work of Shawn Wilson (2013) of the Opaskwayak Cree nation in Canada, who wrote about the importance of relationality within Indigenist research methods. That is, non-Indigenous peoples can be relational in their dealings with Indigenous groups, but they do not hold an Indigenous worldview therefore one can be – and should be relational in their efforts to work with community (Hart et al., 2017). This is an important part of social work because Bishop and others (2002) argued that understanding worldviews of ourselves as well as the community we engage with is vital so that practitioners can operate without doing any harm. As an example of how social work can uphold Indigenist ideologies, Walters and colleagues (2020) propose incorporating the following into practice: (1) Ancient teachings; (2) Relational restorative practices; (3) Narrative-embodied processes; and (4) Indigenist community-based participatory research. These principles are necessary as many Western social work interventions have largely negated the teachings of ancestors, spiritual practices, and the transmission of Indigenous coping strategies (Gray & Hetherington, 2013). Thus, situating this project within an Indigenist social work context, encourages non-Indigenous practitioners to get a better understanding First Nations Peoples' values while also staying true to their own beliefs systems and epistemology.

This study has a strong foundation built on Kaupapa Māori social work. Awhina Hollis-English (2015) wrote comprehensively about Māori social work, as being a unique theory and practice of social work grounded in Māori knowledge systems. Social workers constantly develop new and diverse theories about their practice and often take an eclectic approach towards utilising both non-Indigenous and Eurocentric theories in practice. Hollis-English adds literature to the works of Eketone (2004), Ruwhiu (1999), Mooney et al. (2020), P. Ruwhiu (2019) and Walker (2001). There are many important features of social work practice embedded in these writings that can be of use to the broader scholarship for instance the notion of Te Whakakoha-Rangatiratanga which encourages respectful relationships (Akhter & Leonard, 2014). Kaupapa Māori social work is predominantly 'by Māori for Māori' whereas Indigenist social work requires that non-Indigenous practitioners consider their own axiology and to learn from Indigenous colleagues in order to be relational (Hart et al., 2017). In doing so, social workers and researchers regardless of their cultural paradigms, can immerse themselves into their inner worlds without removing themselves from the experience of learning about others. Although Kaupapa Māori social work involves a variety of methods which are both new and well-established theories (Hollis-English, 2012), the idea of Indigenist social work broadly acknowledges that social workers will inevitably encounter diverse worldviews within the profession and therefore have an obligation to cultural sensitivity when it comes to interacting with a range of diverse theories and practices.

Situating the present research within an Indigenist social work context further allows a broader conversation for individuals living in both Australia and Aotearoa. In fact, Indigenist theory and practice in social work was developed in Australia in the 1970s show how social work has impacted national policies and practices (Hart et al., 2017). The reason why this work is critical is because the profession has been and continues to be complicit to institutional racism at practice and policy levels (Wright, et al., 2021). An example of institutional racism in the Aotearoa-New Zealand social work context was historically pointed out in a major government inquiry known as Pūao-te-Āta-tū, which will be discussed more in Chapter 3. Common themes which emerged from the Pūao-te-Āta-tū inquiry included addressing institutional racism through Indigenist processes to reinforce the engagement of White people in anti-colonialist approaches and decoloniality. To that end, Baskin (2006, p. 6) further insisted that decolonising social work is: "Is more specifically about reclaiming Aboriginal helping practices and being

supported by non-Aboriginal peoples through activism. We, as Aboriginal peoples, must be our own leaders in this process. Non-Aboriginal peoples must not be allowed to direct us in how to decolonise". Therefore, this research into the development of traditional Māori healing knowledge and spiritual concepts in social work extends on Indigenist theory in order to help combat social injustices and promote anti-colonialism. The next section explicitly outlines the problem statement followed by the research questions.

The problem statement and research question

Due to a sustained reliance on Western interventions in social work and the lack of specific Māori healing concepts discussed within the academy, this research study is an attempt to explore participants' experiences afresh by exploring the following problem: If social work struggles to translate and adapt Indigenous concepts in practice, how might Māori healing knowledge assist with the development of culturally nuanced approaches for the profession? If philosophical healing frameworks remain in theory, to what extent could services and practitioners actualise Māori healing knowledge in social work globally, locally, and regionally? What can the social work profession learn from the experiences of Māori social workers and traditional healers who have developed a skill for integrating traditional healing knowledge in their work? How do these individuals develop such healing skills? These questions are paramount in terms of stressing inclusive practices and decoloniality across social work. Therefore, if governments in Aotearoa and Australia are struggling with widespread disadvantage among Indigenous population groups, to what extent can practitioners operationalise traditional healing knowledge within the broader profession and how might specific models of cultural practice influence positive change with policies and processes?

Although the research problem is multifaceted, it often outlines some of the issues which affect traditional healers, social workers, clinicians, psychologists, and frontline helping professionals. The issues above are confronted by Yang (2005) who inferred that social work needs to be free from totalising ideologies. An example of such bureaucratic ideals is with the Therapeutic Products Bill 2022 in Aotearoa, which sought to allow the government to control all medicines including Rongoā and Māori healing knowledge (Ministry of Health, 2019). Understanding the influence of totalising ideologies is vital to deconstructing Western ways of 'doing' social work with Indigenous Peoples. As Linda Tuhiwai Smith argued, the globalisation of knowledge constantly reaffirms the

West's view of itself as the centre of legitimate knowledge. The notion of Indigenist social work challenges and opposes this ideology but seeks to support the need for critical consciousness and self-reflection. Indigenist approaches help achieve this task by way of deconstructing Eurocentric social work theory and practices. As such, the following research question which guides the present study's exploration is as follows:

'What is the role of traditional Māori healing knowledge in social work?'

This research question is quite broad but was formulated in such a way that it could also capture the overarching Kaupapa and academic context in which my project is located. Along with this primary research question, there are three key aims and objectives which have been effective in terms of keeping the Kaupapa on track. The aims of the study are:

- To investigate the role of Māori healing concepts and knowledge systems in social work,
- To determine ways in which Māori healing knowledge can be developed in social work,
- To critically analyse how processes of decoloniality can inform the helping professions.

I will revisit the research problem, question, and objectives of this study at the conclusion of my thesis. The next discussion highlights the benefits of this study to social work.

Contributions to social work

The study of Māori healing knowledge and cultural epistemology in social work will inform the broader helping profession in important ways. First, this thesis is an attempt to develop approaches for practitioners to effectively work with Indigenous communities and identify the role of traditional healing knowledge in everyday practice and social work education. The research project itself draws on the lived experiences of sixteen individuals who have strong cultural identities and offer an array of suggestions for practitioners and services to redefine everyday social work interventions, assessment frameworks, and holistic care of those who seek support. The reason why this study is important, is also because Western-based practice models have had disastrous effects on Indigenous recipients of social work services (Ruwhiu, 1999; Graham, 2002; Walsh-Tapiata & Webster, 2004; Matahaere-Atariki, et al., 2001). There is a breadth of literature across Australasia, Aotearoa, and Australia, which show academic interest into cultural healing methods (Bennett et al., 2018; Dudgeon & Walker, 2015; Eketone, 2012; Eketone & Walker, 2013; McNabb, 2019). These articles document broad themes such as spirituality, anti-oppressive practice and Pūrākau talk therapies but little else is known

about the role of Māori healing in social work and how the application of these traditional concepts can help address sociocultural disadvantage and psychospiritual problems.

The themes and gaps in literature will be fully discussed at the end of Chapters 2 and 3, however, as stated above research into how traditional healing practices have been developed and understood in social work is sparce, but generally speaking, so too is the notion of spirituality in social work worldwide (Fox, 2021; Holloway, 2007). As the participants in this research will highlight in Chapter 6, Wairuatanga and Matakitetanga are an important part of Indigenous worldviews. Yet, the literature shows that many practitioners lack the training to apply basic principles of spiritualty into their practices (Crisp, 2020). There is no identified literature to date, which identifies the value of having traditional Māori healing knowledge as part of social work procedures, and interventions with community due to this lack of education and limited connections to worldview.

From a more systemic perspective, this research study will be a relevant resource for supporting mental health initiatives, building suicide prevention pathways, and assisting services with agency programming. The role of traditional Māori healing knowledge within these tasks is profound because the concepts contained within the present study' six key recommendations can also provide evidence for improving the health and wellbeing outcomes for Māori regionally and locally. Specific examples include possible reviews for the *Pasifika and Māori health and wellbeing: A Strategic Framework and Action Plan for Brisbane South 2020 – 2025* and also in Aotearoa with the *Whakamaua: Māori Health Action Plan 2020-2025*. In terms of commitment to social justice and advocacy, this study is a timely investigation into how Māori healing knowledge can be operationalised instead of existing only as theoretical knowledge without any attempts to apply critical practices to the lives of people in need (Mark & Lyons, 2010). Therefore, this thesis will help increase the professions understandings of Māori spiritual concepts and how culturally nuanced approaches can be developed alongside the uncertainties of dynamic social work. The implications of my thesis will be revisited in Chapter 12. The next section describes the appropriate use of Māori language throughout this dissertation.

Te Reo Māori in this thesis

Writing this thesis in the English language allows it to become more accessible to a wider audience. However, this is a Kaupapa Māori research project and therefore the use of Te Reo Māori (the Māori language) conveys important concepts and worldviews

embedded throughout the study. Ensuring that I use Kupu Māori (Māori words) wherever possible alongside a satisfactory translation in the first instance was important to me because Te Reo Māori is my second language while English is my first. As a composer of traditional Waiata (songs) and tutor of Kapa haka (performing arts) I have chosen to privilege Te Reo Māori in my work to keep the essence of each word intact. However, there is some caution required when using Te Reo Māori within an English text. Linda Smith's (1996) doctoral thesis noted that the Māori language cannot be simply slotted into English text as it would lose its essence and meaning. Some words have different meanings, and these can also be interpreted in many different ways depending on their contextual attachments.

It is also worthy to mention here that, I have chosen to write the full names of prominent Māori writers and individuals I know personally such as my supervisors, mentors and colleagues. For instance, I will use the referencing convention 'Linda Tuhiwai Smith' (2012) as opposed to Smith (2012) or L. T. Smith (2012). It made more sense to me, to write their full name and part of the reason for this is because I feel strongly that Western referencing conventions somewhat remove the Ira Tāngata (divine human side) of exponents of Māori knowledge. There is Mana (power) in our names and Kupu which is why my participants wanted their full names used in this thesis. Finally, I use Whakatauākī (proverbs), to help set the scene for each chapter and the essence of the Kaupapa contained within those respective chapters. I also use the term Pāpā as a title of respect for a male Kaumātua and the term Whaea for a female.

Summary of the chapters

This thesis is presented in 12 chapters which are symbolic of the 12 heavens our celestial ancestor Tāne ascended to acquire Ngā kete o te wānanga (three baskets of knowledge) from Io (Creator). As mentioned at the beginning, there is a strong theme in line with this same metaphorical journey into Te Ao Marama (the world of enlightenment) where I share the baskets of philosophical knowledge in Chapter 12.

Chapter 1 – Ranginui-a-Tamaku: Introduction

This introductory chapter has highlighted the beginning stages of my doctoral journey and established the topic of Māori healing and spirituality in social work. There is a discussion on the academic position of this work followed by an outline of the research

problem and the research questions. The final section has described the study's benefit to social work and the importance of utilising Te Reo Māori throughout this dissertation.

Chapter 2 – Rangi Tamaku: Exploring sites of Māori healing knowledge

This literature review chapter provides an historical overview of traditional Māori healing knowledge that is available in Aotearoa including the origins of esoteric ancient practices, colonisation and some of the previous legislations which have impacted Māori healing and health over the years. There is a discussion on holistic Māori health models such as the Meihana model and some of the most recent research surrounding Māori healing in Aotearoa. The section thereafter focuses specifically on three traditional Māori healing concepts which were transferable to social work practice including the Whatumanawa (spiritual heart space), Mauri Ora (pursuit for wellness), and Tapu o te tangata (states of divinity) followed by a contextual discussion of cultural interpretations of distress and mental health conditions. The final segment of this chapter outlines some of the gaps and themes identified from this particular literature review.

Chapter 3 – Rangi Parauri: Indigenist social work practice in context

This is the second literature review chapter which focuses on social work practice in a traditional healing context. The first part of this chapter explores Kaupapa Māori social work at the interface between Māori identity and philosophical knowledge systems. This is followed by literature which has influenced social work in Aotearoa and the role of Te Tiriti o Waitangi within practice. The next discussion focuses on operationalising Māori spiritual concepts in social work followed by a segment on decolonising social work and the notion of relationality and inclusivity. The final section outlines some of the gaps and themes identified in the literature which will also be revisited at the end of this thesis.

Chapter 4 – Rangi Mairekura: A Kaupapa Māori Theoretical framework

This chapter establishes the Kaupapa Māori theoretical framework used to underpin the study. There is a discussion into Indigenist research and why it is important for non-Indigenous researchers to the identify key points of difference between Indigenous researchers doing Indigenous research and non-Indigenous researchers doing Indigenous research. This section is followed by an explanation of how study applies Kaupapa Māori Theory in relation to the methods. Relationships have been drawn between epistemology, axiology, ontology, and methodology, and the praxis of Kaupapa Māori. The

interconnectedness of Mātauranga ā whānau; Tīkanga; Wairuatanga and Pūrākau are described in this chapter as part of the practical research framework.

Chapter 5 – Rangi Matawai: Research processes, analysis, and methodology

This chapter provides a full explanation of the research design, the various methods, analysis and underpinning methodology. The first part provides an explains the Ara Wairua data analysis tool and Pūrākau methodology which informs the various methods. This segment provides a segue way into the specific methods employed, including an overview of the participant selection criteria, recruitment strategy, the in-depth Kōrero and interview process, preparations for Wānanga, transcribing data, the ethics application, and the importance of Kohā (gift). The final section describes how the current study has achieved academic rigour and enhanced its trustworthiness.

Chapter 6 – Rangi Taurunui: Towards actualising Wairuatanga in social work

This chapter is the first of three Pūrākau and results chapters. First, is an overview of the six key Kaupapa and 12 Aka Matua. The first two research themes to be presented in this chapter are: 1. Ngā whakaaro o te hinengaro: Mental health concepts from a Te Ao Māori worldview, and 2. He mauri tū, he mauri ora: Displacement and relational healing principles for praxis. Each stage of the Ara Wairua analytical tool is embedded at each point of the Pūrākau discussion. The following research findings are presented in this chapter: Aka Matua (1) Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology; Aka Matua (2) Healing is the practice of unconditional Aroha and intuition from the heart space; Aka Matua (3) Social workers ought to acquire an understanding of Wairua and Whakapapa, and Aka Matua (4) Traditional healing in social work is centred on Mana /Tapu -enhancing practices.

Chapter 7 – Rangi Mataura: Normalising spirituality in social work epistemology

This is the second Pūrākau chapter which presents the two Kaupapa research themes: 3. Ma te Ariki, Ma te tauira: Disseminating knowledge for non-Indigenous practitioners, and 4. Te hua ā ngā rangatira: Occupying space with responsibility and spiritual sensitivity. Within this chapter the following research findings are also presented: Aka Matua (5) Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes, Aka Matua (6) Non-Māori practitioners can apply traditional knowledge with cultural

humility, Aka Matua (7) Social work is at increased risk of isolating traditional knowledge from practice and Aka Matua (8) which is the finding that traditional healing can only be actualised when it is truly accepted by mainstream.

Chapter 8 – Ranginui-ka-tika: Decolonising threads of social work practice and policy

This is the final Pūrākau chapter which presents the final two key themes: 5. Apiti hono tātai hono: Creating nuanced understandings of two worlds for wellbeing, 6. Ki te whei ao ki te ao marama: Indigenising social work through systemic change. The final four research findings are also outlined in this section: Aka Matua (9) Traditional healing programs require financial support from local governments, Aka Matua (10) The praxis of healing knowledge in social work is a constant process which sustains Whakapapa, Aka Matua (11) Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa, and finally Aka Matua (12) which is the research finding that social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge.

Chapter 9 – Rangi-te-wawana: An experience of mysticism and the hearts' connection

This chapter is the first of three which provides a full discussion into the research findings Aka Matua 1 to 4 and synthesises the Pūrākau with relevant literature. Chapter's 9 – 11 are also the completion of the Ara Wairua - Tihei Mauri Ora stage. The hearts' connection is a prominent theme in this section, because Aroha allows practitioners to act for social justice in ways which do not dehumanise the oppressor while spiritual knowledge is determined as part of the human experience by social workers using a critical lens. These findings help address a key part of the research problem statement: if social work struggles to translate Indigenous concepts in practice, how can Māori healing knowledge assist with the development of culturally nuanced approaches for the profession?

Chapter 10 - Rangi-naonao-Ariki: Healing a world of disenchantment and division

This is the second discussion chapter which documents Aka Matua 5 – 8 and how these results relate to the role of traditional Māori healing knowledge in social work. Aka Matua (5) was an important finding as it shone light on the place of Tīkanga Māori theory and why the healing traditions must be included in all levels of social work while Aka Matua (6) found that there is some scope for non-Māori practitioners to apply aspects of traditional healing knowledge practice as long as it is done so with cultural humility. This

chapter is important because it helps address a crucial part of the research problem: What can the social work profession learn from the experiences of Māori social workers and traditional healers who have developed a nous for traditional healing skills? Key insights enhance an awareness of spiritual gifts and authenticate the intergenerational weaving of Mātauranga.

Chapter 11 – Tiritiri-O-Matangi: Reaffirming the collective power of Indigenous voices

This is the final discussion chapter which aligns the research findings Aka Matua 9 – 12 with relevant literature. These four findings have helped address another vital area of the research problem: If governments are struggling with widespread disadvantage among Indigenous communities, to what extent can all social workers mobilise healing knowledge within social work policy and education? The information documented in this chapter highlight processes which raise Whakapapa consciousness and the extent to which various manifestations of Wairua are perceived in terms of self-care and intuition as practitioners. These results also bind Whakapapa knowledge and mysticism to our efforts in advocating for Mana Motuhake and decoloniality. Chapter 11 emphasises the critical features of traditional Māori healing knowledge which lead to greater outcomes.

Chapter 12 – Te toi-o-ngā-Rangi: Reaching the twelfth dimension of healing knowledge

This is final conclusion chapter where I bring all the threads of knowledge together and weave the Pūrākau into three baskets of social work knowledge: Te kete whakapapa - The basket of genealogy, Te kete wairuatanga - The basket of spirituality, and Te kete mohiotanga - The basket of philosophy. The first section provides a full discussion into these baskets of knowledge to explicitly address the research question: 'What is the role of traditional Māori healing knowledge in social work?'. I will return to the study's research outputs and aims, with a section outlining several recommendations from this doctorate and its relevance to the broader scholarship. The following section will discuss some of the strengths and limitations of this work and future plans to disseminate my research findings before finishing with a final word and reflection piece.

Chapter Two: Rangi Tamaku
Exploring sites of Māori healing knowledge

> Kia tae rā anō ki te wāe mārama ai te wairua o te tangata, tana hinengaro,
> Kātahi anō ka ki ia kua mōhio ia.
> When the person understands both in the mind and in the spirit,
> Then it is said that the person truly knows.
> (Reverend Māori Marsden, 2003, p. 76)

Introduction

This is the first of two literature review chapters which helps inform part of the research problem statement: If social work struggles to translate Indigenous concepts into practice, how might Māori healing knowledge assist with the development of culturally nuanced approaches for the profession? The specific process for generating my study's literature review will be outlined at the beginning of this chapter. First, I will present an historical overview of traditional Māori healing knowledge and within that discussion, I explore the origins of esoteric healing practices, the advent of colonisation and some of the previous legislations which have impacted Māori healing and health over the years. This segment is followed by an exploration of holistic Māori health models, namely the Meihana model and some of the most recent research surrounding Māori healing in Aotearoa. The section thereafter focuses specifically on three traditional Māori healing concepts which were transferable to social work practice. These are the Whatumanawa (spiritual heart space), Mauri Ora (pursuit for wellness), and Tapu o te tangata (states of divinity). The Whakatauākī above further speaks to these concepts and describes the importance of understanding the interconnectedness of our mind, heart, and spirit. To help contextualise Māori healing knowledge, this chapter also explores cultural interpretations of distress and illness. The final discussion articulates some of the gaps and themes identified in the literature. I have drawn knowledge from both old and new sources which shows there has been profound interest on the topic area over the past three decades as well as some major developments from outdated literature to the present day.

Gathering literature for the study

A simple narrative review technique was employed to generate key literature relevant to a study on traditional Māori healing in social work. Narrative reviews are useful for identifying and summarising literature that has been published and avoids duplications while seeking new fields of research that have not yet been addressed (Ferrari, 2015). A narrative review was also appealing because it aligns with my study's overarching methodological approach with Pūrākau, as a form of narrative inquiry and also the non-linear process of going back and forth to the database, aligns with the dynamic analysis of Pūrākau using the Ara Wairua framework. Thus, narrative reviews are non-systematic and do not follow specific guidelines like systematic reviews do. The three stages for sourcing literature using a narrative review approach are described below.

Stage 1: Initial scoping review of literature

Ferrari (2015) suggested that assumptions and planning are not often known in a narrative review, which is why I needed to consider a range of literature to establish the research problem. Several electronic databases were used to gather literature as well as the University of Sydney's library system. I used a number of terms to search the database including: "*Māori mental health*" / "*Cultural identity*"/ "*Māori healing*" / "*Indigenous knowledge*". The initial search focused mainly on textbooks and peer-reviewed articles in the English-language however, I came to realise that putting English terms into the search engine were not yielding the essence of Māori healing epistemology and some articles did not support the Kaupapa of my research. I decided to insert terms in Te Reo such as: *"Wairuatanga" / "Tīkanga" / "Whānau ora" / "Mātauranga".* A snowball effect ensued with an array of journals and publications from prominent writers in the field of Māori healing now beginning to emerge. That search included grey literature such as unpublished doctoral theses, government coronial data and conference papers. The snowball technique also prompted me to consider field notes from my past healing Wānanga that I have attended, and personal communications collated from 2008 to 2020.

Reading each article carefully and appraising the literature, allowed me to interpret the quality of the results obtained and the impact of the conclusions for Māori healing. I noticed a theme emerge at this stage, whereby many peer-reviewed articles were either produced by scholars from psychology and psychiatry, and very little was developed by social work researchers. Gaps in the knowledge were evident at this point, however, these

papers provided me with additional opportunities to generate information where knowledge was missed. Moreover, this three-phase literature search process was flexible in the sense that I could constantly review literature over the course of my candidature while adding new research along the way which was necessary for the final discussion chapters.

Stage 2: Rigorous literature search

The second stage of my narrative review helped solidify my research question – 'What is the role of traditional Māori healing knowledge in social work?' This stage also helped build on the topic area by focusing solely on the social work context. As Earley (2009) affirmed, literature reviews overlap with the process of refining the objectives and aims for a study. Hence, stage 2 was beneficial because another rigorous search of the database was carried out using both Māori and English terms applicable to social work practice, theory, and pedagogy: *"Ngā Take pū" / "Kaupapa Māori supervision" / "Pūao-te-Āta-tū" / "Tuakiri o te tangata" / "decolonisation" / "epistemic injustice".* I followed the same process of snowballing papers to source literature that was relevant to the research problem alongside additional references identified among secondary sources. The next stage involved manually organising and setting up my data base for making meaning of the literature and conclusions regarding emergent themes.

Stage 3: Categorisation and write-up

Ferrari (2015) inferred that evaluating the fitness of materials for review, concerns a host of issues which relate to the journal, the author's reputation, the accuracy of the methods they have used, the analytical techniques employed and coherence. In order to understand and immerse myself into those materials, I had to organise my selected literature into a workable system that would help me evaluate materials and draw citations from each paper for my thesis. I used a computer software program called Mendeley to help store literature, manage materials, and cite bibliographic references. First, I created various tabs within Mendeley which reflected emerging themes and topics. Those tabs included: Contextualising traditional Māori healing concepts; Historical overview of Māori healing traditions; Research into aspects of Māori healing traditions; Exploring traditional Māori healing concepts; Māori social work and local practice; Healing traditions and Mātauranga in social work; The politics of Māori healing traditions in social work. As the reader may notice, these tabs would later become

subheadings for Chapter's 2 - 3. After thoroughly reading and understanding each article, I wrote an annotated bibliography alongside every reference summarising the key points. This stage was also important when writing up and editing my dissertation to ensure that the literature was still current. The first important section in this literature review is an historical overview of Māori healing and spiritual concepts used by practitioners.

Historical overview of Māori healing traditions

This discussion gives some personal examples of Tohungatanga (Priesthood) within my own tribal group of Ngāti Ira and notable Tohunga over the years. A very brief history of colonisation in Aotearoa is provided which segues into the impact of the Tohunga Suppression Act 1907 on Māori healing knowledge. Highlighting this history is an important part of the present study because it provides further context into the development of social work in Aotearoa, the role of Whānau as a Māori social structure and the diminishing of healing knowledge as a result of past policies and legislations.

Origins of Māori healing knowledge

Māori healing philosophies arrived in Aotearoa around 800 years ago with the first fleet of Tūpuna from the ancient homelands of Hawaiiki. Traditions included the teachings of Te Kurahuna (the mystical school) and knowledge of various Wānanga (shared learning space) which were often for reserved Tohunga (Royal, 2012). According to Marques and colleagues (2023), Tohunga hold utmost prestige and respect within the communities that they belong. The spiritual authority of Tohunga was described in earlier years by Reverend Māori Marsden (cited in King, 1992, p. 128) as being "a person chosen or appointed by the Atua, to be their representative and agent by which they manifest their operations in the natural world by signs of power". Throughout history, there have been several prominent Tohunga including Tahupōtiki Wiremu Rātana (25 January 1873 – 18 September 1939), who was the founder of the Rātana faith and political movement in the 20th century and Papahurihia who was a prominent Ngāpuhi prophet of the 19th century. There was also the second Māori king, Tāwhiao who influenced the Pai Mārire religion, as well as Rua Kenana Hepetipa [1868-1937] who was a Tūhoe prophet and a prime target of the Tohunga Suppression Act 1907. The role of these Tohunga in Māori society was mainly to serve as mediums between the spiritual and physical worlds.

Rararuhi Rukupō was a Tohunga within my own tribal area, known for his expertise in the carving traditions. Rukupō created the well-known meeting house called Te hau ki Tūranga [1840-1842]. During this period, he was also very heavily criticised by Christian missionaries for his portrayal of human sex organs in his carvings (Brown, 2000). Misunderstanding the work of Rukupō is an example of how European influence over Māori aspirations diminished the vested authority of Tohunga. Moreover, the story of Rukupō is important to a thesis on healing because his name talks about a deep depression that he suffered due to his own experiences with the colonisation of ancient carving traditions (Brown, 2000). To explain this sentiment further, Ruku means to dig and Pō is translated to night or darkness. The life teachings of this Tohunga can be seen in ancient rituals used for carving wood from Indigenous forests and protecting Tapu spaces. Benton and others (2013) suggest that Tapu is a condition that requires respectful human conduct and an awareness of the spiritual qualities requiring respect. That is, the sacred condition of a place or person can be viewed in many different ways, for example, Te tapu o te tangata (states of divinity) in recovery-based intervention, aligns with environmental healing and Mana Atua (power of gods). These concepts of wellness will be discussed at length later in the chapter as they relate social work practices, however, it is important to add context to the esoteric origins of Tapu and sacred knowledge.

The ancient schools of Aotearoa were divided into their ranks and classed according to the skills which were to be taught within those divisions. For example, Te Whare Mata was the school of Taamoko (tattooing) and Whakairo (carving) while Te Whare Kura was the school of Whakapapa, tribal history, and star lore (Robinson, 2005). In this particular school, the Tohu (signs) observed in the wider environment provided astronomical and meteorological information. Similarly, the Whare Maire [also known as Whare Pōrukuruku] was a school of spirituality where students learnt about Pūrākau, incantations, and Tohu aituā (signs of impending or potential death, ill health, or misfortune) (Smith, 2008). The knowledge and kōrero of Te Whare Maire originated from the house of Whiro Taiwhetuki.

In discussions with Wiremu Maurirere (personal communications, 2018), our Ngāti Ira tribe was skilled in the arts of Te whare maire. Wiremu claims this knowledge deposited into the Whare Maire of Ngāti Ira, was passed down by one of our ancestors called Irakaiputahi to his predecessors known as Te wharepatari. Spiritual knowledge of Te Whare Maire was then passed onto another ancestor called Putanga, then onto

Raukura, who subsequently passed the seeds of knowledge onto Tamatauira. The teachings of Ngāti Ira were finally passed down to Rangiuia, who was the last Tohunga of our family known as Te Rāwheoro c1836 - 1840. Understanding the essence of these schools is vital, because some of my research participants acquired the teachings of Te Whare Kura where they became experts on Maramataka (Māori lunar) knowledge and Te Whare Mata where tattooists were trained in the art of body transformations.

As these schools developed in Māori society, so too did the epistemology of other Tohunga such as that of Dr Rangimārie Te Turuki Arikirangi Rose Pere who described the Kurahuna as being the university that exists within all of us (Pere, 2019). She also expressed how the Kurahuna existed on the 12th plane of our consciousness and emanated from the three baskets of knowledge which are located near the Pūmotomoto (crown chakra). The Kurahuna is also a site of ancient knowledge known as Mātauranga Taketake which talks about the interconnectedness of the spiritual, intellectual, social, and physical worlds in Hui (meetings) with Tohunga (Smith, 2008). Furthermore, Tohunga were both male and female masters and experts in Mātauranga taketake for instance, Tohunga ruahine (wise lady) were masters in the feminine mother energies (Robinson, 2005). Readers may also like to draw on the work of Charlotte Mildon (2016) who writes about the ancestress of knowledge and the natural order of the male and the female Wairua within the matrix of healing. The literature thus far, indicates that healing knowledge derives from the cosmological and supernatural realms of consciousness such as the Kurahuna and Mātauranga taketake

As mentioned earlier, each Wānanga served a purpose which was to sustain esoteric knowledge of the various traditions and ancestral treasures, however, these schools also had specific processes associated with Ngā kete o te wānanga (Smith, 2008). Indeed, the story of Ngā kete o te wānanga are typically embedded in Māori creation stories, however, the notion of mythology is not fitting for cultural narratives because is discloses the world of its holistic nature as seen with Mātauranga taketake. It can be argued that the baskets of knowledge contain life lessons for establishing cultural principles that can guide and shape behaviour (Hirini Moko Mead, 2003). Therefore, Māori believe in a two-world system where the spiritual world permeates the physical world. Incorporating Mātauranga and Tohunga knowledge of the spiritual world in this section, segues into the subject of colonisation and Māori experiences of historical trauma.

Colonisation in Aotearoa

Colonisation is a deliberate and systematic plan to invade, vanquish and seize Indigenous lands and peoples (Waretini-Karena, 2017). Colonisation is a process borne out of a racist ideology involving White supremacy and Indigenous inferiority (Barnes & McCreanor, 2019). This notion of superiority is also embedded in colonial institutions, policies, practices alongside the value and beliefs of Indigenous Peoples (Reid et al., 2019). As an example of the impact of White superiority, I was born and raised in Tūranganui-a-Kiwa [Gisborne] New Zealand, which is where Lieutenant James Cook first sighted Aotearoa. The British landfall at Tūranganui-a-Kiwa on 9th October 1769 marked the start of a relationship between Pākehā and Māori which was profoundly influenced divisive and collective fortunes thereafter (Barnes & McCreanor, 2019). The ripple effects of colonisation were felt more broadly in Aotearoa from 1769 onwards, have been well documented over the last two decades, including immense disruptions to Whakapapa where Māori were individualised through sustained attacks on kin (Lawson Te Aho, 2017. Linda Tuhiwai Smith (2012) further asserted that traditional Māori social structures suffered a rapid loss of Mana Whenua (Power over the land) and the ability to express Tino Rangatiratanga over people and the land. The destruction of Whakapapa in relation to kinships, suicide and mental health will be covered in later in this chapter, however, there is evidence of the loss of Mana Whenua in Tūranganui-a-Kiwa which has impacted on Whānau Ora (family health).

Although Māori were not able to escape colonisation, there is a long history of resistance and rebellion to British governance (Awatere, 1984; Jackson, 2013; Mutu, 2019). The signing of Te Tiriti o Waitangi in 1840 was major turning point for the interactions between Pākehā and Māori. However, many have argued that colonisation did not stop here because social workers still find modern day expressions of colonisation in statistically verifiable outcomes among Māori such as premature death, internalised racism, alongside mental illness (Barnes & McCreanor, 2019; Lawson-Te Aho, 2017; Waretini Karena, 2017). The pervasive nature of British imperialism on Māori was captured again in earlier years by Mikaere (1994, p. 142) “Colonisation is not a finite process; for Māori, there has been no end to it. It is not simply part of our recent past, nor does it merely inform our present. Colonisation is our present”. This sentiment shows that colonisation has been long, persistent, and enduring since the signing of Te Tiriti o Waitangi in 1840. It has also been argued that Te Tiriti o Waitangi merely established

the parameters for Māori and the Crown government to relate differently to one another (Barnes & McCreanor, 2019). In 1840, there was much resistance to the Te Tiriti o Waitangi and many Māori chiefs including King Potatau Te Wherowhero, did not wish to sign the document nor did they intend to submit their authority and Mana to Queen Elizabeth I. Due to this colonial history and the impacts it has had on contemporary professional practice, Chapter 3 explores the role of Te Tiriti o Waitangi in social work.

In terms of the impacts of colonisation on Māori healing work, the retention of spiritual knowledge during this period was difficult due to the diminishing of Māori values and land theft (Mark et al., 2017). For instance, the British Crown passed the Native Lands Act of 1862, followed by the New Zealand Settlements Act of 1863 and the Suppression of Rebellion Act of 1863 which resulted in the unsurmountable theft of Māori lands and dispossession of Māori from kin and Iwi. At that time, the number of Māori in Aotearoa was approximately 85,000 compared to the number of Pākehā which was about 2000 (Barnes & McCreanor, 2019). As a result of colonisation, the Māori population dropped to about 42,000 bringing dangerously low population levels. It was clear from the drop in the number of Māori, that ethnocide and genocide was certainly a major part of this history, however, the colonisation of Aotearoa was also a period when Tohunga were silenced by the Tohunga Suppression Act which was introduced in 1907.

Tohunga Suppression Act 1907

The Tohunga Suppression Act 1907 outlawed Indigenous healing, practices and beliefs of Tohunga and traditional healers (Niania et al., 2016). Missionary authorities and Western doctors were among many colonial figures who targeted Tohunga and rejected spiritual knowledge as being merely superstition and also dangerous because Mātauranga was not grounded in biomedical science (Came, 2012). What this means is that the Tohunga Suppression Act 1907 favoured Western medicine and therefore forced Tohunga to practice covertly so they did not draw attention government officials and the law. In addition, Jones (2000) affirmed the Tohunga Suppression Act 1907 was a direct challenge to Māori healing practices imposed by biomedical science. Although the Tohunga Suppression Act 1907 was repealed in 1964, the damage was already done because traditional healing activities had been eroded in many respects. For example, there was a loss in confidence of cultural healing and Tohunga were becoming more difficult for people to access when needing help. The literature shows that the Tohunga

Suppression Act 1907 was an attack on Wairua knowledge and that enchantment and mysticism were ultimately criminalised in the treatment of disease (Niania et al., 2016). As such, Tohunga such as Rararuhi Rukupō and spiritual visionaries such as Rua Kenana Hepetipa were among many who were silenced and, in some cases, exiled because of the Tohunga Suppression Act 1907.

As the Tohunga Suppression Act 1907 was being introduced, so too did the Quackery Prevention Act of 1908 colonise Māori health and wellbeing systems. Stephens (2001, p. 469) claimed the outlawing of Māori medicines "offered opportunities for the Pākehā dominated legislature to reassert certainty in the face of uncertain medical technologies and millenarianism, and to exert political dominance over growing Māori autonomy". The White superiority complex further compelled settlers to establish the Native Health Act 1909 which banned traditional Māori family practices, the Adoption Act 1955, and in later years with the Children, Young Persons, and Their Families Act, 1989 were a major offence for Māori, because these legislations are incongruent with Whakapapa (Came, 2012). The Tohunga Suppression Act 1907 follows on from similar laws around the world such as Canada, where the Indian Act 1884 made it unlawful to carry out healing practices such as the 'Sun Dance' and 'Pot Latch' (Robbins & Dewar, 2011). Other parts of the United States of America also outlawed traditional healing until it was repealed by the American Indian Religious Freedom Act 1978.

In Aotearoa, the Native Schools Act 1867 put a stop to the speaking of Te Reo Māori in schools. The loss of Te Reo Māori was so great, that it was believed by scholars to suffer a language death (Walker 1990). This linguicide is attributed to assimilation policies which ultimately eroded the status of Te Reo Māori. My Kuia told me the story of how she and her siblings would be beaten daily by their teachers if they spoke Te Reo at school. Moreover, Simmonds (2018) suggested that denying the use of Te Reo Māori took away one's ability to use language as a means of cultural expression through stories and Pūrākau. Similarly, the Tohunga Suppression Act 1907 exacerbated internalised oppression of Māori to such a degree, that colonial citizenry irrevocably changed one's cultural values and worldviews. The Tohunga Suppression Act 1907 threatened the capacity of Tohunga to pass on their teachings and restricted the use of Rongoā in favour of Western doctors (Came, 2012). Hence, the Tohunga Suppression Act 1907 became a political threat to community which failed to support Māori health with the urgency and energy it required for the use of traditional healing modalities.

Research into aspects of Māori healing traditions

The section explores some of the recent and past research projects into Māori health and healing in Aotearoa. The aim of this discussion is to help inform the research problem statement: If philosophical healing frameworks remain in theory, to what extent could services and practitioners actualise Māori healing knowledge in social work in Aotearoa and Australia? Eurocentric notions of spirituality and subjectivity fall short of properly representing the complexities and expansive depths embedded in Indigenous models of health. For example, a major report called 'Ko Aotearoa Tenei' was released following the Wai 262 claim into Māori culture, identity, and traditional knowledge in New Zealand's law and government policies (Jones, 2012). In addition, to this study is the Ngā tohu o te ora: Signs of wellness reports which will be discussed in this section. These studies are important to the current thesis because they highlight spiritual responsiveness and encourage social workers to operationalise culturally informed models of wellbeing.

The Meihana model

The Meihana model takes its name from Sir Mason (Meihana) Durie (1995) who originally conceptualised holistic Māori health with his introduction of Te whare tapa whā framework. The Meihana model essentially builds on the cornerstones of Te whare tapa whā such as the Taha Wairua (spiritual side), Taha tinana (physical side), Taha hinengaro (emotional side) and Taha Whānau (social side). The Meihana model adds two more elements which are the Taiao (the environment) and Iwi katoa (wider tribal structures). According to Pitama et al. (2017), the Meihana model provides a more comprehensive assessment tool for social work and mental health practice with Whānau and underpins appropriate treatment decisions that are made daily. The Meihana practice model shows the interlocking elements which are essential to Māori well-being. Pitama et al. (2017) suggested that assessments can be and should be based on a comprehensive set of questions within a culturally nuanced context which takes into account the impact of colonisation on Māori health outcomes. In light of those assessment protocols, I will briefly outline and explain the four dimensions of the Meihana model [figure 2.1] below.

Figure 2.1 The Meihana model adapted by Pitama et al. (2014)

1. Te waka hourua

Te waka hourua (double hulled canoe) recognises the Whānau as the social enterprise and key support for people in their journey towards optimal health. Whānau often have a key role in establishing the Whakapapa and history of the person seeking help. Tau (2003) claims that Whakapapa on its own does not give a full account of what knowledge it is revealing and concludes that the use of Whakapapa narratives, create an integrated pattern for the communication of knowledge. Hence, it is quite not possible to ascertain Whakapapa without family input which is problematic because Whānau often feel excluded from participating in decisions and assessments that impact their loved ones (Pitama et al., 2017). The Meihana model emphasises Whānau support networks as being crucial to wellbeing and connecting Iwi networks.

2. Ngā hau e whā

Ngā hau e whā (the four winds) symbolise the historical and societal influences on Māori (Pitama et al., 2017). That includes the impacts of colonisation, marginalisation, racism, and migration on Māori health. Failures in the healthcare system as a result of these factors were recently concluded in the WAI 2575 claim to the Waitangi Tribunal, where severe criticisms of the conduct of health services and policy since the mid-1980s were not contested by the Crown. Similarly, migration is a critical component for Māori who lose connection to traditional Iwi structures more broadly (Pitama et al., 2017). Ngā hau e whā demonstrates the importance of making relationships between health disparities and macro-aggressions such as institutional racism, epistemic injustices, and oppression perpetuated by historical and socio-cultural influences.

3. Ngā roma moana

Ngā Roma Moana (ocean currents) symbolise personal factors such as Ahua, Whenua (land), Tīkanga and Whānau which positively influence the direction Te Waka Hourua travels. Ahua are the personal indicators of the Māori world that are deemed to be important to the person and their Whānau. For example, how connected do they feel to their culture and language? Tīkanga requires practitioners to be mindful of cultural principles and how these are enacted by the person and their Whānau. Many of these personal factors are identified in the corpus of tribal knowledge described by Taki (1996) such as Te ira atua which is the seed of spiritual beings, Te ira tangata which is the seed descent of human life and Te ira whenua described is the seed born from the planet. The Meihana model emphasises our connection to land and each other, as being vital for Māori health, and sustainability.

4. Whakatere

Whakatere (sails) represents the interventions and social work practice frameworks needed for daily practice. Pitama et al. (2017) suggests the Whakatere component supports practitioners to remain conscious of their own personal and institutional biases. Mooney and others (2020) suggest that the Meihana model is a useful template for social work practitioners at any stage of intervention. Furthermore, the Meihana model substantiates calls to improve Māori health outcomes that are illustrated in Ngā hau e whā. Durie (2003) argued, unidimensional approaches are too focused on acquiring particular skills to overcome problems instead of looking within the broader system.

Hence, the Meihana model operationalises all the elements of Te whare tapa whā by applying the specific components discussed thus far, into a practical assessment tool for Māori accessing social work services and also for practitioners to apply holistic measures for intervention. The next section discusses the implications of yet another report into Māori healing work.

Ngā tohu o te ora: Signs of wellness

The Ngā tohu o te ora report was prepared from a 2012 study which sought to identify wellness outcome measures used by traditional Māori healers and to develop and test a framework of traditional Māori wellness outcome measures (Ahuriri-Driscoll, 2014). The study noted an increase in the number of traditional healing services operating in New Zealand as a result of allocated funding streams. To contextualise, in 1999, the Ministry of Health published a set of Māori medicine standards to support traditional Māori healing practices within mainstream systems. Since the 1990s, traditional Māori healing practices have been delivered within New Zealand's public health system (Jones, 2000; O'Connor, 2007). The Ministry of Health articulated the requirements for healers to provide quality healing practice and ongoing development of traditional clinics around Aotearoa (Ministry of Health, 2014). National bodies began to form such as Te kahui tāwharautanga mo ngā rongoā which replaced Nga ringa whakahaere o te iwi in 2011, as well as the advisory group Te papae matua mo rongoā. In 2012, there were claims that some 80% of the authorising committee did not approve of the five toolkits stipulated by the Ministry of Health because Te kahui tāwharautanga mo ngā rongoā was no longer government funded. To date, there are approximately 30 registered traditional healers across Aotearoa who provide healing services.

The Ngā tohu o te ora report found some critical evidence for provision of Māori healing in Aotearoa. Modelling of healing was deemed vital by healers, which reflects the centrality of Wairua, and the need for Rongoā research methods that fully account for the spiritual dimension. As Ellerby (2006) suggests that Indigenous healing studies must integrate and address the spiritual paradigm. The spiritual dimension is like the barometer behind the modality in terms of engaging with psychospiritual assessments. This sentiment is supported by the Ngā tohu o te ora report which identified twenty-five aspects towards spiritual and the healing processes (Ahuriri-Driscoll, 2014). Many

healers arrived at a consensus of primary outcomes which included the importance of Whakarite (balance); Whakamāramatanga (understanding) and Tino Rangatiratanga.

The Ngā tohu o te ora report further found that building trust between healers and researchers, allowed for professional connection to Rongoā, and practitioners' own confidence contributed to more effective outcomes. One participant reported that Wairua is hard to measure. To stress its viability, the quality of Wairua can be assessed as diffused, reality-focused and or self-oriented (Ahuriri-Driscoll, 2012). The fundamental goal of the Ngā tohu o te ora research study, was to identify ways to research Rongoā appropriately. The project provided crucial insights into how the social work profession must engage in Māori healing research with our entire being, the value of Māori worldviews and experiences as negotiated with Tohunga. The next section discusses another paper which shows the implications of environmental work with community.

Ko au te whenua: I am the land

In another recent Kaupapa Māori research study by Mark and colleagues (2022), the holistic nature of Rongoā was explored by interviewing 49 practitioners and clients. The research showed four themes: land as an intrinsic part of identity; land as a site and source of healing; reciprocity of the healing relationship; and the importance of conservation to healing with Rongoā. Whenua (land) is a powerful source of identity and continuity which is shared with the dead and the living (Rameka, 2017). Furthermore, the study's finding that land is an intrinsic part of identity, is supported by Hirini Moko Mead (2003) who gives a threefold definition whereby the Whenua is viewed as being a placenta, as well as ground to which we maintain Mana and the physical land and environment itself. The research by Mark et al (2022) was significant because it aligns connections between people and land as described by Hirini Moko Mead (2003), and further indicates the nourishing role of the Whenua creates a symbiotic relationship with the Earth, Atua and the environment.

The research by Mark and others (2022) into Whenua and its relationship with wellbeing, is resonant with the work of Marques et al. (2023) who's findings supported the notion that Māori conceptions of health are deeply enmeshed as the basis of Māori identity. It is also clear that Whenua is a foundational therapeutic aspect of wellbeing, and forced removal from the land, has forcibly imposed reliance on Western health systems (Jones, 2012; Lawson Te Aho, 2012). The evidence shown here contends that

Indigenous peoples maintain a preference for tradition methods, and there is potential for the revitalisation of Rongoā to contribute to improving health outcomes. However, there are some implications within these studies that need further consideration such as the attitudes of healers and behaviours of client's towards Rongoā, and also barriers towards normalising ancient healing knowledge in everyday life. The reason why these implications are vital, is due to recent threats to Māori healing knowledge by the governments' Therapeutic Products Bill, which was released in December 2018, with legislation planned for 2019 (Ministry of Health, 2019). This discussion concludes my exploration of relevant themes such as the centrality of Wairua for effective outcomes and an intricate belief system regarding land as identity. The next section will now take a look at some of the key concepts involved in ancestral healing traditions and practices.

Exploring traditional Māori healing concepts

There are three key traditional Māori healing concepts, which seemed to be most transferable to contemporary social work based on the literature. These concepts are the Whatumanawa (spiritual heart space), Mauri Ora (pursuit for wellness), and Tapu o te tangata (states of divinity). My decision to focus on these components, arose from well illuminated themes within Tohunga knowledge and sites of Māori social work practices.

Tapu o te tangata: The divine human side

Tapu o te tangata is the inherent connection we all have with Creator which informs the structure of our community and guides its spiritual organisation (Pere, 2019). Tapu is a fundamental construction in Māori philosophy, which once governed societal infrastructures and activities in pre-colonial Māori society. For Hirini Moko Mead (2003), Tapu is thought of as being potential power. Tapu is also described as the intersection between the human side and the divine side (Benton et al., 2013). The essence of Tapu o te tangata is closely linked to another joint concept in the Māori world called Mana Atua (power of the gods). Spiritual authority is both the seen and unseen aspects of the supernatural realms (Mason Durie, 1998). Mana Atua and the intersection between the human and spiritual knowledge is further acknowledged with Dr Rangimārie Te Turuki Arikirangi Rose Pere expression 'He Atua, He tangata' (Pihama, 2020). Mana Atua is the spiritual power within each person that bears the characteristics of the gods. Pāpā Wiremu described Mana as the spiritual authority embodied in person of their family that derives one's connection to Creator. Niania et al. (2016) regards Tapu as

being an existential relationship with Io (Creator), whereas Mikaere (2017) extends this connection to Papatūānuku (Earth Mother), Ranginui (Sky Father) and the natural world.

Tapu can also be viewed as either good or bad. Father Michael Shirres (1998) made some connections to Tapu and calamities, implying that careless breaches of Tapu will bring misfortune. In a deliberate clash of Tapu, Henare (2001) confirms this will ridicule or intensify mental suffering. What this means is that Tapu is closely associated with Mākutu (sorcery) and Mate Māori (Māori sickness). Māori healers often refer to spiritual ailments in these terms alongside Ngāngara (parasites) which are more malignant and insidious in their structure and content. Charlotte Mildon (2016, p. 16) recalls her experiences working spiritual afflictions, citing Ngāngara entities as "negative thoughts that we have given birth to and then feed with emotions like fear, doubt, anger, hatred, and jealousy". Therefore, breaches in Tapu emanate from the wrongdoings of people which are believed to then result in Mākutu and intensify mental suffering.

Mikaere (2017) highlights that Tapu and Noa were likened to good and evil found in Christianity. When social workers adopt this lens, Tapu and malignant entities such as Ngāngara and Mākutu, are then described as something that is unclean, which is not well equated to the definition of Tapu as being a sacred relationship with Creator. The term Tapu, from a Christian view, acquires a new meaning which is holy (Henare, 2001). The problem with mixing two views together in this way, is that Tapu o te tangata is referred to as 'unholiness' and furthermore, there is an exclusion of sacred experiences born of out colonisation and human disconnection. As the final section of this chapter will indicate, breaches of Tapu o te tangata are often attributed to the alteration of kinships through colonisation resulting in suicide (Lawson-Te Aho, 2017; Hirini Moko Mead, 2003) and a sense of Whakamā (shame). Tohunga diagnose the spiritual core of this pain and help keep individuals safe from the supernatural realm by providing a multilayered perspective of wellness based on Wairua knowledge. The next section describes the intuitive nature of healing and characteristics of divination.

Whatumanawa: Intuition and divination

The Whatumanawa is one of the most important ways to help Tohunga diagnose and seek out wellbeing as opposed to illness (O'Connor, 2007). The Whatumanawa is known as the spiritual heart or the male heart belonging to Whatukura (male archangels). Ruatau Perez suggested it was the original eye designed by Io for humans, before the physical

eyes were gifted (Perez, personal communications, 2017). In defining Whatumanawa, Williams (2003, p. 492) alluded to the "seat of the affections" which has slightly more resonance with the Whatumanawa whilst in his seminal readings, *Spiritual and Mental Concepts of the Māori,* Elsdon Best (1922, p. 46-48) listed a number of descriptions such as "the organic heart material", "the breath of life" and "the seat of emotions" or the life force which emanates from Creator. Salmond (1985) also suggested that it is the minds' heart which receives information of the world through the senses. Although Salmond does not refer specifically to Whatumanawa in terms of its sensory modes and its link to body parts, Moorfield (2005) does make connections to the physical side by describing Whatumanawa as the kidney. In light of the manuscripts published by Elsdon Best (1922) and Salmond (1985), it is clear that the emotional senses are stored in the belly and stomach chakra. Furthermore, Takirirangi Smith (2008, p. 266) affirmed the "Ngākau of a whare tīpuna or ancestral house refers also to the inside of the house". This reflection is what might be considered in simple terms as gut instinct or visions from within.

Whatumanawa projects future insight, dreams, and premonitions through Wairua. When the Whatumanawa is exposed, that is when one may experience realisations and revelations because it awakens and enlightens us into a space where everything is not logical but is limitless (O' Connor, 2007). Similarly, when the Whatumanawa is closed, one may feel depressed, disconnected and out of touch with reality. The healing aspect of Tohunga work is therefore assessing whether a person's Whatumanawa is compromised. Dr Rangimārie Te Turuki Arikirangi Rose Pere (1991) further suggested the Whatumanawa dimension of health encourages people to experience and express their emotions. This realm of existence underlies the realm of the mind and the state of neutrality from which healers operate. That is, healers do not limit their abilities to critical thought alone but use perception of their immediate world through sight, hearing, touch, taste, and smell (O'Connor, 2007). Moreover, the conscious mind is a distraction to the Whatumanawa because the human ego hinders what is yet to be known. By silencing the conscious mind, healers attain a higher sense of awareness.

The term 'Kare-pū-toro' was first mentioned by Pāpā Hōhepa Delamere. Although the word itself does not translate into well into English, nor does it exist in any known dictionaries, Te Oomai Reia healers know Kare-pū-toro as being first instinct (O'Connor, 2007). The notion of Kare-pū-toro will be discussed more in the data analysis phases of the research however, it is important to note here that this concept refers to the purest

thought or feeling that comes to mind in a meditative state before the conscious mind has had a chance to process it. In Western epistemology, events are conveyed by the senses to the brain where they are rationalised in the mind. Smith (2008, p. 266) reiterates a similar understanding of this phenomenon which he claims, "For Māori knowledge systems and other Pacific cultures with the same epistemological origins, memory and rational thought are perceived as occurring within the ngākau (heart space) …where memories and knowledge are stored and protected". Smith (2008) goes on to say that the porch area of an ancestral meeting house is often referred to as the Roro (brain) and Whakaaro, which is translated as thought process and generally occurs in the heart space. The next discussion explores symptoms of illness and the characteristics of wellness in terms of Mauri Ora.

Mauri Ora: The pursuit of wellness

Mauri Ora means wellness and wellbeing. Mauri refers to the essence of life that binds together the human and spiritual side of our existence together (Mark & Lyons, 2010). All that exists in the world has a Mauri. Pāpā Wiremu Niania suggested Mauri means 'by connection to Creator' and Tapu is our relationship to Creator by that inherent connection to ancient beings (Niania et al., 2016). This interrelationship is further supported by others who affirm, Mauri mediates the quality of the relationships between all beings (Kruger et al., 2004; Moeke-Maxwell et al., 2014). This spiritual relationship to Creator extends to elemental entities such as land, trees, rivers, mountains, through to terrestrial beings such as animals and people both individually and collectively.

Mauri Ora has been used as type of barometer for measuring aspects of holistic health in Māori communities along a continuum from weakest to strongest. I recall my Kuia used to apply the term Mauri and Wairua interchangeably when seeing unwell individuals for the first time. She would often say, "this person's Mauri is weak" and then in another instance she might say "her Wairua is sick". Kruger et al. (2004) proposed a weakened Mauri is kahupō or a state of spiritual famine and lack of purpose. The goal of healing is to restore Mauri, if there is spiritual blindness causing distress in an individual. Healing Mauri is therefore cognisant with "fortifying relationships, growing morale, influencing meaning-making, strengthening identity and uplifting the Mauri of … the Whānau" (Moeke-Maxwell et al., 2014, p. 148). Restoring Mauri Ora is only one part of the process, alongside Tapu and Mana which will also be explored in this thesis.

Kruger and others (2004) further noted how humans contain inherent characteristics called Ihi (enraptured with life), Wehi (awe of life), and Wana (protected with life) when accessed through our healing practices and cultural activities. Many of these activities, comprise of transformative techniques such as Taamoko (tattooing) and Mirimiri (physical manipulation) have described by research participants in the present study. These techniques will be documented in later in this dissertation.

In terms of social work and community development, McClintock's (2018) research found that Mauri Ora had strong links to cultural identity, and argues that in many cases, the current psychological approaches continue to perpetuate negative intergenerational experiences of health and socioeconomic inequities. In addition, an Indigenous suicide prevention project called '*Towards mauri ora*' by Lawson-Te Aho (2017) investigated the potential links between Māori education programmes and suicide prevention for isolated Māori youth and families. The research found that these cultural programmes provide an entry point for families to move towards Mauri Ora by demonstrating a measurable relationship between entrepreneurship education and a reduction of known risk factors for mental distress (Lawson-Te Aho, 2017). An alternative method for making sense of these risk factors is to understand that they can be both contributary and symptomatic. The symptoms per se' have been previously described by social work educator, Matua Taina Pohatu and his application of the Mauri model; Mauri Moe (state of inactivity), Mauri Oho (interactive state) and Mauri Ora itself as the return to wellness.

Mauri Moe is an individuals' state of rest, inactivity, and untapped potential for example 'Moe' means sleep. Taina Pohatu (2011) acknowledges that this state of mind is both a creative and safe space, where individuals can grow from their isolation. It is obviously two-fold, as Mauri Moe can be interpreted as a depressive state. Yet, when framed in a positive light, it also reflects potential within non-participation. The next state is Mauri Oho which is considered as the proactive state. Oho means awake. At this point in the continuum, where there is contemplation and invigoration. Taina Pohatu (2011) describes Mauri Oho as a sense of feeling determination in restoring balance when suffering is present. Mauri Ora is the process of all these aspects coming together, reflecting transformation and a raised conscientisation. For example, in drug and alcohol practice, when a person is in a state of Mauri Moe, their inhibition is usually impacted by substance misuse, and through process of acceptance and healing, they move into Mauri oho where there is understanding and eventually Mauri Ora. Taina Pohatu (2011)

proposed this two-stage process towards wellbeing, which essentially involves the inspiration and willingness to participate and move forward. From this perspective, a range of interrelated dimensions can be hypothesised as impacting on where people are located on the Mauri continuum.

This concludes my discussion on aspects of the Whatumanawa, Mauri Ora, and Tapu o te tangata, and how these concepts can be transferred to social work, counselling, family group work, and assessments. The next part of this chapter will now contextualise healing traditions in terms of psychospiritual wellbeing and mental health literacy.

Contextualising traditional Māori healing concepts

This section focuses on disruptions to Whakapapa resulting in suicidal behaviours and psychospiritual phenomena in terms of voice hearing. Mehl-Madrona (2016) did a study on 54 suicidal patients of Native American backgrounds and concluded that after a review of successful psychotherapeutic strategies with participants, a narrative-oriented approach appeared to be the most successful intervention. The relevance of this study to the present research, is the fact that Pūrākau storytelling has similar benefits in terms of understanding mental health (Kopua et al., 2020).

Disruptions to Whakapapa

From a Māori perspective, suicide is described as Whakamomori and Whakamate (Mason Durie, 1998). There is no term in the Māori language which neatly defines suicide, because it was rarely talked about in pre-colonial society. Whakamomori however is a deep-seated suffering also known as Ngākau pōuri or an illness of the heart (Lawson-Te Aho, 2013). Māori healing processes often involve healing Whakapapa and restoring disruptions to the spiritual realm. Barlow (1991, p. 173) infers that, "Whakapapa is the genealogical descent of all living things from the gods to the present time; Whakapapa is a basis for the organisation of knowledge in respect of the creation and development of all things". The study of traditional healing encourages one to seek out the Whakapapa of emotions and sources of distress. That is, asking questions such as where does this illness originate from? What is the Whakapapa of distress? Whakapapa knowledge is critical to human services because it creates potential repositories for healing and grief resolution (Wirihana & Smith, 2019). Whakapapa defines and shapes our collective duties to intervene when suffering is present among Indigenous People.

Tohunga insist that “Māori are are an integral part of nature whereby Whakapapa not only relates to the health of individuals but the whole ecosystem (Williams cited in Mildon, 2016). What this description shows is that the nature of Whakapapa is a construct of our collective realities and identity. Tau (2003) further affirms that Whakapapa is then a metaphysical framework comprised of identity formation which positions us within the world. Wirihana and Smith (2019) go on to suggest that Whakapapa is embedded within the supernatural and natural worlds, and there is no separation between the sacred and secular realms. Although Whakapapa has mystical, physical, and metaphysical qualities, this notion is at odds with clinical interventions which deals with clinical symptoms. The literature emphasises Whakapapa knowledge and provides an alternative pathway where clinical interventions fail to address the needs of Indigenous Peoples.

Disruptions to Whakapapa as a result of past happenings such as colonisation, have been implicated in Māori suicide and mental health statistics (Lawson-Te Aho, 2017; Ihimaera & MacDonald, 2009; Waretini-Karena, 2017). Cultural disconnection is a known cause of contemporary injustices and have has potential to create traumatic disruption to kinship systems (Kruger et al, 2004). Furthermore, soul wounds have been defined as historical/intergenerational trauma that is cumulative and has occurred over multiple lifespans from cataclysmic past events (Brave Heart et al., 2011; Duran, 2006; McClintock, 2019). Disruptions to Whakapapa is made possible by a racist ideology of Indigenous inferiority. This ideology has been inscribed into mainstream policies, practices as well as the norms and beliefs of people. Therefore, soul wounds are a form of trauma which carries a profound sense of sadness, anger, and the loss of hope which effectively impedes on healing processes and causes suicidal behaviours.

Dr. Eduardo Duran (2006, p. 99) argued that “The idea of wanting to die is literally a misinterpretation of the soul’s desire to transform...The patients realise that suicidal images have a transforming energy that literally can take them into the depths of their psyche, which has been suffering from personal and intergenerational grief”. This disconnection can lead to a state of Kahupō (spiritual blindness) whereby Whakapapa may become debased (Lawson-Te Aho, 2017; Wirihana & Smith, 2019). Understanding soul wounds and internalised disconnection to Wairua, is central to theorising Indigenous experiences of transgenerational trauma and historical suffering. Therefore, core cultural constructs such as Whakapapa, Tapu o te tangata, Mana Atua, and Whatumanawa, are

considered in this chapter as being vital constituents to healing and the restoration of Indigenous wellbeing.

This concludes a very brief discussion on Whakapapa disruptions and soul wounds as cultural constructs of suicide and mental distress. The impact of colonial oppression creates a destabilisation process within Indigenous communities to such a degree, that its impacts upon Indigenous wellbeing can be felt over many generations. As a solution to this problem, changing the conditions of colonial oppression can be achieved by transforming the colonial script to one of self-determination and healing. The final section of this chapter will now look at aspects of psychospiritual occurrences which is important because clinical social workers often work at the interface of medical and cultural settings where spiritual phenomena are constantly at risk of misdiagnosis.

Supernatural experiences and hearing voices

Indigenous Peoples use multiple sensory modes to experience the world (Niania et al., 2016; Taitimu et al., 2018). The research indicates that listening to these experiences of the world and explanations of psychospiritual phenomena, such as hearing the voices of ancestors, interacting with spirit beings, or travelling to supernatural realms to serve communities, can lead to a deeper understanding of mental illness (Taitimu et al., 2018). These experiences can also be positive or distressing for individuals. Earlier in this chapter, descriptions about the interplay between Mākutu and Ngāngara showed how these entities can be quite distressing while on the other hand, positive experiences can be viewed in terms of Kaitiakitanga (guardianship) and messages from ancestors which are Tohu and gifts (Niania et al., 2016). Dr Rangimārie Te Turuki Arikirangi Rose Pere (2006) normalised the experience of supernatural phenomena, suggesting that many need guidance around what is primarily a spiritual illness. Mohr et al. (2006) also found that spiritual support makes explanations possible when other explanations seem unconvincing in times when sacred when life seems out of control. Indigenous Peoples similarly seek to understand what one is dealing with in terms of the spiritual world and how to obtain a deeper understanding of mental illness.

Traditional Māori healing knowledge in light of the experiences and explanations of psychospiritual phenomena, contributes to wellness in different ways. First, is the diagnostic and treatment modalities associated with Rongoā and, second is through the empowerment and revitalisation of Mātauranga encompassed within Rongoā practice

(Ahuriri-Driscoll & Boulton, 2019; Mildon, 2016). The various forms of healing may offer an alternative explanation for those who are not satisfied by medical explanations (Taitimu et al., 2018). The misdiagnosis of spiritual events and problems with understanding alternative explanations of illness is not new. Cook (2004) discussed the overlap between psychosis/schizophrenia and descriptions of mysticism, concluding that there is no guidance into the difference between delusional thoughts and what is deemed as normal behaviour. The evidence here looks at the diagnosis of spiritual phenomena and mental illness, suggesting that there are features of both which overlaps (Cook, 2004). Diagnosing in terms of Māori healing knowledge, regards the causes of sickness as a result of not living harmoniously or through the transgression of Tapu (Jones, 2000). These studies highlight the importance of key causal factors in terms of the aetiology of illness.

Despite the mounting evidence in support of normalising the experience of supernatural phenomena, first person accounts of psychosis have emerged within a context that has largely pathologised individuals' experiences (Taitimu et al., 2018). The literature affirms that colonisation has played a role in increased rates of discrimination towards those thought to have a mental illness. Furthermore, as a result of this dogma, many Māori families feel embarrassed when speaking about psychospiritual phenomena and hearing voices (Niania et al., 2016). Māori Psychiatrist, Dr Diane Kopua argues that the medical paradigm and a treatment regime involving medication, eschews consideration of the relationships and cultural practices that are important to Māori (Kopua et al., 2020). As an example of someone who hears voices, Cockshutt (2004, p. 11) stated that he wanted "…an explanation. Not a medical explanation because in many ways that means little to me…The idea that the voices have a spiritual connection will certainly appeal to many". The research emphasises the development of therapeutics options by identifying problems from an Indigenous lens (Ahuriri- Driscoll, 2014; Mildon, 2016; Niania et al., 2016). Based on this literature, it can be argued that normalising the experience of supernatural phenomena and Whānau hearing voices, leads to making meaning of mysticism and describes a common set of understood values, beliefs and practices that can also be beneficial for provision of social work services.

This concludes the final discussion on spiritual concepts related to hearing voices and psychotic phenomena. Explaining these experiences from an Indigenous perspective, provides context into where and why traditional Māori healing knowledge might be of

use in social work, especially if one considers the lack of available information in clinical settings where practitioners are quite often located. For Māori healing to move forward, the evidence shows this must be based on Mātauranga and specific cultural interventions which could address what is happening for the person. The final part of this chapter now considers some of the key themes and gaps identified in the literature.

Themes and gaps in the literature

This review shows a considerable amount of literature on Māori healing knowledge, but the profession still knows less about how these concepts and traditions translate to social work. The studies focus on strategies towards addressing illness alongside valuable information surrounding the essence of Māori wellness concepts, however, there is often no mention of the role of social work in these studies and the majority of these papers fail to explore the benefits of Indigenous knowledge systems within a specific social work context. There are themes which consistently give rise to the problem of oppressing Mātauranga and silencing of philosophical healing knowledge in health settings, yet little else is known about how social workers can contribute to the restoration of Whakapapa, Tapu o te tangata and Mana Atua within community. The therapeutic benefit of these concepts and ideas have been fully explored in this chapter, and there is a strong view that the psychological impacts of trauma are presented through Indigenous perspectives.

An array of researchers in the field such as Jones (2000) also provided evidence into the way Māori healers diagnose individuals compared to Western methods; Mark et al (2017) who conducted a study on Rongoā to ascertain the cultural values and beliefs of Māori related to concepts of healing and the focus of healing; Rongo Ngata (2014) did his doctoral thesis on Matakitetanga; Tony O'Connor (2007) completed his thesis on Te Oomei Reia healing traditions in Aotearoa; Mark and Koea (2019), carried out research into possible avenues for education on Māori healing knowledge in hospital settings. Their research showed that 16.82% of the total Waitemata District Health Board staff population believed Rongoā has a place within hospitals. Clifford (2023) did a thesis on Pūrākau and the use of Māori and indigenous storytelling in mental health settings and Whaea Charlotte Mildon (2023) has also recently completed her doctoral thesis into the potency of Romiromi and healing work, and Wirihana et al. (2020) have explored the regeneration of traditional Māori healing modalities within a mainstream health system.

These studies have been fruitful for this literature review in the sense that each paper encouraged me to think critically about questions such as, are there many opportunities to form a collaboration between traditional healers and social workers, or does the system divide cultural and clinical methods? Does the social work profession itself impact on client uptake and access and to what extent do traditional practices apply to individuals who do not necessarily resonate with a spiritual paradigm? Madden and Spellerberg's (1995, p. 11) *Framework for Cultural Studies* have four primary activities: Mātauranga Māori (practices, customs, and history); the importance of Marae and visiting Wāhi tapu (sacred sites), and the valuing of taonga (Māori ancestral treasures). These dimensions are indeed applicable to social work practice in terms of highlighting the importance of Indigenous healing methodologies, cultural competence, and professional identity formation. However, there is still currently no textbook for practice, policy and education and even less in-depth information about these phenomena in Aotearoa and Australia.

To that end, another gap in the literature exists whereby majority of the studies are located in the New Zealand socio-cultural and political context. Part of my doctoral research therefore explores the experiences of Māori participants living in Australia, and how these individuals retain cultural healing knowledge with limited access to resources and Whakapapa. Royal (1998) suggested Whakapapa can be used as an analytical tool for Māori to extrapolate phenomena and predict future trends. This claim is supported by my previous discussion on Whakapapa disruptions and the evolution of Mātauranga Māori. Thus, Australian based participants are encouraged to think about the application of Whakapapa, how they think and act in the world and how they express Mātauranga in their own way. These gaps and themes will be revisited in Chapter 12, however, due to a need for further research into how Māori healing traditions translate to social work epistemology, another search of data base was required. The following chapter presents literature from that secondary review of the data base.

Conclusion

This chapter has helped inform part of the study's research problem: If social work struggles to translate Indigenous concepts into practice, how might Māori healing knowledge assist with the development of culturally nuanced approaches? An historical overview of traditional Māori healing knowledge has been presented which shows an abundance of literature surrounding the origins of esoteric healing practices and the

impact of colonisation on ancestral healing knowledge. Colonialism and historical Māori experiences of trauma have been positioned as soul wounds. Due to this history, Māori healing knowledge has been severely impacted by dominant ideologies and historical legislations in Aotearoa such as the Tohunga Suppression Act 1907. However, disruptions to Māori healing knowledge did not stop in 1907 because the New Zealand government recently attempted to govern all Rongoā with their Therapeutic Products Bill 2021. This chapter has looked at the Meihana model alongside research involving Māori healing in Aotearoa such as the Ngā tohu o te ora project. I have presented three concepts transferable to social work practice including the Whatumanawa, Mauri Ora and Tapu o te tangata. To help contextualise these concepts further, I have provided literature on cultural interpretations of mental distress and illness. In addition, the literature provided adequate evidence for understanding targeted areas of healing practices and the inclusion of supernatural phenomenon in the wellness equation. This review emphasises how many areas of healing must include social work intervention such as counselling, family group work, and assessments. This thesis will now continue in the quest for knowledge, where *Tāne* performed a Karakia and ascended to the third heaven known as Ranginui Parauri.

Chapter Three: Ranginui Parauri
Indigenist social work practice in context

Mā te rongo, ka mōhio. Mā te mōhio, ka mārama.
Mā te mārama, ka matau. Mā te matau, ka ora.

Through perception comes awareness
Through awareness comes understanding
Through understanding comes knowledge
Through knowledge comes wellbeing

Whakataukī (cited in Ministry of Health, 2021)

Introduction

This is the final literature review chapter which informs another important part of the research problem: If governments are struggling with widespread disadvantage among Indigenous Peoples, to what extent can social workers operationalise traditional healing knowledge within the profession? And how might culturally nuanced models of practice influence change with policies that affect how practitioners work and relate with Indigenous Peoples? The Whakataukī above speaks about aspirations, seeking knowledge and how that knowledge fosters wellness within the community. It was important to find out more about how Māori healing traditions translate and correlate to social work as a profession, and what practitioners are doing to develop cross-cultural competencies. As outlined in Chapter 2, the profession knows less about how the implications of such knowledge and how the perspectives of both social workers and traditional healers can support those in need. The first part of this chapter begins by presenting an array of literature which has influenced social work in Aotearoa and the role of Te Tiriti o Waitangi within practice. This discussion is followed by a segment on the use of Māori spiritual concepts in social work. I then attempt to explore what little information is available on Indigenist practice which provides a segue way into the Kaupapa Māori theoretical chapter of the present study. The final section of this chapter seeks to outlines some of the gaps and themes shown in this review of literature review.

Policies influencing Kaupapa Māori social work

This section explores some of the key legislative frameworks and policies which have impacted social work practices and the use of Mātauranga in Aotearoa. The Pūao-te-Āta-tū report was one such inquiry which was important to the development of Māori social work interventions. The report showed evidence for the devastation of Whakapapa through institutional and systemic racism alongside inequities as result of New Zealand's social work and social welfare system (Hollis-English, 2012). The preface of the Pūao-te-Āta-tū report gave a confronting foreword (Ministry of Social Welfare, 1988, p. 8):

> "There is no doubt that the young people who come to the attention of the Police and the Department of Social Welfare invariably bring with them histories of substandard housing, health deficiencies, abysmal education records, and an inability to break out of the ranks of the unemployed. To redress the imbalance will require concerted action from all agencies involved-central and local government, the business community, Māori, and the community. These problems of imperialism, deprivation and alienation mean that the social work profession cannot afford to wait longer to enact change and transformation".

The Pūao-te-Āta-tū inquiry generated a profound political transformation in relation to how social workers and services practiced in state care and protection (Hollis-English, 2012). What the report found was that there were significant problems into how children in care and Whānau were treated by the social welfare system. Institutional racism was a major finding of Pūao-te-Āta-tū. Institutional racism was described by researchers in this document as being an unconscious bias which systemically perpetuates deficit outcomes (Ministry of Social Welfare, 1988). The inquiry identified personal, cultural, and institutional racism which were insidious and destructive to Māori children and kinship relations (Ministerial Committee, 1988). Today, the promises of Pūao-te-Āta-tū remain largely unmet as evidenced in the growth of Māori disparities across all domains of society. The literature regarding these disparities will be discussed in the next section, however, in 2009 Chief justice Sian Elias described Māori imprisonment rates as being in a calamitous state of affairs (Waretini-Karena, 2017). Furthermore, the negative statistics implicated here have been reflected in some of the key areas of social work, which broadly target inequities between Indigenous and non-Indigenous Peoples.

In light of those target areas, Tino Rangatiratanga and Indigenous sovereign rights are also determinants of health (Manatu Hauora, 2017). These determinants have also been embedded into the outcomes and recommendations of Pūao-te-Āta-tū but are rarely successfully addressed in health promotion (Hollis-English, 2012). The following table below (table 3.1) provides a brief snapshot of some of the key legislations and events which were implemented in Aotearoa between 1970-1989. These health legislations are relevant to this discussion in terms of social works' contemporary practice development.

Key events	Health legislations
1970 to 1979 Labour Party elected 1972 Psychiatric hospitals transferred to Hospital Board's control 1972 A question on Māori descent (ethnicity) introduced in Census 1976 ACC scheme started 1974	**1970 to 1979** Alcohol & drug addiction Act 1970 Mental Health Amendment Act 1972 Mental Health Amendment Act 1975 Treaty of Waitangi Act 1975 Nurses Amendment Act 1975 Misuse of Drugs Act 1975
1980 to 1989 Māori health identified as a health priority in the Ministry of Health 1984 Oranga Māori/Māori Health team ceases to function 1987 Mason's report on psych hospitals 1988 Pu-ao-te-ata-tu inquiry 1988	**1980 to 1989** Medicines Act 1981 Area Health Boards Act 1983 Treaty of Waitangi Amendment Act Hospitals Amendment Act 1989 Hui of Māori Doctors 1981 National Council of Māori Nurses 1988

Table 3.1 Chronology of New Zealand health policies (Manatu Hauora, 2017)

The legislations presented in the table above show the Governments' awareness of major concerns outlined in Pūao-te-Āta-tū 1988 and that same year Mason Durie's (1998) report on psychiatric hospitals. The National Council of Māori Nurses was established in 1988 and the Hospitals Amendment Act 1989 was encouraging for social workers in the clinical interface where services interacted with Māori experiencing psychological distress. Pūao-te-Āta-tū made it clear to government services that the use of Mātauranga Māori in social work was to be prioritised as per recommendation nine of the report. To that end, Hollis-English (2012, p. 45) noted Pūao-te-Āta-tū: "…created huge changes for Māori social workers, in terms of their identity and their practice. Not only were organisations actively employing Māori, but their methods were also being validated, which encourages the acceptance and understanding of Māori ways of doing things". Furthermore, in terms of social work training, John Rangihau inferred that social workers

must learn about the impact of colonisation on Māori wellbeing (Ministerial Committee, 1988). Pūao-te-Āta-tū made specific demands to develop Māori knowledge in social work and further provided grounds for future inquiries such as Tūramarama ki te Ora.

In 2016, Aotearoa hosted an international conference on Indigenous suicide prevention called Tūramarama ki te Ora - Bringing light to life. The summit welcomed the voices of young Indigenous peoples from all around the world and it sought to enhance coronial reporting and engagement between Whānau and social work services (Mason Durie, 2017). The Tūramarama declaration was signed by 450 Indigenous delegates and concluded with a 14-point statement highlighting several suggestions for change. Furthermore, in 2019, a New Zealand Suicide Prevention Office was established and "Every Life Matters – He Tapu te Oranga o ia tangata" 2020 – 2030 NZ Suicide Prevention Strategy" (Every Life Matters). The establishment of this initiative emerged from the Government Inquiry into Mental Health and Addiction" (He Ara Oranga) which was released in 2018, as well as suggestions outlined in the Tūramarama declaration. The suicide prevention strategy also came with a five-year Action Plan and Wellbeing Budget. The Report of the Government Inquiry into Mental Health and Addiction set a clear direction for improving mental health in New Zealand. The Tūramarama declaration and NZ Suicide Prevention Strategy 2018, emphasised social work tasks such as responding to mental health distress, suicide, wellbeing and supporting families.

Although this discussion was brief, it has been helpful in giving a sense of social works' historical developments based on policies imbued in Māori mental health and wellbeing in Aotearoa. The question is – What are the implications for services more broadly in a local and global sense, and who can benefit from this knowledge? The answer is perhaps all persons who engage with social work services in Aotearoa and Australia because suffering and distress are a persistent problem for social workers and mainstream organisations. The next section speaks to yet another key aspect of the research problem: If governments are struggling with widespread disadvantage among Indigenous Peoples, to what extent can practitioners operationalise traditional healing knowledge within social work? The main focus of this section is on spiritual concepts in social work and ways in which Māori practitioners connect to a spiritual paradigm in their particular environments.

Māori social work models

Healing systems have been discussed in various ways across the helping professions for example, Pūrākau is relational to narrative therapy in terms of shaping and informing individuals' lives and worldviews of health (Elkington, 2011; Kopua et al., 2020), Tuakiri o te tangata model similarly encourages practitioners to develop their intuitive skills (Waretini-Karena, 2013) while Mana-enhancing practice in social work which is focuses on an collective self-determination and strength (Ruwhiu, 1999) and Ngā take pū principles were introduced by Taina Pohatu (2008) for the social work degree at Te Wānanga o Aotearoa to describe the professional identity formation of practitioners. In different ways, these concepts relate to healing because these modalities assist with understanding the effects of socio-cultural practices on relationships of people and the techniques used by practitioners to externalise problems and recreate a trusted cultural narrative. As Kingi and others (2018) suggested, Māori approaches to wellbeing tends to be inclusive, avoids further fragmentation and focuses on strength-based practices. This section discusses the application of Ngā take pū principles, Mana-enhancing practice and the Tuakiri o te tangata model, to assist with contextualising spiritual concepts and Māori healing traditions in social work.

Mana-enhancing practice was first introduced to social work in the late 1990s from the work of Dr Leland Ruwhiu (1999) who conveyed that Mana is a central element for interactions and exchange to occur. Although the Mana-enhancing concept is somewhat dated, it has emerged recently in the *Māori centred social work practice* evidence brief published in March 2021 (Oranga Tamariki Evidence Centre, 2021) alongside Dobbs (2015) and Hollis-English (2015) who emphasised how Mana is critical for social service development and identified ways for its application to practice. In a theological sense, Mana can be translated to charism but in all its entirety, it means that which manifests Mana Atua (Marsden, cited in Royal, 2003). Moreover, Dr Rangimārie Te Turuki Arikirangi Rose Pere made some distinction between what she called Tohunga of the 'Hē' (Wrongdoings) which refers to disempowerment and reliance on practitioners for advice, and the Tohunga of 'Hā' (breath) which empowers people to be more spiritually aware (Mildon 2016). To that end, practitioners might ask questions such as where do natural and spiritual issues sit in terms of distress and which aspects of one's Mana needs enhancing? These questions relate to Tohunga of 'Hā' because the assessments determine what should be done in order to provide a foundation for holistic care and intervention.

In terms of the current scholarship, Huriwai and Baker (2016) referenced Ruwhiu's (2009) publications on Mana-enhancing practice. They suggested the helping profession must consciously seek a robust understanding of the relationships between Māori and Pākehā, specifically, the concept of Mana Motuhake which is about honouring the therapeutic relationships in a Mana-enhancing way. From a spiritual healing perspective, Māori healing practices utilise a reciprocal approach to support individuals to realise their own power to heal and be healed (Mark & Lyons, 2010; Tuakiritetangata & Ibarra-Lemay, 2021). Mana Motuhake is therefore the vested authority which is powered by one's connection to land and Papatūānuku (Earth Mother). This sentiment is further supported by Moreton-Robinson (2000) who affirmed that Indigenous women, for example, experience their inherent self-worth as an extension of the Earth and emotional connection to the land. To that end, Mana-enhancing practices in social work, allows for existential healing of Papatūānuku, the broader social environment and communities suffering from state hegemony.

Struggles for Mana Motuhake against state hegemony was achieved by explicating concepts that increase Māori authenticity but furthermore, Mana is connected to community wellness and not just the individual (Huriwai & Baker, 2016). Mana-enhancing practice additionally necessitates the relationships between the individual and the community. Royal (2006, p. 8) summarises these concepts, suggesting that:

> "Mana is the term we use for energy and consciousness that comes from beyond this world, from another reality, and flows into this world. Tapu is the term used for the sacred and restricted nature of the vessel within which the mana is resident, and Mauri is the term for an energy within the physical vessel which is necessary for a Mana to alight in that vessel".

Mana enhancing practice has also been described in Tohunga healing research in terms of Kaitiakitanga (guardianship) of Rongoā (Mark & Lyons, 2010). Furthermore, Mildon (2016) described conceptual relationships with the land and the role of Kaitiakitanga for healing and sustenance. Mildon's research highlighted that the critical role of harnessing Mana Motuhake, is to protect the land once the knowledge base of healing traditions is understood. Therefore, Mana enhancing practice serves as a central element for interactions to occur between the environment and systems which deal with people.

Whare Ōranga: An Indigenous Housing Interventions Principles Framework

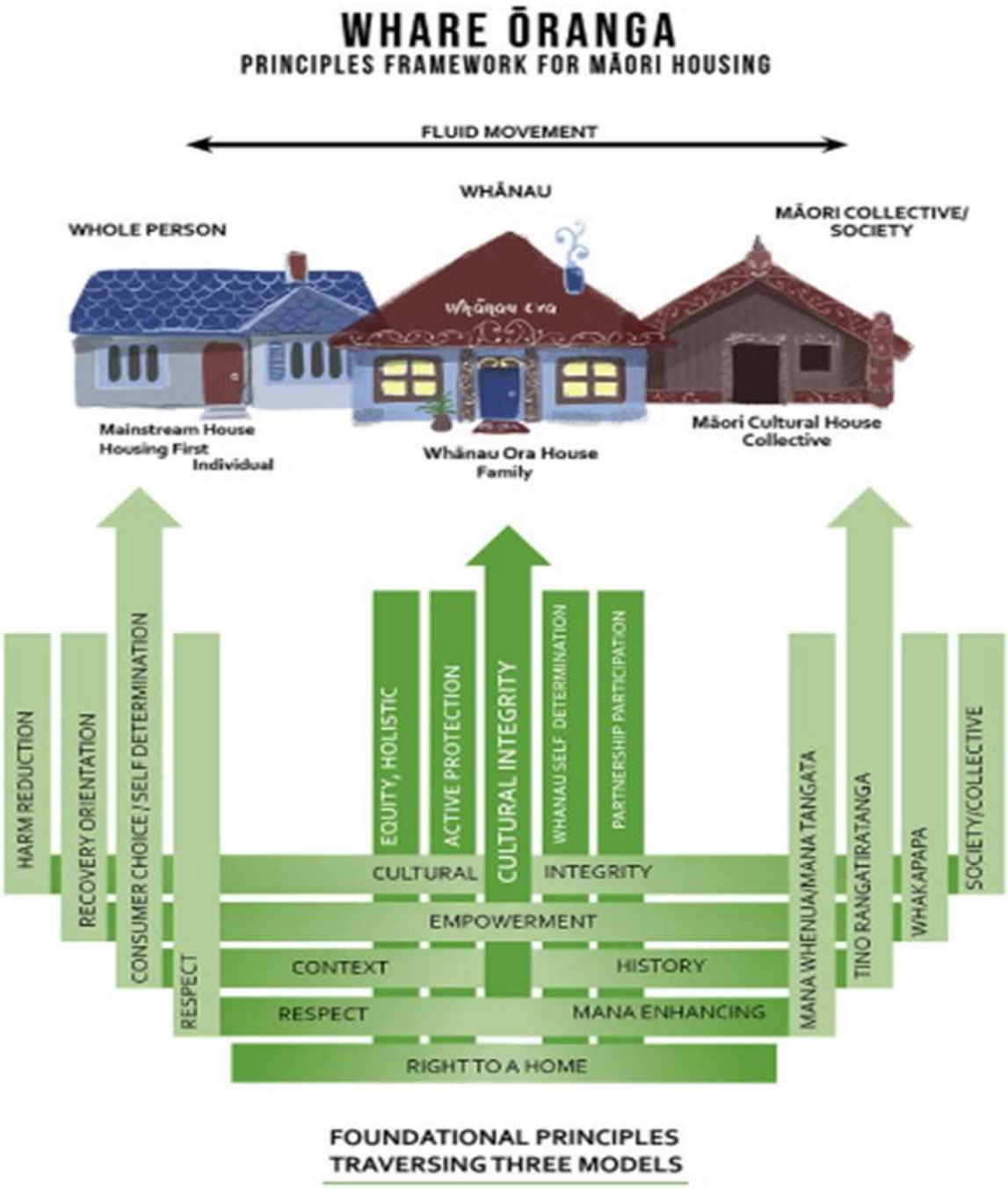

Figure 3.1: Whare Ōranga An Indigenous housing interventions principles framework (Lawson Te Aho et al., 2019)

Social workers are often found at the interface of social housing crises, homelessness and sustaining cultural integrity across a continuum of societal issues. In recent years,

Lawson Te-Aho and colleagues (2019), proposed the Whare Ōranga model which acknowledges the right to a home with the entitlement sourced in different places. The right to a home is a feature of Whānau Ora operates which places Whanaungatanga at the heart of a more collective approach towards ending Māori homelessness. It is interesting to note the foundations of the Whare Ōranga model, which comprises of the 'Whole person', the 'Whānau' and the 'collective society', because the present research itself, has found similarities in its findings in terms of the Papakāinga project alongside clear obligations for the New Zealand government and Iwi to address homelessness (Lawson Te-Aho et al., 2019). As a model which is applicable to social work with Indigenous communities, the Whare Ōranga model also shows that practitioners have the ability to empower Iwi to help fund Papakāinga housing on Māori land, thus drawing Māori back home to their roots. But what is most clear about this particular framework is the fact that the principles of Te Tiriti o Waitangi play a central role in Whānau Ora, family well-being and health. In recognition of this importance, the Whānau Ora initiative is evolving with large agencies now managing programme funding for the New Zealand government (Lawson Te-Aho et al., 2019). The Whare Ōranga: An Indigenous Housing Interventions Principles Framework, draws on core social work skills such as empowerment, Mana-enhancing, cultural integrity and respect to help build and sustain the fabrics of Whānau Ora and family well-being (Hokowhitu et al., 2020). When these dimensions are considered as part social justice in Aotearoa and ending homelessness among Indigenous communities, there will subsequently be an increase in support for Whānau, Hapū and individuals with practical support for a range of housing activities.

Ngā take pū principles for social work

In terms of social work education, *Te Wānanga o Aotearoa* incorporates a spiritual component to its program and curriculum. The Wānanga Capital Establishment Report (1999) noted that the development of spiritual strength and depth among students is an integral part of this programme, as it contributes to creating an environment conducive to the learning space physically, mentally, emotionally, and spiritually. Since the early 2000s, the social work degree at *Te Wānanga o Aotearoa* has achieved this through incorporating Ngā take pū principles, in fact, Matua Taina Pohatu designed the programme and named it the Bachelor of Social Work (BSW) (biculturalism in practice (BIP) (Akhter & Leonard, 2014). With regard to the conceptual approach used in the

course, Pohatu (2008) described Ngā take pū as being applied principles which act as a guide for people to live and behave in the world as well as pursue the quest of their aspirations. The essence of Ngā take pū are further unpacked and expanded on below.

1. **Āhurutanga** refers to the development of a safe space (Taina Pohatu, 2008). Āhurutanga is a reference to warmth and comfort and encapsulates the importance of creating an environment to achieve safety with people and Kaupapa (Gerrard, 2013). An example of Āhurutanga, is understanding how traditional healing in social work can create a way forward for practitioner/client interactions which are situated within their own epistemology and worldviews (Pohatu, 2008). As a principle for wellbeing, Āhurutanga also translates to spiritual values and integrates these into a learning space without one feeling threatened. Thus, the benchmark for establishing warmth and comfort in any environment is based Tīkanga and Āhurutanga.
2. **Tino Rangatiratanga** has been recognised by Taina Pohatu (2008) as representing the integrity of people in the Kaupapa to which they are involved. Tino Rangatiratanga is vital because Māori have had very limited opportunities to choose and implement social work education options which integrate Māori worldviews (Taina Pohatu, 2010). Therefore, the actual demands to understand Māori views and Kaupapa are done with a great deal of consideration and care.
3. **Mauri Ora** has also been included as a Ngā take pū principle. Chapter 2 has given a full exploration into the various states of Mauri, however, applying the concept of wellness in this sense, conveys guidance for practitioners. The Bachelor of Social Work (BSW) and biculturalism in practice programme acknowledges the essence of Mauri Ora as being at the core of all Kaupapa and relationships in the BSW (Akhter & Leonard, 2014).
4. **Te Whakakoha Rangatiratanga** is described as recognition that successful engagement requires the conscious application of respectful relationships with people. This principle is in line with cultural humility and valuing others' perspectives (Elkington, 2011). Social work supervision is also an opportunity for practitioners to ask themselves, "Are we imposing anything that does not fit others' worldviews?" Cultural humility and Te Whakakoha Rangatiratanga, encourages individuals to reflect on their experiences and ontological standpoint to make meaning of their beliefs (Taina Pohatu, 2010, 2011). Cultural humility is strong theme in this study's research findings, which will be explored later.

5. **Kaitiakitanga** is the acknowledgement of one's stewardship and obligations to others. Chapter 2 provided evidence for the protection of traditional Māori healing knowledge and the role of Tohunga as keepers of those traditions. As a Ngā take pū principle in social work, Kaitiakitanga entrusts the guardianship of Indigenous knowledge within the profession. As per Eruera and Ruwhiu (2016), Indigenous people continue to invigorate the development of social work practice and theory. The literature shows that Kaitiakitanga is a principled approach which supports Māori ownership and mediation of power relationships and protection of Māori customs.
6. **Tau kumekume** refers to the tensions and challenges that unfold in any Kaupapa. Phillips (2014) observed Tau kumekume as an important concept in terms of how this could affect social worker's relationships with clients and intervention outcomes. This was also a process whereby an individual could learn to deal with negative emotions and recognise that social workers move forwards and backwards before making progress (Phillips, 2014). Tau kumekume, in this sense, relates to an earlier point made where Tohunga of the 'Hē' is about disempowerment and Tohunga of 'Hā' empowers people to be more spiritually aware (Mildon 2016). That is, mainstream services, and individuals, may sometimes be unwilling to recognise the spiritual element in practice which creates tension therefore, Tau kumekume allows practitioners to reflect on those views and critically analyse one's practice over time.

This section now concludes the implications for services more broadly in a local and global sense when it comes to addressing widespread disadvantage among Indigenous Peoples and these implications have been discussed in terms of how Māori practitioners connect to a spiritual paradigm in their particular environments. The next discussion will now explore specific interpretation of Wairuatanga (spirituality) in social work.

Interpretations of spiritual practice

A research study by Akhter and Leonard (2014) provided some evidence of the Take Pū based social work programme's contributions to biculturalism-transformed students. Phillips (2014) also highlighted how a small number of non-Māori former students applied Ngā take pū in practice. The research showed the breadth of understanding between participants, due to their level of exposure during the biculturalism in practice programme compared to those who had completed the BSW. It was interesting to note, Phillips (2014) found that participants described spiritual concepts in terms of inner

peacefulness and fulfilment so that healing could take place. Each participant related these experiences with Ngā take pū within their daily work and interventions. An important cultural framework which aligns with these descriptors and psychotherapy is the Tuakiri o te tangata model.

Tuakiri o te tangata model

Mana-enhancing practices and Ngā take pū principles have been explored in this section with alignment given to specific Māori healing traditions such as Tohunga of the 'Hē' and the Tohunga of 'Hā' as evidence for research (Mildon, 2016). On bringing these perspectives together, healing traditions and Mātauranga in social work are promoted by incorporating the Tuakiri o te tangata model which was developed in the 1980s by Māori language advocates Dame Katerina Te Heikoko Mataira and Petiwaea Manwaiti. The model in particular, considers Māori epistemology within the counselling and child welfare professions (Rameka, 2017; Waretini-Karena, 2013). Tuakiri o te tangata translates to 'beyond the human skin' and is a reference to understanding the spiritual makeup of a person which just as important as the physical side. Chapter 2 explored the relevance of Tapu o te tangata as a healing concept, however, Waretini-Karena (2013) readapted the Tuakiri o te tangata model to reflect the multiple dimensions beyond the skin, which can further be applied to Whānau counselling. The framework below [figure 3.1] formulates the essence of Wairua demonstrated in the Tuakiri o te tangata model.

Katerina Te Heikoko Mataira and Petiwaea Manwaiti designed this model as part of *Te Ataarangi* Māori language movement to reframe and reinstate Mātauranga within contemporary early childhood contexts (Rameka, 2017). For example, the power of Wairua is about knowing right from wrong, teaching children to have no negative influences and to learn through experience (Te Ataarangi. Educational Trust, 2000). It is notable that this sentiment shares similar meanings with Mana-enhancing practices and Ngā take pū principles such as Tau kumekume which is an awareness of conflict and negative tensions as well as Āhurutanga which is allowing a space to grow knowledge. Furthermore, the Tuakiri o te tangata model has been used in the Te Whiuwhiu o te hau Māori counselling programme based at The Waikato Institute of Technology to help students refine their understanding of intuition and Māori epistemology when working with Whānau (Waretini-Karena, 2013). The Tuakiri o te tangata model [figure 3.1]

highlights the interconnectedness of nine dimensions, some of which have already been fully conceptualised in Chapter 2 such as Ngakau, Whatumanawa and Mauri.

Figure 3.1 The Tuakiri o te tangata model adapted by Card and Kawana (2018)

Counselling and social work can include these elements in an assessment by probing how to keep the Wairua and Hinengaro (mind) balanced, or the person may similarly be asked to describe their state of Mauri. These questions might then lead to the discovery of an illness of the Ngākau (heart space) which has been described in Chapter 2 as being Ngākau Pouri or deep-seated suffering. In addition, historical trauma has been described as the snowballing of "colonial injury" through the "ever-shifting historical sequences of adverse policies and practices by dominant settler societies," which have cross-generational "legacies of risk and vulnerability" that perpetuates trauma "until healing interrupts these deleterious processes" (Kirmayer et al., 2014, p. 301). The view that historical trauma is a colonial injury reiterates the point that Tuakiri o te tangata is not only a physical ailment but a spiritual one too. Dr Waretini-Karena (2013) suggested that

the practitioner is not only talking to the person, but talking their Wairua where trauma related injuries intergenerational suffering may be present and not yet addressed.

Healing intergenerational Mamae (pain)

There are three interrelated dimensions which focus on experiences of trauma among Indigenous communities: Situational Mamae (pain) is associated with disruptions to Whakapapa; cumulative trauma is the result of feelings which build up over time due to past happenings and soul wounds, while inter-generational trauma are negative feelings due to systems resulting in macro-aggressions or self-destructive behaviour. The Tuakiri o te tangata model similarly shows the connectedness of spiritual concepts and the intuitive approach applicable to practice, but also highlights that blockages can occur within the nine dimensions discussed above. Waretini-Karena (2013) theorised how the Pumanawa identifies what individuals hold most important to their wellbeing. This literature shows that trauma informed practices are designed to engage individuals in adaptable Indigenous frameworks and provide a culturally nuanced to understand the ripple effects of trauma. The diagram below describes the transfer of trauma.

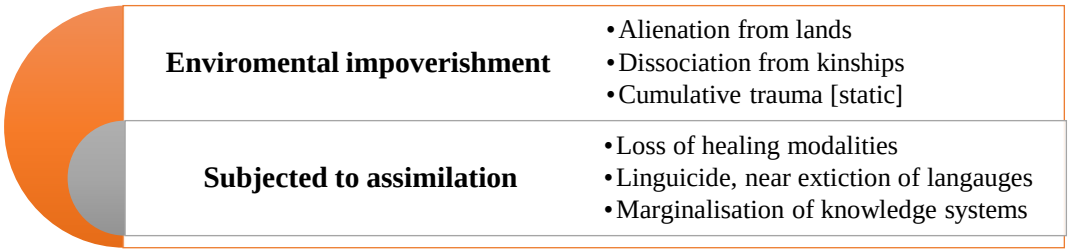

Figure 3.2 Intergenerational transfer of trauma (adapted from Waretini-Karena, 2013)

Making connections between the Tuakiri o te tangata model, Ngā take pū principles and Mamae (pain) informed practice, stems from a Māori worldview of solution-based perspectives for social work (Akhter & Leonard, 2014; Taina Pohatu, 2008; Waretini-Karena, 2013). However, these concepts also have limitations in the sense that while the social work education addresses the history of colonisation to some degree, assimilation practices further alienate traditional healing knowledge. This sentiment is supported by Taina Pohatu (2003, p. 1) who observed that despite the limitations of mainstream social work practices, "Māori social work practitioners are constantly faced with questions such as, what place do Māori cultural templates have in guiding my practice? and how safe are these cultural templates in my workplace? In a sense, reinstating the Tuakiri o te

tangata model and Ngā take pū principles in counselling and the Bachelor of Social Work (BSW) (biculturalism in practice (BIP), suggests that cultural integrity and humility is constantly being reframed in social work theory and education.

This now concludes a discussion on Mana-enhancing practice, the Tuakiri o te tangata model and Ngā take pū principles as they relate to social work intervention, practice, and processes. An earlier critique of relevant statistics in mental health and wellbeing, provides a rationale for translating healing traditions into social work, but also postulates the importance of the environmental factors all peoples are born into and the social construction of our realties by others. The constant question in relation to the literature thus far, is however, what is the purpose of Māori healing traditions in social work if mainstream social work policy has increasingly come to recognise the critical role of diversity of worldviews to the development of service delivery? This question relates to the politics of traditional healing and colonisation of Māori epistemology.

The politics of Māori healing traditions in social work

This section informs another crucial part of the research problem: how can culturally nuanced models of practice influence change with social work policies? An important study was conducted by Mark and Koea (2019), which sought to address issues around collaborative healthcare in the Waitemata District Health Board [WDHB] and possible avenues for education and practice on Rongoā healing in the broader environment. The research found that approximately 16.82% of the total WDHB staff population, including nurse practitioners, believed that Rongoā Māori (6.65%) and complimentary medicines (10.17%) do in fact have a place within hospitals. The project itself emerged from an argument for the inclusion of Māori healing knowledge based on principles of Te Tiriti o Waitangi and sovereignty for Māori to utilise Rongoā in collaboration with Western services (Mark & Koea, 2019). The study conveyed concerns that doctors would not be willing accept Māori healing into the broader system, which supports Kopua and colleagues (2020) who affirmed that the Western medical system still heavily dominates health care in Aotearoa and is often criticised for its reductionist approach to treatment. To counteract this problem, Mark and Koea (2019), suggested that practitioners should perceive and actualise Mātauranga rather than omit and conceal Māori healing knowledge. The politics of Māori healing in social work, therefore, involves scrutinising

the inclusion and preservation of two worlds and worldviews, and the integrity of each paradigm when operationalising Mātauranga in practice when it is so often dismissed.

Despite the overutilisation and over-reliance of Māori on services, the essence of Wairua and spiritual beliefs surrounding psychological distress remain resilient. Niania and others (2016) explained Wairuatanga and Tapu as essential elements of Māori beliefs when discussing mental health, while Phillips (2014) also highlighted how participants' own spirituality and flowed through into their practice. This resilience of Māori values is partly due to a cultural renaissance over the last thirty years, which has seen healing traditions return to health care albeit with much reluctance (Mark & Lyons, 2010). In addition, considering the role of spirituality in social work, there is reason to believe that mysticism and spiritual belief systems are protected by the essence of Tapu itself. The evidence infers that Tapu is applicable to people, events and is a permanent state applied to maintain equilibrium. However, balancing Tapu with social work practice in this way, is sensitive for Māori service users who may be fearful of discussing Wairua knowledge with practitioners due to the ignorance of spiritualty in mainstream systems.

The perpetuation of damage to Indigenous knowledge due to Western theory, was captured by Kirmayer (2012) who maintains that the displacement of traditional healing practices went hand-in hand with the undermining of Indigenous ways of life. In response to silencing Māori healing knowledge, mainstream social work services infer that they have begun to explore the ways in which they can integrate Māori worldviews into their work (Munford & Sanders, 2011). Evidence suggests that in order to improve relevant initiatives, there must be effective research processes which includes the burden of trauma on Indigenous Peoples and to operationalise interventions which inform social change. Two reports which show a mainstream system under distress, include the 'Action Station People's Mental Health Report' and the 'Office of the Auditor-General's Mental Health: Effectiveness of the planning to discharge people from hospital' which were both released in 2017. However, the undermining of Māori worldviews and poor uptake of social work services, points towards the insidious nature of institutional racism, epistemic injustice and power imbalances which continue to perpetuate the status quo.

Racist ideologies impacting on traditional healing

The potential for Kaupapa Māori health initiatives and traditional healing modalities to provide culturally nuanced services to Māori is constrained by numerous socio-cultural

factors such as institutional racism and within that, is generally a lack of political, legislative, and financial support. According to Dowell and others (2009), central funding for mental health was mostly targeted towards developing specialist services in the mainstream, while the development of Kaupapa Māori services were at the secondary level of care with little investment from central funding. In addition, there is very little research on Indigenous medicinal practice, healing and cultural values or practices due to sustained reliance on the medical model. In addition, society generally does not respect Indigenous knowledge but frequently attempts to suppress it (Rolleston et al., 2020). In mental health context, Read and colleagues (2013) claim Western psychiatry generally produces knowledge while intentionally ignoring local beliefs and therapies. The result of this problem is that Western medical models tend to pathologise Māori as being over-susceptible to chronic mental illnesses which require hospitalisation (Kopua et al., 2019). These constraints have ultimately led to interventions which have helped increase the mental health literacy of traditional healers (Niania et al., 2016) The lack of political, legislative, and financial support in the field, largely inflates racist ideologies which impact on traditional healing and the potency of Mātauranga in social work practice.

Pack and colleagues (2015) researched Māori perspectives on why racism occurs in New Zealand's health system. Their findings highlighted assumptions of superiority, for example, social constructions which have contributed to misleading views that Māori are innately physical rather than intelligent and are also criminal (McGregor & Te Awa, 1996). However, Māori responses to racism included successful verbal resistance strategies including the use of Māori media platforms to bring attention to racism (Pack, Tuffin & Lyons, 2015). Reframing the formulation of such constructs, requires critical reflection and radical movements to shift towards a Māori worldview of health and wellbeing. This sentiment is further supported by the interim report of the Health and Disability System Review (2019, p. 9), which highlights its own racist ideologies:

> "The Panel recognises that the New Zealand health and disability system has evolved with a strong Western medical tradition. The inequities which have arisen for Māori from this system cannot be fully addressed without ensuring that going forward the system embraces the Māori worldview of health".

This interim report shows evidence of a divisive and deductive approach to health care in general, but how does racism and those systemic failings as recognised by the Ministry,

actually impact on traditional healing knowledge in social work? In essence, without recognition of the spiritual realm in social work, traditional healing knowledge will remain in theory and outside of practice (Jones, 2000; Kopua et al., 2020; Mark & Lyons, 2010). Mātauranga has been systematically erased and rendered worthless. Past legislative actions have effectively resulted in destruction of Mātauranga (Waitangi Tribunal 1999). These research papers have essentially argued that Māori spiritual knowledge has been starved of the necessary resources and opportunities for development which aligns with the way in which depleting traditional healing knowledge in social work results in an epistemic injustice and the silencing of Indigenous voices.

Miranda Fricker (2007) described epistemic injustice as being an idea that social power is the capacity we have as social agents to influence how things should be in the social world. That is, the relationship between Western epistemologies in social work and Mātauranga of the Māori world, is currently one of domination and control (Pack et al., 2015). Herein, prejudicial dysfunction in epistemic practice, such as social work theory, can either result in excessive credibility or result in peoples receiving less credibility than they otherwise would have (Fricker, 2007). Moreover, Fortier and Hong-Sing Wong (2018, p. 13) suggested "Indigenous knowledge is kept out by gatekeepers within social work education". The literature in this section insists that the impact systemic racism has on traditional healing knowledge in social work, extends to the hierarchies organising knowledge within the profession including the types of knowledge that are excluded or included. There are also empirical based foundations for an argument which ultimately reflects how Western philosophical traditions and colonial ideals do not work well for Indigenous communities. This segues into the final part of this section, which supports the decolonisation of practice and prioritising projects that are most likely to support the development of Mātauranga in social work.

Decolonising social work

The politics of Māori healing traditions in this particular section is concerned with epistemological equality and the return of Mātauranga to society. Linda Tuhiwai Smith (2012, p. 175) lamented that decolonisation "is now recognised as a long-term process involving bureaucratic, cultural, linguistic, and psychological divesting of colonial power". Decolonising social work research and education unites countries that have colonial histories and trauma (Gray et al., 2016; Fejo-King & Mataira, 2015). The process

itself involves peeling away layers that continue to colonise Indigenous Peoples and placing colonisers at the centre of their own attention. Walters and colleagues (2011) outline decolonising strategies that support practitioners' self-determination including reinterpreting mistrust as a positive reaction to historical trauma and transforming victim mindsets to warrior mindsets using purification ceremonies and reframing narratives of trauma. These strategies are important for anti-racism practices and turns attention towards having more courageous conversations about race with leadership at policy levels. Therefore, Māori healing traditions in social work are require the commitment of the profession to honour Te Tiriti o Waitangi, in order to enable epistemological equality.

In order to understand the position of traditional healing in social work, one must understand that political changes within the spiritual, academic and economic context have shifted society's ability to access Rongoā knowledge. The reason why is because the very act of epistemic injustices in social work, changes how one might perceive illness, wellness, and healing. Chapter 2 discussed Māori cultural perspectives on illness, which is why decolonisation is important in the sense that Wairua knowledge was accessible and practiced freely prior to colonisation. Royal (2005, p. 4) supports this claim stating that "Contrary to what some critics may say about the rejuvenation of traditional knowledge ('going backwards'), the revitalisation of traditional knowledge is as much about understanding our future as it is about our past". Moreover, the research from Ahuriri-Driscoll (2014) revitalised this ancient wisdom, showing how key informants' current practices and future implications of Rongoā knowledge. Decolonising social work, therefore, discovers and in some ways 're-imagines' crucial indicators of Tīkanga which is centred on our health and wellbeing in the social work and healing discourse.

The politics of Māori healing and decoloniality in social work further shines light on the problematic relationship with Indigenous Peoples and the profession itself. The *Getting It Right Framework* by Zubrzycki and others (2014) argue that social work must critically reflect on it how it perpetuates colonising practices and what must be done to address White privilege within social work education. That is, peeling away layers of colonisation which assume Western treatments can be used to address spiritual illnesses for instance, and privileges siloed approaches (Gray & Hetherington, 2013). Hence, critical whiteness studies, scrutinise the way in which this privilege is invisible and emphasises a greater need for more inclusive and respectful human relationships. Critical

whiteness is a profound area for social work, which often impose a different context and thereby marginalises Indigenous Peoples wisdom and worldviews (Bishop et al., 2002). This literature illuminates the depth to which colonisation negatively affects Indigenous healing knowledge and the challenges facing the social work profession when it comes to addressing epistemic injustices and Whiteness. The last part of this chapter will now highlight some of the key themes and gaps of Chapter 3.

Themes and gaps in the literature

This literature review has attempted to synthesise aspects of Māori healing knowledge into social work. A common theme is that Māori social work practitioners and healers, are able to impart Mātauranga into their everyday practices, using a variety of culturally nuanced strategies. It was also common to see that much of the literature sourced, emphasised the critical role of a diversity of world views towards the advancement of social work services to better meet the needs of Indigenous Peoples (Gray & Hetherington, 2013). In Aotearoa, this need is clearly based on historical policies such as Pūao-te-Āta-tū and relevant statistics which imply that Māori mental health is no better today than what it was when the Pūao-te-Āta-tū report was released in 80s (Hollis-English, 2012). Furthermore, this literature review shows that the uptake of Māori in relation to social work services, is often determined by standards set out by mainstream organisations and the elements of mainstream approaches are generally retained in service delivery (Hollis-English, 2015). However, this retention is problematic for social work research because the helping professions know less how White and non-Indigenous practitioners can build their own critical understanding of cultural concepts and skills for practice.

This literature review further reveals a reduction within social work which does not allow for practitioner growth in their service delivery. For instance, Coley and colleagues (2019) conveyed how relationships are critical to the learning process, but they also found that non-Māori social work educators need a better understanding of their own positioning in the learning process; the relationships between learning and transforming. However, the information presented here shows the Tuakiri o te tangata model encourages practitioners to develop their intuitive skills (Waretini-Karena, 2013), Mana-enhancing practice in social work has a focus on self-determination and Ngā take pū principles are embedded in the Bachelor of Social Work (BSW) in Aotearoa. These

frameworks draw on Māori healing concepts which are applicable to the future evolution of Mātauranga in social work (Phillips, 2014). This is profound because Indigenous models of practice are recognised as ground-breaking, and through the BIP, Aotearoa is acknowledged as demonstrating global leadership in this area. The literature shows how reductionist methods within social work are challenged by a need to accommodate the diversity of Māori worldviews as well as the delivery of social work globally in practice and theory.

Some of the gaps identified within this literature review include limited information into how newly qualified social worker practitioners develop their spiritual and personal identity; research into the extent at which social workers believe their practices are congruent with worldviews; how principles of cultural humility support the right of Māori to apply traditional healing knowledge across wider policy and practice settings; and, the ability of all social workers to express their identity within a relational context. Research into the politics of Māori healing knowledge, racism and epistemic injustices seem to be partly responsible for these gaps in knowledge because the literature provides evidence of silencing Indigenous perspectives in the profession (Fortier & Hong-Sing Wong, 2018). This is not new, in fact, the Ngā take pū principle known as Tau Kumekume recognises this very tension yet seeks to offer interpretation (Taina Pohatu, 2008). Therefore, the themes and gaps identified in this literature review, provide a sense of encouragement for the profession to get an understanding of the individual perspectives on Māori health and wellbeing, and the role of Māori healing knowledge in social work.

Conclusion

This chapter has helped inform an important part of the research problem statement: If governments are struggling with widespread disadvantage among Indigenous Peoples, to what extent can practitioners operationalise traditional healing knowledge within social work? And how might culturally nuanced models of practice influence change with policies that affect how the profession can relate to and work with Indigenous Peoples? An equally important question is ‘Who can benefit from this information? I have discussed some of the historical policies and legislations which have influenced social work in Aotearoa. I then explored the limited amount of information available on Māori healing knowledge in social work and ways in which Māori practitioners have connected

a spiritual paradigm with practice. This discussion was then followed by a segment on decolonising the academic space of social work and its applications to practice, policy and theory. The politics of Māori healing in social work was a critical section in that it sought to identify the diversity of worldviews as well as the development of service delivery and projects that can support Mātauranga in social work. Chapter 3 concluded with an outline of some of the key gaps and themes identified in the available literature materials. This marks the end of my literature review chapters. The research journey continues into the next domain of knowledge which is Chapter 4 Kaupapa Māori Theory.

Chapter Four: Ranginui Māreikura
A Kaupapa Māori Theoretical framework

Kia whakatōmuri te haere whakamua
I walk backwards into the future with my eyes fixed on the past
Whakatauākī (cited in Rameka, 2017)

Introduction

Kaupapa Māori Theory is the conceptual approach which underpins this study. The Whakatauākī above refers to the cyclic nature of time where the past, present, and future are inextricably connected. The essence of Wairua (eternal spirit) is part of that process, as seen in the deeper meaning of the term 'Ngā wā- ī -rua' which means two portals of time stored in the human mind. Wā translates to time, Rua means two and ī refers to past. This chapter begins by describing Kaupapa Māori Theory followed by a discussion into the nature of paradigms and worldviews. Within that discussion, I attempt to describe the notion of conscientisation and how this connects participants' experiences of mysticism to their day-to-day practices. I then turn attention towards critical aspects of undertaking Indigenous research and the ethics required for taking part in research with Māori participants. This section highlights some of the key fundamental principles used to help guide my study's research methods and tactics. In terms of 'doing' Indigenous research, there is a full discussion into the contention surrounding Indigenist research and why it is important for non-Indigenous researchers to the identify key points of difference between Indigenous researchers doing Indigenous research and non-Indigenous researchers doing Indigenous research. The final part of this chapter discusses specific ways in which my study applies Kaupapa Māori Theory in relation to the methods. Relationships have been drawn between epistemology, axiology, ontology, and methodology, and the praxis of Kaupapa Māori. The interconnectedness of Mātauranga ā whānau; Tīkanga; Wairuatanga and Pūrākau have been positioned as part of a practical framework and similarly helps ensure the praxis of Kaupapa Māori Theory in this work.

Establishing a conceptual approach

Kaupapa Māori Theory is grounded in Mātauranga Māori, cultural worldviews, and intergenerational experiences of trauma as a result of the impacts of colonisation (Mane, 2009; Pihama, 2015, 2020; Linda Tuhiwai Smith, 2012; Graham Smith, 1997). Kaupapa Māori Theory resists dominant ideologies that have been imposed by European settlers and further challenges the social order to which Māori communities are located. Graham Smith (1997, p. 249) spoke about Māori struggles for autonomy: "…resistance actions have developed strong counterhegemony and practices, which focus on critique of the assimilatory influence of dominant cultural, political, and economic interests within the taken for granted 'mainstream' education and schooling system". Kaupapa Māori Theory emerged from the Te Kotahitanga project in the 1980s which was set up to reframe early education under the auspice of the Kura Kaupapa Māori (full emersion schools).

Since the development of Kaupapa Māori Theory in the 1980s, numerous Māori scholars have extended it beyond the educational context from it was born and adapted as a tool for guiding research and practice (Elkington, 2011; Eketone, 2008; English-Hollis, 2012; Pihama, 2020). Despite the overwhelming discussions on Kaupapa Māori Theory in practice and research, it remains difficult to articulate a concise and definitive explanation of what Kaupapa Māori Theory actually is. Pihama and others (2002) argued that the concept of Kaupapa implies a way of structuring how one thinks about ideas and practices. However, structuring ideas from a Western lens, still needs to be balanced carefully with Māori concepts so that Mātauranga does not become a "Trojan horse" (Smith, 1986, p. 3). That means, taking care in terms of synthesising Western ideas with Māori research, hence, the next discussion will explore various definitions of Kaupapa Māori Theory and the way in which paradigms and worldviews frame research.

Making sense of Kaupapa Māori Theory

In this dissertation, Māori cultural constructs have been applied to theorise the study of sixteen individuals' experiences with traditional healing knowledge. Kaupapa Māori refers to a philosophical doctrine which incorporates the skills, systems of knowing and values of Māori society. For Tuakana Nepe (1991), Kaupapa Māori is a conceptualisation of Māori knowledge which is distinctive to Māori communities and emanates from metaphysical origins. This sentiment further reflects Father Michael Shirres (1997) who asserted that Kaupapa Māori recognises the supernatural and natural dimensions of a

two-world knowledge system. Nepe (1991, p. 4) goes on to state that Kaupapa Māori is a "body of knowledge accumulated by the experiences through history, of the Māori people". Mereana Taki (1996) agrees with Nepe and affirms that Kaupapa Māori Theory derives from the networking of tribal knowledge, histories, and frameworks.

These explanations of Kaupapa Māori are fruitful in this quest to define Kaupapa Māori Theory, however, Graham Smith (1997) is a little more comprehensive in his description of Kaupapa Māori. For Graham Smith, Kaupapa Māori is a philosophical positioning which authenticates the legitimacy of Māori that is taken for granted; it involves the revival of Māori language and culture is imperative; and it validates the struggle for Māori autonomy over cultural wellbeing that is vital for survival. These dimensions will be canvassed in a later part of this chapter, however, Kaupapa Māori has also been described as "a social project" (Linda Smith, 2000, p. 233), and a theory of change (Graham Smith, 1995). Further, Graham Smith (1997, p. 455) states that co-positioning the term theory with Kaupapa Māori, is a deliberate attempt to provide "counter-hegemonic practice and understandings" as well as challenge dominant Western paradigms and notions of theory.

The term theory has multiple definitions, which allows Kaupapa Māori Theory to be adaptable to the ever- changing contexts of Māori society, but it also shows that Kaupapa Māori Theory is flexible in its capacity to analyse the socio-political and cultural landscape of Aotearoa. Eketone (2008, p. 6) suggests that if "Kaupapa Māori is about critiquing unequal power relations that means it is possible to have an identifiable end to kaupapa Māori approaches in a New Zealand context". Based on this literature, it is not surprising that Kaupapa Māori Theory shares alignment with aspects of Critical theory although, Graham Smith (1997) stipulated that Kaupapa Māori theory must only be viewed as a localised form of Critical Theory. This perspective is important because there must be some discernment for distinct Māori constructs such as Mātauranga, Tīkanga and Te Reo Māori, which I will explore in further in a later part of this chapter.

Eketone (2008) argued that, as a theoretical construct developed and critiqued by academics and practitioners, the essence of Kaupapa Māori Theory has been effectively removed from Māori strategies implemented in many community-based programmes. Based on this tension, Eketone (2008) investigated the theoretical underpinnings of Kaupapa Māori practice, particularly social work practice, by providing insight into the

influence of Critical Theory and constructivism as being a theoretical framework for community-based programmes. To that end, the study of Kaupapa Māori Theory has been developed as an intervention strategy and transformative praxis with communities for whom it is meant to be transformative (Graham Smith, 1997). The notion of praxis will be articulated in another section of this chapter however, Kaupapa Māori Theory calls for conscientisation, resistance and action within Western systems.

Graham Smith (1997, p.484) argued that critique must be followed by a critical deconstruction of 'what is wrong'. He goes on to say that "Conscientisation develops out of critique which is informed by both theoretical understandings and practical experiences". Graham Smith borrowed the term 'conscientisation' [and praxis] from the seminal readings of Paulo Freire (1972) to which he says conscientisation is intricately linked to the notion of praxis whereby the learning process is a combination of action and reflection. In the current research study, sixteen Māori healers and social workers have shared insight into culturally nuanced practices from a Kaupapa Māori theoretical stance. Considering research finding number one, participants frame mental illness from their own ontological and epistemological worldview, the notion of conscientisation connects participants' experiences of mysticism to day-to-day practices in mental health, which echoes Graham Smith's reference to developing theoretical understandings and practical experiences.

Linda Smith (1996, p. 17-18) extends on this discussion on understanding thought processes stating that "Theoretical moments…are also shaped inside your head, through reflection and reflexivity…The journey takes you deeper into the ideas and ways of thinking which intrigue you and which lead you into new theoretical spaces". The literature shown here also highlights a problem whereby theory has the potential to constrain thought processes in terms of linear and concrete thinking. In order to think more critically about research as opposed to constrained thought processes, Kaupapa Māori Theory takes us into that journey of theory and practice through reflective practice, adjustment, and transformation. However, after reviewing an array of descriptions on Kaupapa Māori Theory, none of these neatly summarise its essence than that of Linda Tuhiwai Smith (1999, p. 191) who said it weaves in and out of Māori beliefs and Western ways of knowing, Māori histories, Western forms of education, as well as Māori dreams and socio-economic needs. This concludes an important discussion into making meaning of Kaupapa Māori Theory. The next section is on aspects of Kaupapa Māori research.

Aspects of Kaupapa Māori research

The purpose of this section is to highlight some of the fundamental Kaupapa Māori research principles which have been drawn on to help guide the present study's research methods and provide further context in relation to how Kaupapa Māori Theory informs this study's epistemology. Graham Smith (1992, pp. 13-14) conveyed six Kaupapa Māori research principles. These points are outlined below accompanied by a brief explanation.

1. **Tino Rangatiratanga:** According to Article II of Te Tiriti o Waitangi, the Crown government of New Zealand promised the Tangata Whenua (People of the land - Māori), sovereignty over the lands, homes, treasured possessions, and traditions (Walker, 2004). Tino Rangatiratanga refers to self-determination and autonomy as outlined in Article II.
2. **Taonga tuku iho:** These are the treasures and traditions handed down by ancestors as stipulated in Article II of Te Tiriti o Waitangi (Walker, 2004). Mātauranga and Māori worldviews are part of those cultural aspirations that were handed down to the generations. Kaupapa Māori Theory helps animate our Taonga tuku iho in the sense Māori utilise tribal storying to embolden Pūrākau as a methodology; Māori identity is celebrated through the art of Taamoko (tattooing) and the abundance of communities integrating Te reo me ona tīkanga (the Māori language and associated meanings). The integration of Te reo me ona tīkanga is a critical element of Kaupapa Māori research due to the assertion that the Māori language is essential in the production of Kaupapa Māori (Nepe, 1991). Te Reo is a standalone dimension which will also be discussed in another section.
3. **Ako Māori:** This Kaupapa Māori research principle refers to learning and teaching. Dr Rangimārie Te Turuki Arikirangi Rose Pere (1994) explored the practice of culturalist education and learning from a Māori perspective in her seminal work - 'Ako: Concepts and Learning in the Māori Tradition'. The centrality of Ako Māori in this paper showed the applicability and significance of Māori forms of learning. Ako Māori further helps translate Mātauranga and provides a way of entering into political interest, exchanging and sharing new knowledge and operationalising timeless truths (Elkington, 2011; Pere, 1994). Alongside the value of Tino Rangatiratanga and Taonga tuku iho, the concept of Ako authenticates interactive learning and teaching by applying Pūrākau methodology as a sustainable tool. This value is further supported by the initial emergence of Kaupapa Māori Theory, which

was born from Te kōhanga reo (Full immersion Māori pre-school) movement and communities fighting for access to power and equality.

4. **Kia piki ake i ngā raruraru o te kainga:** This principle recognises the mediation of socio-economic factors among Māori such as the limited access to mental health services and housing needs due to affordability. In a report by Cram (2014) for the New Zealand Ministry of Health, research participants reported the main barriers to accessing regular psychotropic medication, consultations, and psychotherapy, was as a result of differential access to quality healthcare. As highlighted in the previous discussion on Tino Rangatiratanga, government entities are a known protagonist for depleting resources among Māori. This was further recognised in outcome two of the 'Whakamaua: Māori Health Action Plan 2020-2025' which directs the healthcare system to be sustainable and deliver more equitable outcomes for Māori (Ministry of Health, 2020). However, as a Kaupapa Māori research principle, Kia piki ake i ngā raruraru o te kainga is also a very strengths-based concept in the sense that Māori can draw on a range of successful models for addressing socio-economic issues such as the Papakainga (communal dwelling) idea.
5. **Whānau:** This principle refers to the social dimension of Kaupapa Māori research. In the Māori language, Whānau translates to family while the term Whanaungatanga means kinship connections and relationships across the entire Indigenous world. This definition of Whanaungatanga was provided by Dr Rangimārie Te Turuki Arikirangi Rose Pere (1991) who affirmed, everything that seeks sustenance from Papatūānuku (Earth mother) are considered inherently family. Whanaungatanga was established also in the present research earlier in the initial interviewing stages by reciting Pepehā, which is the process of sharing genealogical links with participants such as connections to Maunga (Mountain), Awa (River) and Marae (Ancestral meeting house). Further, the notion of Mātauranga ā whānau is another key element within Kaupapa Māori methodology which highlights the importance of Whānau wisdom that is transmitted across the generations.
6. **Kaupapa:** Another element of Kaupapa Māori research is the actual 'Kaupapa' of the project in itself. For Graham Smith (1992), Kaupapa is the principle of collective philosophy and vision. In the education context from which Kaupapa Māori initiatives first began to emerge, Māori educators emphasised their commitment to the Te Aho Matua which is the formal charter of those working in Kaupapa Māori settings. Further, from a Kaupapa Māori research perspective, Hollis-English (2012)

suggests the Kaupapa principle locates research initiatives within a wider context such as Māori aspirations for developing sociocultural, political, historical, and collective well-being community wide.

Although these research principles are identified by Graham Smith (1992) as being fundamental to Kaupapa Māori initiatives and sites of research, other notable scholars across Aotearoa such as Bishop (2008), Elkington (2011), Bishop (2008), Pihama (2015) and Waretini-Karena (2017) have further included the importance of Te Tiriti o Waitangi and Te Reo Māori (Māori language) as an extension to these six principles. The reason why these extra elements are crucial, relate to the impacts of historical trauma as a result of colonisation and previous dissatisfaction with mainstream education, which sought to assimilate Māori children into Western culture. Graham Smith (1994) examined the issue of Iwi development by testing the discourse of power between Māori and colonial interest groups. It was from this Kaupapa that Graham Smith spoke about decolonisation as being necessary for Iwi development. The next section considers the role of Te Reo Māori and Te Tiriti o Waitangi as Kaupapa Māori principles unto their own.

1. **Te Tiriti o Waitangi:** Pihama (2001) suggested Te Tiriti o Waitangi must be included as a standalone Kaupapa Māori research principle to help critique relationships between Māori and colonial interest groups, dismantle inequalities and affirm Māori sovereignty. Aspects of Te Tiriti o Waitangi such as Tino Rangatiratanga under Article II and protection of Taonga tuku iho, contributes to making meaning in research, theorising and applying culturally nuanced methodologies across the broader sites of self–determination, decolonisation, and social justice (Linda Tuhiwai Smith, 2021, 1999; Pihama, 2001, 2020). Although the specific findings will be discussed later in thesis, the present research study has found that some participants continue to struggle with partnerships and collaboration even though Te Tiriti o Waitangi is embedded in biculturalism across various government initiatives such as the ‘Whakamaua: Māori Health Action Plan 2020-2025’ as well as statutory care policies with Oranga Tamariki.

   It is also a longstanding issue which stems back to the 1970s where the mainstream education department was contracted and obligated under the Te Tiriti o Waitangi, to provide fair schooling for Māori children. Herein, the next Kaupapa Māori research principle emerges which is Te Reo Māori. The imminent linguicide of Te Reo Māori was pointed out by Richard Benton in the 1970s, who reinforced a major community

driven struggle for the retention of Māori language was needed (Rameka, 2017). Alongside Richard Benton, prominent Māori educators and Te Reo Māori advocates such as Kāterina Te Heikōkō Mataira, Petiwaea Manawaiti and Ngoi Pewhairangi, were proven to be instrumental in addressing the struggle for the retention of Māori language. These Wāhine (women) later became part of the Ataarangi language revitalisation movement in the 1980s and subsequent Ako Māori methodology (Waretini-Karena, 2013).

2. **Te Reo Māori:** The principle of Te Reo Māori permeates identity, education, knowledge, and research. On 12 August 1816, the first mission school in Aotearoa was opened by Thomas Kendall at Rangihoua, in the Bay of Islands and by 1903, the use of Te Reo Māori as a mode of communication at school was officially banned by educational authorities (Ka'ai-Mahuta, 2011). However, with the success of Te kōhanga reo (Full immersion Māori pre-school) and the Ataarangi movement in the 1970s, the number of children proficient in Te Reo Māori increased. During this time, there were only twelve bilingual schools in Aotearoa providing some instruction into the fluency of Te Reo Māori which was still problematic in the sense many Māori language teachers argued the education system was flawed and epitomised Māori failure (Walker, 1990). From that point on, it was decided the mainstream education system was to be consistent with Te kōhanga reo philosophy and the Ataarangi language revival concept.

In terms of research practices in Aotearoa, Bevan-Brown (1993) argued that research needs to be conducted solely in Te Reo Māori, while Linda Tuhiwai Smith (cited in Pihama et al., 2015) claimed that being fluent in the language, does not mean you have the research skills needed to understand epistemological issues. To that end, the next discussion will unpack some of the key considerations for undertaking Kaupapa Māori research and also explore the responsibilities of researcher when conducting Kaupapa Māori research. The importance of Te Reo Māori as a research principle, relates Taonga tuku iho and the treasures handed down by ancestors. The 1986 Waitangi Tribunal Report on the Te Reo Māori Claim (WAI 11) asserted Te Reo Māori is included in the description of Taonga tuku iho therefore the government is obligated to protect the language under this charter (Ka'ai-Mahuta, 2011). The goal of this Report was to emphasise the future growth and development of Te Reo Māori including at the interface of research with Māori. As such, the current study privileges Te Reo Māori in by

conducting Wānanga and building the study's conceptual foundations on Kaupapa Māori Theory and encouraging the use of Te Reo Māori by participants in the interviews. This concludes my discussion on the fundamental Kaupapa Māori principles which have been drawn on to guide the present study. The next discussion relates to a pertinent question in relation to research tactics – who can undertake Kaupapa Māori research?

Undertaking Kaupapa Māori research

There are some key points of difference between Indigenous researchers doing Indigenous research and non-Indigenous researchers doing Indigenous research. This is an important discussion because it truly does consider the mediation of space between the researcher and what is being researched; why the research is being done and who is going to benefit from it. There is a number of conflicting views on either side of the argument into who can undertake Kaupapa Māori research. One critique is that of well-respected scholar in the area of decolonising methodologies and Kaupapa Māori Theory, Linda Tuhiwai Smith (2021, 2012, 1999), who argued non-Indigenous Peoples can be involved in Indigenous research, but not on their own and not as a non-Indigenous person. That means, Kaupapa Māori research must be guided by Kaumātua (Elders) and there must be an alignment with the worldview of participants involved in the research and demonstrated awareness of Kaupapa Māori research principles, which will be discussed later. Many others within the research community also support this view and emphasise a 'by Māori, for Māori, with Māori' approach (Elkington, 2011; English-Hollis, 2015), as well as Graham Smith (1994) who conveyed Kaupapa Māori research is related to being Māori, connected to Kaupapa Māori Theory, acknowledges the legitimacy of Māori culture, and is concerned with the struggle for autonomy over our own wellbeing.

Graham Smith (1999, p. 2) goes on to say that "Māori people have had to be convinced that research can have positive, pragmatic and innovative outcomes, that research can be useful and sympathetic and, that not only can Māori be partners in research, but Māori can also carry out research ourselves". A key point of difference here is that Mātauranga cannot be replicated by Western philosophy (Royal, 2012). Māori are the keepers of this worldview therefore non-Indigenous Peoples cannot, and should not, try to do research from an Indigenous perspective but they can use an Indigenist approach. Shawn Wilson (2008) further conveys that the ceremonial aspects of research, generally requires investigators to maintain a relational accountability to uphold sacred

and human lore. To that end, there are specific ethical obligations for Indigenous research whereby sociocultural and spiritual knowledge must be protected from misinterpretation and to prevent researchers from conducting unethical research. This literature review has provided evidence to argue that the broader scholarship should not exclude non-Indigenous Peoples from research with Indigenous communities but to engage in Indigenist research practices which are fundamentally relational and collaborative.

The responsibilities of a researcher

There are several key responsibilities which guide ethical Māori research practices. It is clear from the earlier writings of those on Kaupapa Māori Theory, that there needed to be a movement away from the scientific empiricism of the dominant culture, in fact, the construction of knowledge is observed within explicit distinctions between Pākehā and Māori approaches. Cram and colleagues (2006) argued that the purpose of Māori knowledge is to uphold the integrity of specific communities. Therefore, this section will briefly describe the key responsibilities and ethical instructions when doing research with Māori communities as per Linda Tuhiwai Smith (2012) and Cram (2006):

1. **Aroha ki te tangata:** This principle refers to showing compassion for participants while sharing and holding space as they retell Pūrākau and Kaupapa that are important to them.
2. **Kanohi kitea:** Relates to being present face to face in research, which was sometimes difficult due to the logistical challenges of the COVID19 pandemic and travel restrictions across Australia and Aotearoa at the time of conducting the study. Nonetheless, more than half of the interviews were done in person and ‘Kanohi ki te kanohi’ (face to face).
3. **Titiro, Whakarongo, Kōrero:** This aspect relates to effective communication with participants. Titiro, Whakarongo, Kōrero translates to look, listen, and speak with care. There is an old Whakataukī (proverb) in the Kapa Haka (performing arts) world by Dr. Ngāpo Wehi (n.d) who said: Titiro, Whakarongo, kātia te waha which means ‘Look, listen and keep your mouth quiet’. Sharing space with participants meant being present and allowing them to share their wisdom with the world. My job as a researcher was to Titiro, Whakarongo, Kōrero in order to analyse the stories and interpret one’s experiences.

4. **Manaaki ki te tangata:** There is an element of hospitality and reciprocity to Kaupapa Māori research. The notion of Koha (gifts) and appreciation is unpacked more in the next chapter, however, Manaaki ki te tangata, is about expressing care for people.
5. **Kia tūpato:** This principle relates to being conscious of what researchers bring to the research environment. For example, one must consider the psychological risks to participants when discussing real-life experiences especially on the topic of mental health and spiritual illnesses which are real for Indigenous Peoples. Kia tūpato in this sense means to be cautious and mindful.
6. **Kaua e takahia te mana o te tangata:** This dimension is rather similar to Kia tūpato in the sense that researchers must be careful not to tread on the Mana of participants. During the interviews, we maintained a collegial and collaborative relationship with participants and the interviews were an interactional, experiential, and reciprocal learning processes. Kaua e takahia te mana o te tangata means to practice research with no malicious intent.
7. **Kaua e mahaki:** In the Māori world, there is another very old Whakataukī which says the Kūmara (sweet potato) never speaks about how sweet it is. This relates directly to the previous principles of respect and reciprocity but infers that researchers must remain cautious so as to not offend participants. Kaua e mahaki therefore means researchers must not flaunt their knowledge in the research space because that can also tread on the Mana of participants.

Kaupapa Māori Theory in relation to the research

There are four ways in which Kaupapa Māori Theory informs my PhD. study and it relates directly to paradigms and worldview. It was important to explain the praxis of these concepts into because without a solid conceptual approach, there is a potential do harm (Linda Tuhiwai Smith, 2012). Historically, Aotearoa was inundated with 20th century White anthropologists and ethnographers attempting to make sense of the Māori worldview and spiritualty. They included Elsdon Best [1856-1931], Percy Smith [1840-1922], James Cowan [1870-1943] and Michael King [1945-2004]. Misunderstandings of Māori values and beliefs was inevitable during interactions with Europeans. Furthermore, A. W. Reed, a publisher of Māori society, admitted to changing Pūrākau to improve the readability of our stories. Those stories subsequently lost their essence as a result of harmful research with Māori participants. Hence, a pragmatic paradigm ensures that Mātauranga and the values of Kaupapa Māori research are upheld as per the principle

of Kia tūpato. The research paradigm [Figure 4.1] is a personal template which indicates the overlapping connectedness of Epistemology (Mātauranga ā whānau); Axiology (Tīkanga); Ontology (Wairuatanga) and Methodology (Pūrākau). Each domain illustrated below, makes up the whole Kaupapa Māori research paradigm.

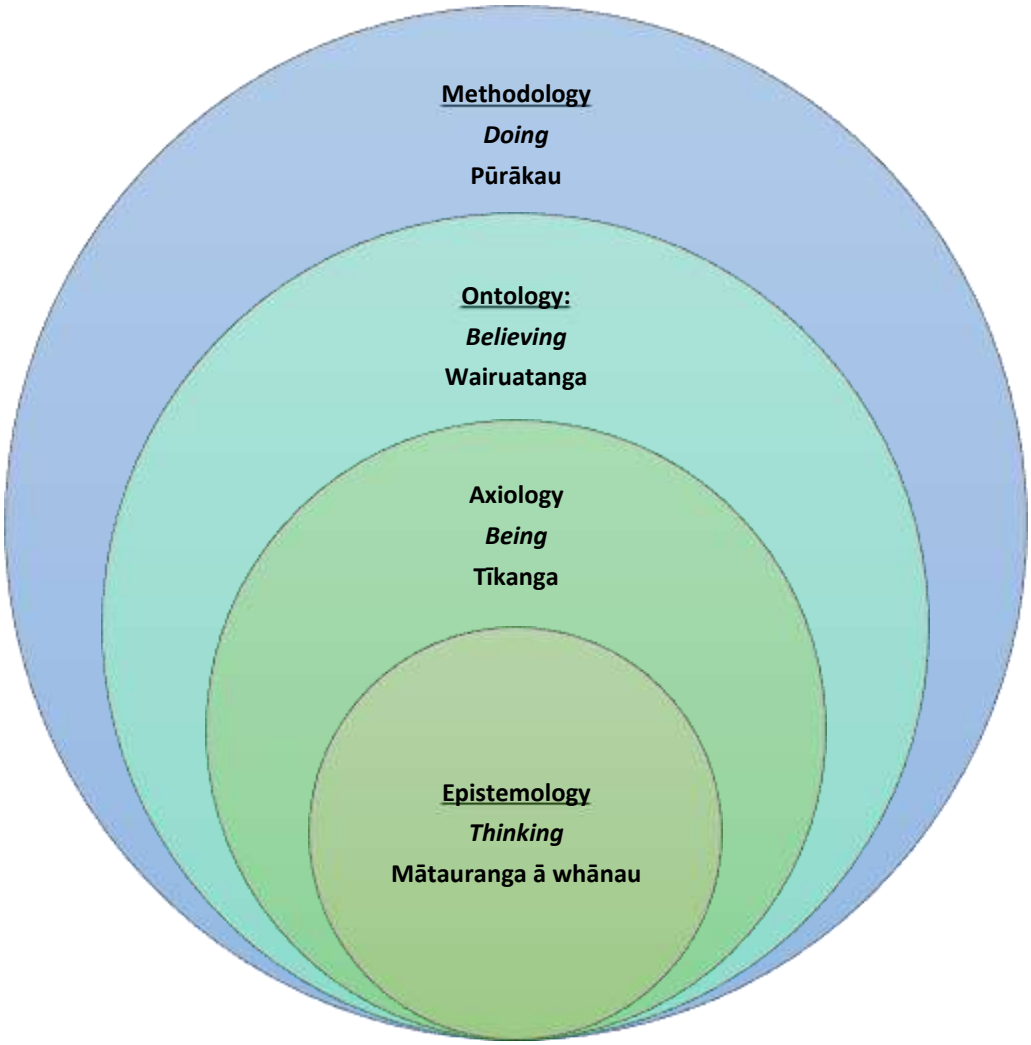

Figure 4.1 Kaupapa Māori research paradigm

1. Mātauranga ā whānau (Epistemology)

Kaupapa Māori Theory privileges the knowledge systems of participants, their families, and also my own epistemology. For Taina Pohatu (2015, p. 39), Whānau is a source of knowing and "potentiated power" for the purpose of creating frameworks. The centrality of our Kuia and Kaumātua (Elders) in the transmission of Mātauranga is important to the regeneration of Te Reo Māori, Tīkanga and cultural ways of being (Pere, 1994; Pohatu, 2015). As discussed in this chapter, the role of Taonga tuku iho and

ancestral practices, are well documented in terms of Kaupapa Māori methodologies (Elkington, 2011; Hirini Moko Mead, 2003; Nepe, 1991; Graham Smith, 1997; Linda Tuhiwai Smith, 1999). The application of Mātauranga in these ways, are forms of Mātauranga-ā-whānau. Taina Pohatu (2015) affirms Mātauranga-ā-whānau as a methodology, is fundamentally grounded upon threads of Mātauranga handed down through generations for current and future generations. Further, Whatarangi Winiata (2020, p. 1) inferred that Mātauranga is "a body of knowledge that seeks to explain phenomena by drawing upon concepts handed down from one generation of Māori to another". The dynamic nature of Mātauranga ā whānau and 'Whānau knowing' in research moves it from the margins of conventional practices and assumes its role in guiding us into deep discussion endorsed by cultural thought (Taina Pohatu, 2015). Mātauranga ā whānau illuminates the importance of kinship wisdom and supports the inclusion of Whānau as a key principle within Kaupapa Māori theory and methodologies.

2. Tīkanga (Axiology)

Tīkanga defines the values and rules of engagement with research resources, participants, and the Kaupapa. Tīkanga refers to Māori customs. Hirini Moko Mead (2003) affirmed that while Mātauranga is carried in the mind, Tīkanga puts that knowledge into practice. He goes on to say that Tīkanga can be understood as a means of social control. Further, Lawson-Te Aho (2017) suggested Tīkanga embodies the values and norms that Māori have developed to govern their lives. During Tangihanga (funerals), for example, certain Tīkanga are applied to guide the process, and these also differentiate across Iwi. Hirini Moko Mead (2003) supports this claim, suggesting that Tīkanga is variable and interchangeable. The concept of value permeates our behaviours and adaptations to change. If something does not align with one's values, then they may simply disregard it. The same goes for choosing the rules we wish to live by, how we celebrate Tangihanga and who to engage with. Thus, Tīkanga therefore are the cultural values which regulate and mediate interpersonal relationships as well as consolidate identities (Kruger et al. 2004; Hirini Moko Mead, 2003). With regard to the current study, Tīkanga has been woven into the research methods in terms of Koha gift giving, the influence of Karakia and engaging in Whanaungatanga. These aspects will be discussed in more detail in Chapter 5 as they relate to both research practice and social work itself.

3. Wairuatanga (Ontology)

Kaupapa Māori takes for granted, the existence of the spiritual realm and the interactions between the living and spiritual worlds (Linda Tuhiwai Smith, 1999). The credibility of mysticism was affirmed by Pere (1982, p.12): "Every act, natural phenomena, and other influences were considered to have both physical and spiritual implications" This particular worldview affirms a spiritual basis to humanity and the broader environment, which has otherwise been ignored by positivist research paradigms. The reason for this ignorance is because, Wairuatanga is seen as a complex reality within the minds of those trying to make sense of intangible phenomena. Indeed, a Māori perspective on spirituality may be incongruent with positivist researchers who "while perhaps holding spiritual beliefs, may not hold spiritual realities in at least the same esteem as scientific realities" (Love, 2008, p.27). however, Wairuatanga is fundamental to constructing social relationships, cultural beliefs, and practices. This worldview is also shared by participants who are very much dependent on beliefs, practices related Wairuatanga. Therefore, Wairuatanga is an important part of this study's methods because Māori realities are centred around interconnectedness spirituality and well-defined conceptualisations of psychospiritual illness embedded in Māori beliefs.

4. Pūrākau (Methodology)

Pūrākau methodology is the underpinning approach to the research methods and has applied a storytelling technique to help layer the experiences of participants into a more meaningful narrative. The notion of storytelling and 'storying' is not a new research process and like Mātauranga ā whānau, Pūrākau have been shared for many years. Emerson (2014, p. 58) speaks to this point stating Indigenous methodologies are "…new ways of knowing and being that are so old they look new". There are different ways in which Pūrākau is contextualised in this thesis for example, Pūrākau refers to Māori creation stories (Kopua et al., 2020); Pūrākau also refers to the narratives of research participants (Jenny Lee, 2015) and it also provides a way of layering my own story into this thesis. To provide further context, Pūrākau have been imparted through Māori ontology and stories which were well established in Māori society before written language was introduced in Aotearoa. According to Williams (2000) Pūrākau sits alongside an array of oral traditions such Pakiwaitara (Mythology), Kōrero tāwhito (ancient stories), Kōrero ō nehe rā (stories from the beginning of time), Kōrero parau

(fictional stories) and Kōrero ahiahi (fireside stories). Various forms of oral transmission are also communicated pathways for Māori survival in the contemporary world (Kopua et al., 2020; Jenny Lee, 2015; Pohatu, 2015). The specific ways in which Pūrākau methodology has been woven into the research methods will be explained in Chapter 5.

Conclusion

This chapter has provided some insight into the present study's theoretical framework. I have provided a definition for Kaupapa Māori Theory and conceptualised its essence for this research project. There has been a fruitful discussion on the basis of paradigms with reference to ontology, epistemology and axiology which informs my methodological decisions. These same philosophical ideas were then linked to Kaupapa Māori Theory praxis and the overall research paradigm. I have given a full discussion into the relevance of Kaupapa Māori research principles and explored various discussions surrounding who can, and cannot, undertake Indigenous research with Indigenous Peoples. Some of the key responsibilities of researchers have been identified from a Māori perspective and the final section of this chapter has attempted to describe the actual processes involved for developing praxis for this doctoral study. Thoroughly exploring the literature on Kaupapa Māori Theory was very empowering because I was able to go on another journey into the past and see what my research was underpinned by. What I found along the way, was that praxis is also an intuitive kind of 'knowing'. I came to realise this when I read the literature on how the undertones of axiology help clarify academic rigour for action in research. That is, axiology is the beliefs and Tīkanga of research practices and it made sense to me that intuition can play a part in methodological decision-making for the study. Thus, Kaupapa Māori Theory is the conceptualisation of Māori knowledge which justifies rigour in research. The next chapter presents the study's processes and methods.

Chapter Five: Ranginui Matawai
Research processes, analysis, and methodology

> Rapua ki tuua o maunga noho ki runga I te wai-hua whakaaro kei te maauri tona pai-kare hei whakatau I taana wairua ki roto I te kikokiko
>
> Seek beyond the mountains, search the depths of thought, the spiritual essence soothes the spiritual beings' wandering soul within the flesh
>
> Whakatauākī by Pāpā Hōhepa Delamere (n.d)

Introduction

This chapter articulates the research processes and methodology involved in my study. The Whakatauākī above speaks of our search for the inner essence and going within to find what one is looking for. As mentioned at the start of this thesis, I afforded much time to find the Wairua of this work and how I was going to formulate my research in a way that represents 'Ko wai au?' 'Who I am? 'As well as a storyteller and song writer, I am also a Kai-rāranga (weaver). The art of Rāranga (weaving) was taught by my grandmother and her sister many years ago. I began weaving Korowai (Cloak) under her watchful eye as part of my own healing journey. It is a form of mindfulness wherein my experiences with the world could be transferred from my hands to an intricate pattern expressing the colour and vibrancy of ancient mother energies. My methodology draws on the metaphor of cloak weaving as a way of describing the analysis process and spirit of participants' Pūrākau using a 4-step Poutama (stairway) design which came to me in a Moemoeā. I called this analytical tool, the Ara Wairua framework, which will be fully explained later in this chapter. First, I will outline the research methodology and how it is has been woven into the thesis follow by section on the Ara Wairua framework. I then provide a step-by-step explanation into how I undertook the specific research methods. The final section will then highlight the importance of Kohā (gift) giving, sharing and reciprocity, followed by a discussion into how my study has maintained academic rigour and the various proponents which have helped to enhance trustworthiness of the research.

Pūrākau research methodology

Pūrākau are described by Lee (2009) as being a Māori narrative which contains philosophical thought and worldviews. Like some other oral narratives and creation stories across the Indigenous world such as 'The Dreaming' in Aboriginal Australian cultures, Pūrākau can be understood as literature that is still relevant today for communicating important information about Te Ao Māori (Reverend Māori Marsden, 2003). I began this thesis with a small part of my own story and inspirations to carry out this work, which aligns to the creation of a Pūrākau. Layering my personal journey into an academic piece of work including the essence of participants' Pūrākau, is part of the privileges Indigenous Peoples share when doing Indigenist research. In many ways, retelling our stories, protects epistemology and unpacks our perceptions about where we fit in society.

Lee (2009) suggests that in many Indigenous cultures, storytelling is an important way knowledge is sustained in communities for many generations. For others, Pūrākau are an appropriate method for obtaining traditional knowledge while learning about the qualities of Atua and how ancestors made decisions about how they dealt with life circumstances (Kopua et al., 2020). Some believe Pūrākau are myths, however Kovach (2009, p. 95) argued that the "…stories are vessels for passing along teachings, medicines, and practices that can assist members of the collective". In addition, Cherrington (2009) supports Kovach's claim, suggesting that Pūrākau were a powerful media for psychological intervention before Western treatment methods found its way to Aotearoa. There is an array of literature which posits how Pūrākau methodology reclaims storytelling so that, for example, Indigenous experiences of trauma and healing can be retold meaningfully and truthfully.

Pūrākau were the primary method for transmitting and sustaining Mātauranga across informal and formal learning environments. Dr Rangimārie Te Turuki Arikirangi Rose Pere (1994) described nurturing Mātauranga in children across multi-generational contexts, owing much of her education to the wider Whānau environment where four generations of her family lived. She goes on to state that her active participation in the transmission of Pūrākau, helped safeguard "proverb, legends, stories, history and particular knowledge" (Pere, 1994, p. 18). Furthermore, Dr Rose Pere grew up in Tūhoe, during a time when Te Reo Māori language was forbidden at school. As a consequence

of her experiences, she became a staunch advocate for the protection of language and Pūrākau across informal and formal learning environments in Aotearoa. Informal teaching of Pūrākau would often be observed in traditional Wānanga, as pointed out in Chapter 2 with the various schools of Tohunga knowledge. The literature presented here shows how the oral traditions play a critical role in maintaining collective memory and keeping culture alive. As Jenny Lee (2015) claims, Māori oral traditions are a repository of philosophical thinking, and personal experiences. Children were specifically chosen to enter various Wānanga to learn the oral traditions and trained in specialty areas under Tohunga guidance. Pāpā Wiremu Niania and colleagues (2016) alongside Robinson (2005) wrote about how aspects of Wānanga were built on the stories of Tāne and his quest for knowledge.

The metaphor for sourcing wisdom through the hardships experienced by Tāne during his quest for knowledge, extend to the process of learning. For example, during the early battles between the Gods showed a clear shift from the world of Atua to the natural environment. The teachings from these stories are applicable to aspects of health, physical activity or life skills development (Kopua et al., 2019) Therefore, Pūrākau authenticates tribal stories which then projects the need for commitment to "strict discipline" when students are trained in the "highest forms of learning" in a Wānanga (Rose Pere, 1994, p. 47). Protecting and sustaining Pūrākau in Wānanga and education, are an example of being implicit to Māori principles such as Aroha (love) and a sense of enduring morality. The following Whakatauāki supports this sentiment which says 'He Kākano Ruia mai i Rangiātea". This Whakatauāki means "I will survive forever for I am a seed of Rangiātea" (Rangiātea is an ancient term for the homeland of Māori). The next discussion describes how Pūrākau methodology underpins the study's research methods.

Weaving Pūrākau in this thesis

The specific recruitment of participants, collection of materials and field work will be discussed later in this chapter, however, it is important to continuously show the praxis of theory to practice as part of my study's methodological rigour. Each story shared by the current research participants are recognised as a Pūrākau and are unique to that individual and their Whakapapa. Lee (2015, p. 98) suggested that Pūrākau have the "potential to unlock philosophical thought, epistemological constructs, cultural codes, and worldviews that are fundamental to our identity as Māori". In order to utilise Pūrākau

as a methodological approach, the task was to weave the experiences of participants and layer their epistemological constructs one on top of the other until it showed free flowing narrative. The findings Chapters 6 to 8 will clearly show the layering of participants Pūrākau and transmission of thought in connection to each theme. The stories are finessed using interpretation and intuition to understand each Pūrākau without losing the essence of participants' experiences in the world. That is, I had to ensure the narratives were a true representation of each individuals' personal beliefs and values.

The layering of Pūrākau similarly elucidate key principles and practices which reflect narrative-based inquiry research (Jenny Lee, 2015). For example, Pūrākau methodology does not exclude autobiographical or case-study research methods, nor does it assume that these approaches are fruitless (Jenny Lee, 2008). The difference is that the unification of Whakapapa knowledge using Pūrākau, engages the Māori voice, heart, and Wairua. Hence, a strong aspect of layering participants' stories into this thesis, includes part of my own axiology as mentioned in the previous chapter with Mātauranga ā whānau and the teachings of my Kuia. In the same vein, a narrative-based inquiry involves the praxis of Kaupapa Māori Theory and reflexivity for representing a set of ontological and epistemological assumptions however, Pūrākau validate Whakapapa Kōrero as described by Lee (2008), who suggests that the process intends to provide a slice of life into participants' stories of survival, their struggles, and their resilience.

Utilising Pūrākau as a methodological approach also stems from my commitment to decolonising social work research. Conducting sixteen in-depth interviews with participants from a Māori worldview, is a critical segue into how one can extrapolate the richness of each experience. Linda Tuhiwai Smith (1999, p. 142) identified Indigenous research methodologies as being central to "the survival of peoples, cultures and languages; the struggle to become self-determining, the need to take back control of our destinies". To that end, participants were invited to share their narratives about who they are and the Whakapapa of their knowledge. The skills, practice wisdom and ontological views of participants, show that story-telling approaches are fundamental to understanding our natural state of being, our surroundings and indeed cultural identities. The next section will now describe exactly how each of the Pūrākau were studied and the creation of the Ara Wairua data analysis tool which has been applied to help make sense of participants' worldviews and voice.

Figure 5.1 Korowai woven by Levi Fox 2021

Designing the Ara Wairua analytical framework was an intuitive process and it originated from a dream I had upon my return to Australia from Ngāti Porou where I had been visiting my Kuia prior to my doctoral journey. To give some background, I have been privileged throughout my life to understand the mechanisms by which ancient Rāranga (weaving) practices also coincide with stories being told and their healing potential. It is through the arts such as oral speechmaking, carving or weaving, that Indigenous researchers can truly express oneself. I spent years making Korowai (cloaks) with my Kuia to help express narratives using natural fibres as a medium for cultural regeneration and sustainability. Linda Tuhiwai Smith (1999) suggests that Kaupapa Māori validates our imagery and the things we create. The various patterns adorning the

Korowai shown above, illustrate how Mātauranga is continued through the weaving of feathers, silk, and threads.

Although weaving is not a new concept within the realms of Indigenous research practice, there is no identified literature to date, which integrates Māori healing knowledge into specific sites of Kaupapa Māori research techniques. With regards to the imagery that Linda Tuhiwai Smith (1999) talks about, my dream revealed a triangular stairway arching in an upward ascension. I interpreted this dream as being a search for knowledge in the 12 realms and the ups and downs of that journey. Similarly, Pohatu (2008) described Tau kumekume, as being the flow of negative and positive tensions, which was interesting considering the dynamic nature of analysing each Pūrākau. It made sense for me to physically weave the Ara Wairua framework into a Korowai [figure 5.1] as part of my methodology and doing so, I was reminded of keeping the 'tension' of my weaving tight, so the Pūrākau would layer one on top of each other and strengthen the research project.

The various stages and stairways along the Ara Wairua framework have been built on the Māori creation story of Tane and his quest for the baskets of knowledge from the 12th heaven (Marsden, 2003). Ancestral wisdom teaches us that Tāne retrieved spiritual knowledge from Creator once his journey was complete and gifted this humankind with instructions for how to live, interact and relate with each other. In a way, the Ara Wairua data analysis tool encapsulates a type of 'intergenerational weaving' in the sense that it draws on a combination of oral speechmaking, weaving and spiritual healing knowledge to decolonise the way in which one does research with Indigenous communities across the generations. The metaphor of Rāranga (weaving) is therefore critical to the Ara Wairua tool because it connects the stories of ancestors, and spiritual knowledge from Creator, with the lived experiences of participants in a perpetual cycle starting from a place of neutrality.

Allowing Wairua to flow freely during the creation of this Korowai, also brought calmness to the chaos that was forming during the initial stages of my PhD. The chaos in thinking, ironically, led to clarity which further provided space to embody the various Pūrākau and participants' experiences. Duxbury and Grierson (2008) previously noted how researchers adapt to processes of making art then allowing the knowledge that flows from art to become engaged in cultural practices. The Ara Wairua concept is complex

but strategic in that creative outputs generated new knowledge from the Pūrākau, which was then interpreted across the various analytical stages of the research study.

As a Kaupapa Māori research project, it was important to avoid using Western data analysis software such as NVivo due to the risk of misinterpretation of participants' Pūrākau and I also did not wish to be artificially removed the experience of making sense of the data. Hilal and Alabri (2013) pointed out some of the risks with NVivo for example, the researcher may disengage from certain meanings within the data, and coding dispels the interpretation of text. Further, NVivo was not able to capture the meaning of Māori words used by participants and I was committed to decolonising my methodology. Unfortunately, NVivo did not have the capacity to uphold the essence of participants' Mātauranga ā whānau, whereas the Ara Wairua tool did through Rāranga, Wairua and creative imagery. The process of embodying art and producing knowledge from this experience is captured by Nimkulrat (2013, p. 14) who suggested that:

> "Creative practice in a research context can generate new knowledge, which is embedded in the practice and embodied in and by the practitioner. This knowledge can be found not only in the practitioner making the artefact, but also in the artefact created, the process used to make it, and the culture in which it is made and viewed or used, all taking place at different stages of a research process".

The process of making the Korowai, then using the same Rāranga practice technique to apply to my methodology was enlightening because the rituals grounded me in Kaupapa Māori theory as a weaver, storyteller, and researcher. The capacity to physically weave the stories of participants together in this way illustrates why it is important to keep Indigenous research practices intact (Linda Tuhiwai Smith, 1999). Further, Pihama (2015) argued that the process of decolonising methodologies, is key to identifying how power relationships are being constructed. The power relationships in the context of this thesis, are a reference to struggle for autonomy and reinstalment of spiritual knowledge in social work (Fox, 2021). The research approach lends itself to being qualitative with regards to a Western way of doing research however, it is important to outline that the Ara Wairua framework and Pūrākau methodology are one way of upholding the Mana of participants knowledge and ensuring the appropriate transmission of their Mātauranga through traditional healing and weaving concepts. The next section outlines how the Ara

Wairua tool helped analyse participants' Pūrākau and the 4-step pathways which have been applied in the process of knowledge creation.

Analysing the Pūrākau

The top piece of the Korowai [figure 5.1] adorns a Tāniko (embroidered pattern) made of red, black, and white silk threads. The design itself represents the spiralling stairways. One of the unique features of the Ara Wairua framework, is that each of the four pathways has been named after a specific state of human consciousness in traditional Māori healing work. There is no identified research which uses a similar concept to decolonise methodologies in this way, however, the art weaving of Pūrākau together is timeless. The literature highlights the way in which Pūrākau methodology ensures a metaphorical and literal manner in which knowledge is transmitted while also ensuring that the narratives serve a functional purpose. The Ara Wairua tool is therefore practical in the sense that it uses the metaphor of Rāranga to weave the spiritual and physical worlds together within processes of Indigenous methods and methodologies. Moving up and down the various Ara from one stage to the next, then reanalysing the Pūrākau, is a key feature of this weaving technique. The Ara Wairua data analysis tool encompasses these features of my Korowai as depicted in the diagram below [figure 5.2].

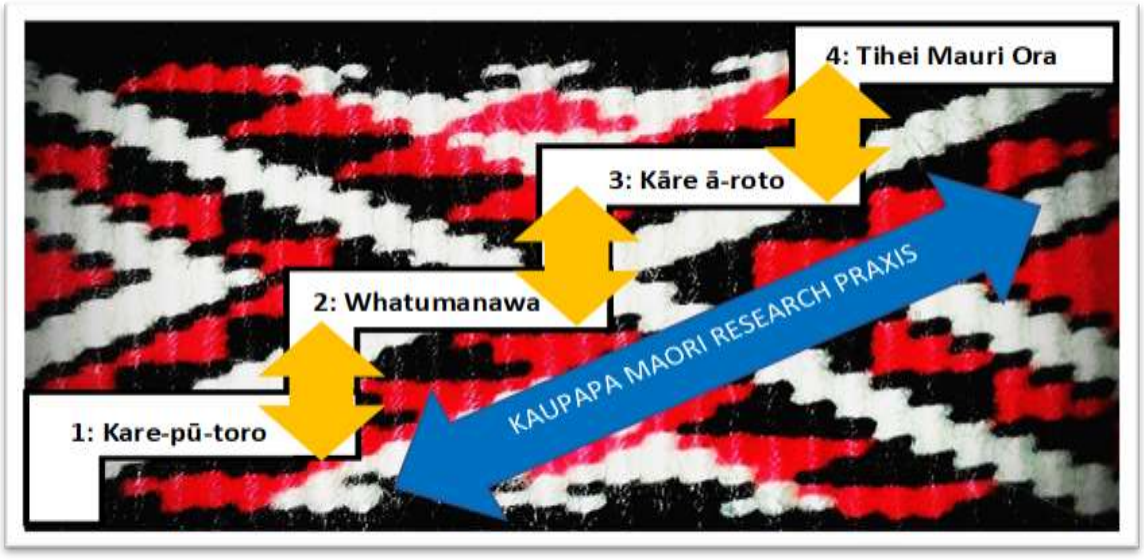

Figure 5.2: Ara Wairua data analysis tool

Ara 1: Kare-pū-toro

The first stage of data analysis is called Kare-pū-toro. The term Kare-pū-toro was used by the late Tohunga (Expert seer) and traditional healer Pāpā Hohepa Delamere to describe the purest thought which comes to mind which can only be identified when healers enter a state of neutrality (O' Connor, 2007). The reason for entering a state of neutrality is most important for spiritual work because healers must focus their energy by clearing one's minds so they can diagnose ailments within a person's body. Kare-pū-toro might also refer to the "realm of energy and processes, which begat latent memory, deep mind, emerging consciousness, sound" (Marsden 2003, p. 95). Kare-pū-toro can be achieved by practicing grounding techniques and the recital of powerful Karakia to clear the mind and open space for engaging with others (Niania et al., 2016). Once in a state of neutrality, this first stage of analysis begins whereby researchers will absorb participants' Pūrākau one transcript at a time in order to understand the sequential nature of participants' language, the verbs they use and their style of communication. From a Western research perspective, inductive coding similarly begins the analytical process without preconceived codes, categories, or theories (Creswell & Poth, 2016). Hence, the essence of Kare-pū-toro encourages individuals to enter the research space free from their own assumptions and with intent to explore the mysteriousness of participants experiences before progressing to the next stage of analysis which builds on the researcher's own intuition.

Ara 2: Whatumanawa

The second stage is called Whatumanawa which means the spiritual heart and intuitive nature of healing. In ancient Māori philosophy, this is where our revelations, realisations and proclamations are birthed (Mark et al., 2017). Tony O' Connor (2007, p. 145) found that "Making sense through the Whatumanawa internalises the healer's role in the production of truth as opposed to setting the healers in an oral dialogue with the patient". What this means is, a traditional healer applies their intuition to facilitate changes from pre-classified realities such as value judgements and preconceived opinions by Western perspectives. The Ara Wairua analysis framework similarly encourages the researcher to use their Whatumanawa as tool for drawing out the key themes and from each Pūrākau. By drawing out these ideas and making sense of the data, the researcher can start to layer the stories one on top of the other while effectively

identifying relationships from one Pūrākau to the next. As part of this process, the visual and audio data from each interview must be carefully reviewed in order to get a sense of the participants' body language and how they connect with their Pūrākau. The reason why stage two is based on philosophical knowledge of the Whatumanawa is because researchers must apply their senses such as sight, sound, and feeling to analyse the essence of each narrative. In doing so, one can further think critically about what is being interpreted in their stories and perspectives of the world (Lee, 2015). Thus, the Whatumanawa stage affirms the use of Pūrākau methodology because it uses the person's inherent senses to interact with new knowledge through truth seeking which is precisely the task of stage three which speaks to the role of emotional and intrapersonal intelligence in data analysis.

Ara 3 - Kāre ā-roto

The third stage is called Kāre ā-roto which is a reference to one's inner emotions and the characteristics of each person which influence how they relate to their internal world. These aspects are often discovered by Tohunga who engage with Kāre ā-roto through a range of transformative techniques such as Taamoko (tattooing) and Mirimiri (physical manipulation). In order to understand Kāre ā-roto in the context of research analysis, it must be located in terms of how it is understood from an intrapersonal intelligence perspective and ability to enter one's inner world without the aid of social processes (Sadiku et al., 2021). What this means is, Kāre ā-roto is a response to emotions where the human ego is disrupted and challenged. Individuals' spirituality and interpretations of emotions can be viewed as "the extraction and use of information about one's environment and one's own body" (Dretske, 1999, p. 654). The notion of Kāre ā-roto is necessary in data analysis because it requires the researcher to extract information from the Pūrākau and pull each story apart and move up and down the Ara Wairua framework using one's intrapersonal intelligence to reanalyse the stories. The metaphysical aspect of this process relates to the way in which individuals embody each Pūrākau and internalise emerging themes so that there are no unmediated versions of the events. Once the themes and key messages are understood, the Pūrākau are then categorised under subheadings in preparation for final stage which synthesises the narratives with literature.

Ara 4 - Tihei Mauri Ora

The final stage is called Tihei Mauri Ora which means the infinite breath of life. The purpose of this stage is to analyse the Pūrākau in the context of what is already known. That is, interweaving participants' stories alongside an anthology of literature to help inform the research question: 'What is the role of traditional Māori healing knowledge in social work?' and also pondering the implications of these Pūrākau to the social world and how practice could be different with new knowledge. Synthesising the literature as a standalone feature of the data analysis stage, allowed me to think about both the implicit and explicit contradictions and inconsistencies that exist within the literature. As Taina Pohatu (2008) wrote, the concept of Tau kumekume, is to allow space for conflict and tolerate degrees of ambiguity. I found this to be true in this final stage of analysis because it came to a point where no new ideas had emerged from the interviews. In a Western research world, this point of no further insights is produced is known as data saturation (Creswell & Poth, 2016). However, weaving the literature with the Pūrākau, shows that multiple discourses and positionings in the Māori world are infinite and the stories live on. The essence of each narrative held its own Mana hence the saying 'Tihei Mauri Ora' 'the breath of life', reinforces this idea that our stories can never be fully saturated because there is much more to be discovered within the baskets of ancestral knowledge.

This concludes my discussion on the Pūrākau methodology and Ara Wairua analysis tool. Describing the methodology in this chapter, has been a fruitful experience because it was a decolonising process whereby my epistemology and axiology fully aligned with the values of Kaupapa Māori research. The metaphor of Rāranga and understanding how tension is required to keep a framework together, became part of the analytical experience because my worldview profoundly influenced on my choice of methods. The next section will now outline the specific research procedures used to carry out my study.

The research methods, processes, and procedures

A total of sixteen traditional Māori healers and social workers were involved in my doctoral research study. The participants' inclusion criteria will be outlined in this section followed by the participants' profiles. Although this research tends to Māori mental health needs, it is worthy to mention here that it was not a requirement of this study for respondents to be working in mental health specific roles. In addition, the current project was also not a critique of mainstream mental health services but rather an exploration

into the development of Māori healing knowledge in participants' day-to-day practices. A final note in terms of parameters and scope of the research, it should also be pointed out that, while participants have been recruited in both Australia and Aotearoa, the present study is not a cross-analysis of diaspora, but rather considers what one could learn from the experiences of those who practice in Australia using a Māori worldview.

Recruiting and selecting participants

I began recruiting participants between May and August of 2022. The study utilised non-probability sampling known as snowball sampling. Denzin and Lincoln (1994, p. 202) stated: "Many qualitative researchers employ purposive, not random, sampling methods. They seek out groups, settings, and individuals where the processes being studied are most likely to occur". However, these participants were not only carefully chosen for their experiences in the Māori world but also lifelong relationships that I made within the Māori healing community since 2008. I also made connections with Māori social workers during my attendance at the 6th Indigenous Social Work conference held in Aotearoa in 2022. I sent a participant information sheet [Appendix 5] to twenty-eight potential interviewees, which outlined the basis of my research, the risks, and benefits of the study along with my contact details. The participant information sheet also made it clear that the study was voluntary, and respondents could remove themselves at any time including their interview transcripts and information collected up to that point. The next section outlines the criteria for taking part in the study and an overview of participants' profiles.

Inclusion and exclusion criteria

Identifying the target group was an important step because the participant cohort needed to generate consistent and reliable data for my study. Purposeful sampling is a technique that qualitative researchers can use to help recruit participants who can provide rich details and information about the phenomenon under investigation (Creswell & Poth, 2016). Thus, non-Māori participants were excluded because the research required lived experiences from individuals who hold a Māori worldview. Having a formal qualification was also excluded because not all traditional healers have Western credentials. Participants with experience in government, non-government and private practice were included to provide a range of insights across the broader systems where practitioners are often located. Kaupapa Māori and mainstream services were included, to help elicit a

broader understanding of mental health service provision and concerns related to ongoing colonising practices within social work practice, education, and training. In addition, the recruitment of social workers and healers was intentional for this particular study to help inform the research problem as articulated in Chapter 1. The final exclusion criteria for the study were people under the age of 18 and service users.

Participants' profiles and demographics

Social workers			
Participant	Field of practice	Location	Iwi affiliation
Rauweti	Mental health	Aotearoa	Ngāti Pikiao
Lucinda	Alcohol drugs	Australia	Tainui Waikato
Paora	Child welfare	Aotearoa	Ngāti Porou
Tony I	Child Welfare	Aotearoa	Tuwharetoa
Harata	Youth justice	Aotearoa	Kahungunu
Raniera	Health	Australia	Ngai te Rangi
Kauri	Dept education	Australia	Tainui
Tony T	Youth work	Australia	Ngāpuhi
Traditional healers			
Participant	Field of practice	Location	Iwi affiliation
Nikorima	Welfare/healing	Aotearoa	Maniapoto
Rawiri	Healing only	Aotearoa	Te Arawa
Bonnie	Welfare/healing	Australia	Ngāti Porou
Weherua	Healing only	Aotearoa	Rongowhakāta
Ruatau	Healing only	Aotearoa	Ngai Tuhoe
Reremoana	Healing only	Australia	Te Ati Awa
Turumakina	Tamoko/healing	Australia	Ngāti Awa
Heeni	Maramataka	Aotearoa	Ngāti Hine

Table 5.1 Participants' profiles and demographics

The recruitment of sixteen participants was not intentional because the snowballing process yielded a total of nineteen expressions of interest however three respondents were not able to go through with the research in the specified timeframe leaving me with sixteen interviewees. One traditional healer was hesitant about sharing their Mātauranga with the world, while the other two social workers felt the research study was out of their scope of practice. Hence, the study naturally ended up with an equal split of eight social workers and eight healers. In addition, there were another four more respondents who showed interest in the study past the allocated timeframes for completing data collection. I had to respectfully decline their participation in this study due to this short notice,

however I invited them to a discussion outside of the research where we could still hold space and make new connections with a wider range of practitioners who are also passionate about traditional healing and mental health. This was a fruitful experience because I generated relationships for collaborating in future research and also set up an opportunity to present part of this research study at the 3rd International Indigenous Health and Wellbeing conference held in Cairns on 14-17 June 2023.

For this study, I used the real names of participants except for 'Kauri' who preferred to remain anonymous. 'Kauri' is a pseudonym for the participant's real name. The initial ethics application was approved based on participants' anonymity however it was not until the research interviews went underway that many respondents wanted their real names. I whole-heartedly supported this request because this study emphasises Mana-enhancing practices (Ruwhiu, 1999). I applied for a modification to my existing ethics application which was granted [Appendix 1] and allowed me to inform participants if they wish to use their actual names instead of a pseudonym. Reflecting on this experience was also enlightening because it demonstrates how the Western ethics process remains non-responsive to Indigenous ways of being and cultural identity, considering there is power in Mātauranga ā whānau and sites of knowledge associated within family names and tribal areas. The ethics modification was therefore yet another feature of decolonising research in action. The next section will now discuss the specific field work and tasks in terms of Wānanga (learning space) and conducting the interviews.

Sharing space through Wānanga

This thesis has visited the notion of Wānanga and schools of traditional Mātauranga at different points, including Wānanga as a place of learning and a method for transmitting knowledge. Pohatu and Warmenhoven (2007, p. 120) infer that "through Wānanga, we are able to reflect and be reminded of our place in the universe". For intents and purposes of this thesis, I borrow the term Wānanga to describe the relational dimensions of Kaupapa Māori in a collaborative space where one could focus on the topic of traditional healing knowledge. To that end, speaking with healers and social workers in a Wānanga setting, is a Kaupapa Māori research tactic which Jahnke and Taiape (2003, p. 42) suggest "occurs in a cultural environment which is spiritually and tribally based, where emphasis is placed on people, Whānau and Hāpu, and where principles such as generosity, reciprocity and co-operation abound". It was therefore

critical to establish Wānanga and prepare for research fieldwork by meeting participants on their ancestral grounds where possible, upholding Tīkanga, tribal lore and Karakia, establishing Whakawhanungatanga (relationships) and sharing Kōrero. Tīkanga refers to applying what is right for a given context (Pere, 1991) which is the reason why a Wānanga format was followed. Finally, a major consideration in Kaupapa Māori research is information sharing sanctioned through the Kaupapa Māori principle described in Chapter 4 - Kanohi ki te kanohi which is face-to-face consultation. This segues into the interviewing stages.

In-depth Kōrero with participants

The Wānanga consisted of 16 in-depth Kōrero which were individually conducted both face to face and alternative online platforms such as Zoom or Microsoft Teams. Eppich and others (2019), suggested in-depth interviewing methods are an efficient way of uncovering details of participants' perspectives on a topic. During my second year of candidature at USYD, I was fortunate enough to obtain a $10,000 scholarship [Katherine Ogilvie] which provided me with the financial means to travel to Aotearoa and parts of Australia to conduct in-depth Kōrero. I began the interviews in May 2022 with the first being on Zoom. The preferred mode of interviewing was discussed with each participant, where some chose online due to their work commitments and because the residual impacts COVID19 were still present at that time of this study. Video conferencing also seemed to be a popular mode of communication during the pandemic for work and research because it allowed people in different locations to interact using video imaging in real time. All communication regarding the study details and interview times were done through email chains between me and the participant. An itinerary for the trip to Aotearoa ensured that the schedules were being kept over the 10-day trip and access to Zoom was always available in case the face-to-face interviews were unable to go ahead.

The face-to-face interviews began in Aotearoa on July 6, 2022, and ended in Australia with the final participant on September 28, 2022. A total of eight individual Wānanga were conducted with participants in their homes, workplaces and at their Marae (meeting places) where we shared space and Kōrero. The interviews held on Marae were inspiring and there was a sense that participants stood in their own Mana when provided with this opportunity to host myself in their Turangawaewae (ancestral homes). There was a natural flow of Pūrākau as one participant pointed around at the Tukutuku (lattice)

panels which adorned their Whare Tipuna (Ancestral house) and told me about the stories and tribal relevance of each carved figure and art form.

Allowing space to talk freely was also emphasised by Royal (2002) who suggested that 'Indigenous-to-Indigenous exchange' ensures Kōrero can transform as it goes. This sentiment reminded me to be cautious about disturbing the flow of Wairua hence, the interview schedule [Appendix 4] was used as a guide only. I also found the interview script was too complex, which is why I chose to focus on key topic areas outlined in the next section. However, it was important allow a space for genuine 'Indigenous-to-Indigenous exchanges' to occur. An example of this respectful interaction and allowing the Kōrero to flow, was observed in the interview with 'Weherua' who asked me if I wanted to know more about how he worked with his clients in an ethical manner and how the Tīkanga of healing was explained to them. I was surprised and said "Yes, please tell me!" I thought it was such a relevant question for social work, considering 'Focus area 3- Culturally responsive practices in social work' and when Weherua posed this to me I decided to incorporate this very question into each interview thereafter because it probed the ethical skills of practitioners. Thus, the Indigenous-to-Indigenous exchange naturally balanced the research objectives with Tīkanga, Mana-enhancing practice and the integrity of participants.

Preparing for Wānanga and upholding Tīkanga

Prior to each Kōrero, the participants and I opened each interview with a Karakia recited by Uncle Mark Kopua (personal communications, 2008). The prayer was fitting for my research methodology because it comes from a series of incantations used by Tohunga within the sacred House of Weaving.

Pou hihiri
Pou rarama
Tiaho I roto
Marama I roto
Wananga i roto
Tena te pou, ko te pou ka eke
Na te pou ko enei korero
Ka ma te Ariki
Ka ma te Tauira
Ka puta ki te whai Ao, ki te ao marama
Hui te ora
Hui te marama
Haumi e Hui e Taiki e

This project is in development
We begin to understand it.
As it grows and grows,
so, too does a sense of enlightenment.
This is a project of great significance and is reaching its final stages
From this feat, comes a deeper understanding
This project teaches everybody
So that we may journey out into a world of understanding
Where life and wellbeing are gathered
Where knowledge emerges
Gather it, bind it, let it be

The Karakia above further aligns with Tīkanga in Kaupapa Māori research in terms of Ngā take pū principles. For example, Āhurutanga refers to the development of a safe environment for participants in order to express their spiritual values and integrate these into our Wānanga without feeling threatened (Taina Pohatu, 2008). The Karakia and ceremonial rituals helped enter a sacred space where Tapu is in place and tribal meeting grounds are restricted to the spiritual world. Furthermore, the Ngā take pū principle known as Te Whakakoha Rangatiratanga was evident during the Wānanga because it speaks to respectful relationships, and without it, there can be no meaning to the Kōrero. The process of Whanaungatanga also gave us an opportunity to get to know one another, through the sharing of pepeha, which is the recital of Maunga (mountain), Awa (river), Waka (canoe) and other aspects of one's tribal affiliations such as the Rangatira (Chief) of the Iwi. Once the interviews were completed, we closed the process off with another Karakia before sharing Kai (food) together and exchanging Koha (gifts) for each person. The Tīkanga behind this final exercise, is to return our research space from Tapu to Noa (normality). However, the notion of Koha and gifting in research comes with ethical challenges from a Western research perspective, hence these tensions will be addressed later alongside an explanation of how I overcame these issues in my ethics application.

Collecting and storing research materials

The audio and visual aspects of each Kōrero were captured using the record function on Zoom and my mobile phone during the face-to-face interviews. There was an initial discussion that the interviews were going to be recorded but this was soon forgotten once these started perhaps because the recording device was discreet and did not interfere with the Wānanga. There was no need to take down notes due to the recordings and again, I did not want to interrupt the flow of Wairua by doing something that might be perceived

as somewhat 'official' in a Kaupapa Māori design. Instead, during the interviews I attempted to probe participant's comments to elicit further details and Mātauranga. The use of semi-structured and in-depth interviews help explore key focus areas [Table 5.2] and allows researchers to elaborate on certain phenomena or key issues (Creswell & Poth, 2016). Collecting research materials followed the process of in-depth Kōrero to generate new insights from one interview to the next. The flexible nature of interviews also allowed respondents to reveal more about themselves and enrichened the Pūrākau.

Key focus areas	
Focus Area 1	What is the role of traditional Māori healing knowledge in social work?
Focus Area 2	How diverse is social work?
Focus Area 3	How can social work be more culturally responsive for Indigenous Peoples?

Table 5.2: Key focus areas of the research

The audio recordings were stored as encrypted files on my computer device for the duration of my candidature. The interviews lasted anywhere between 1 – 4 hours with an average of 60 minutes depending on the flow of Wairua and passionate discussions which emerged quite often. The video recordings allowed me to replay the interviews back and observe participants' body language and emotions connected to their Pūrākau. I began transcribing the audio data on the same night that each interview was conducted. There was approximately 1200 minutes of audio data which was transcribed verbatim. This was a laborious task but necessary because I needed to become familiar with the Pūrākau. Once the transcripts were finalised and cross checked against participants raw audio data, I began the analytical phase. This part took approximately four months to complete.

This section concludes a discussion on the various research methods and procedures employed for the current study. I have explicitly shown how I carried out recruitment and selection of participants followed by the establishment of Wānanga to gather research materials and in-depth Kōrero. I have explained the natural emergence of 16 participants which came from the snowballing process and dissemination of the information sheet followed by an outline of the key research areas guiding the Wānanga. The next part of

this chapter will now consider the ethical dimensions of the research followed by a discussion on how my project achieves rigour and trustworthiness.

Ethical considerations of the study

Ethical approval [Appendix 3] for my research was gained by The University of Sydney's Human Research Ethics Committee (HREC). The interviewing stages only commenced once ethical clearances had been formalised and participants had agreed to taking part in the study. Ethics in research recognises the "intrinsic value of human beings and includes abiding by the values of research merit and integrity, justice, and beneficence" (NHMRC, 2018, p. 11). The participant information sheet [Appendix 5] not only prompted an exchange in Kōrero with respondents, but it also gave individuals an opportunity to ask questions and discuss the actual research project with others if they wished to (NHMRC, 2018). As mentioned in the previous section, there was a snowballing recruitment process which ensued through 'word-of-mouth' and the dissemination of the participant sheet among the social work and healing communities. In terms of ethical protocols, however, no one was subject to coercion or forced to take part in the study because it was made clear that the project was voluntary. Once participants decided to go ahead with the study, verbal consent [Appendix 2] was obtained at the start of each Kōrero. I allowed for at least 1-2 minutes to record the verbal consent before commencing the interviews.

Research is considered low risk where the only foreseeable risk is one of discomfort (NHMRC, 2018). However, I was able to ensure that participants were made aware of the potential risks of being named such as unwanted media attention for example and ensured that the participant information sheet made it clear there would be no impact on interviewees if they chose to withdraw from the study. In addition, informed consent is a familiar ethical responsibility for social workers, who must provide services to clients only in the context of a professional relationship based on valid informed consent (National Association of Social Workers, 2021). Similarly, traditional Māori healers are also required to gain informed consent from clients as part of Tīkanga. Ahuriri-Driscoll and colleagues (2012, p. 14) suggested "Healers will only work with a Tūroro (person seeking wellness/client) if they have informed consent. In the case of Rongoā informed consent encompasses both physical and spiritual realms". The Tīkanga of research was also considered in my ethics application in terms of cultural guidance and mentoring.

The ethics application was granted partly on the basis that Associate Professor Susan Huhana Mlcek, contributed to my supervisory team as a mentor in terms of guiding the Kaupapa Māori aspects of my PhD. I was fortunate to have Dr Huhana Mlcek agree to this role as an external supervisor and support my candidature. It is worthy to mention here that I met Huhana during my Bachelor of Social Work degree at Charles Sturt University. We made a connection through Whakapapa Māori and our professional relationship continued with Huhana co-supervising my honours project in 2019 prior to this doctoral program. Finally, the Kaupapa Māori element to this ethics application was endorsed across multiple supervision meetings. For instance, I incorporated Ngā take pū principles and Mana-enhancing practices to help think about planning and recruitment based on Te whakakoha rangatira which is about engaging in a way that focusses on the participant and being mindful that many Indigenous respondents enter into research with their own stories. The extra ethical dimensions discussed with my supervisors over the course of my candidature, suggested that personal transformations occur when there is a special regard for people and the reciprocity shared within the research environment.

The ethics of Koha and gifting

The ethics application requires mitigation of coercion whereby gifts should be an expression of appreciation, but not an amount that is coercive. The NHMRC (2018, p. 17) states "decisions about paying forward to participants or their community, should consider the customs and practices of the community in which the research is to be conducted". It was important to ensure that my participants would not be out-of-pocket in terms of paying for fuel to travel or giving up time from work to participate. The participant information sheet made it clear there will be no financial gain from the research, however, a small Koha would be provided. For Māori, a Koha is an acceptable exchange of gifts between two parties. Those gifts can be in the form of money, Kai (food), handmade items, a prayer, or a simple song. I was considerate of the time that participants gave for my research hence it was only proportionate that I gifted them with a basket of Māori Rongoā medicines, and a pair of earrings made of Mako (shark tooth) which are valuable gifts. However, sharing time and space is priceless, and furthermore, putting a monetary value on participants' Mātauranga would be offensive. That is why the notion of Koha stands out as a Kaupapa Māori ethical principle imbued in Aroha ki te tangata which is having a love and respect for people. The next discussion will now consider how my research enhances trustworthiness and achieves academic rigour.

Trustworthiness of the research

In a Western research context, academic rigour relates to the way in which researchers aim to enhance the accuracy, soundness, and adequacy of their investigations (Lincoln & Guba, 1985). Utilising the term trustworthiness seems appropriate for my study, because it speaks about how I have built trust with participants, trust in the research processes, trust in the actual findings and the believability of my study. Guba's (1981) 'Trustworthiness of qualitative research model' identifies four aspects of enhancing trustworthiness (1) truth value, (2) applicability, (3) consistency, and (4) neutrality. Lincoln (1995) describes these elements as the criteria for quality research and as such, my research considered aspects of Guba's framework and applied various tactics in line with those four aspects of enhancing trustworthiness. I will demonstrate how I managed to keep these dimensions in line with Kaupapa Māori Theory and my epistemology.

1. Truth value refers to establishing confidence in the findings for participants and the context in which the study was undertaken (Lincoln & Guba, 1985). In this context, truth value has been achieved through my cultural worldview and Indigenous methodology, whereby all the research findings have been shaped by the histories and Whakapapa that we as Māori bring to the project. That is, having a critical awareness to shine a light on Mātauranga, knowledge production and how this shapes the research outcomes.
2. Applicability refers to the degree in which findings can be applied to other contexts. Guba (1981) further suggested that applicability in qualitative research refers to transferability, as the criterion against which applicability of qualitative data is assessed. My study's findings are not transferable to every person in every context because participants hold a Māori worldview which cannot be replicated by Non-Indigenous Peoples; however, one can be relational with a commitment to the values of Kaupapa Māori Theory as outlined in the previous chapter [pages 73 -74] which highlight the responsibilities of a researcher.
3. Guba (1981) pointed out that consistency is also a way of enhancing trustworthiness. That is, the consistency of data and if the findings would be consistent if the study was replicated again. Lincoln and Guba (1985) suggest that if one assumes there are multiple realities, the notion of reliability is redundant. However, my research argues that there are multiple realities and ontologies based on the notion of Wairua. The data is consistent because the Ara Wairua analysis framework allows the

methodological processes to be replicated, but the Pūrākau cannot be changed. Consistency is therefore, recognising the cultural worldviews in which we as Indigenous researchers are positioned, and our subjectivities which strengthen the validity or knowledge claims in all research.

4. The final point of Guba (1981) make for trustworthiness, is neutrality and freedom from bias in the research procedures and results. My research was focused on the participants life-experiences. Indeed, freedom from bias is important, but the researcher cannot be completely 'neutral' in the research process, however one can be 'natural'. As mentioned in the previous chapter, the Māori community emphasises Whanaungatanga which is the ability to make connections with others. This is a very natural process in fact, there is some relevance to Guba's (1981) notion of prolonged contact with informants or lengthy periods of observation. Being neutral was not an option because I had built relationships with the Māori healing community and participants over many years, and this consisted of attending multiple Wānanga.

This section has shown how my research has enhanced its trustworthiness based on aspects of Guba's (1981) framework. It is also important to note that the Whanaungtanga never stopped and was a constant factor throughout the entire research journey in terms of peer debriefing and networking, which for Guba (1981), is one way to provide researchers with the opportunity to test their emerging themes and expose themselves to searching for questions. Peer debriefing with my colleagues and supervisors, effectively contributed to a deeper reflexive analysis of data and ongoing dialogue with participants.

Conclusion

This chapter has articulated the research methodology, specific research processes and ethical considerations for the study. I have explained how I generated the literature using a narrative review technique followed by a full discussion on Pūrākau methodology and the Ara Wairua analytical tool. Each of the four stages of analysis were unpacked and explained in terms of how the data was interpreted and understood. I then provided an explanation into the specific research methods employed including an overview of the participant selection criteria and recruitment, the in-depth interviews, preparing space for Wānanga, transcribing data, the ethics application and dissemination of knowledge. The ethics application and Tīkanga of research was carefully considered, with some context provided around the notion of Koha and reciprocity. The final section discussed various

ways in which my study has enhanced the trustworthiness of its processes, analysis, and findings. If we return to the creation story of *Tāne* and the baskets of knowledge, there is much alignment between the methodological processes of analysing data from one stage to the next, and the journey *Tāne* took to receive knowledge. When *Tāne* returned to Rangi Tamaku, he climbed a mountain known as *Maunga-nui-o-Tawa* where he brought light to the world using a basket of stars and solar systems. Following on from this quest for knowledge, the next chapter is Rangi-tauru-nui or the 'sixth dimension of knowing'.

Chapter Six: Ranginui Tauru nui
Towards actualising Wairuatanga in social work

> Kaati te hingahinga ki raaro maatika mai ki runga kei koonei te reo maakorere hau uuata te mare-roa a te kaarearea
>
> Lift yourself beyond, rise above the trivial and hear the voice within, as swift as the falcon is on the wind, catch the words before the winds disperses them
>
> Whakataukī by Pāpā Hōhepa Delamere (n.d)

Introduction

This chapter is the first of three results and findings chapters where participants' Pūrākau are presented. In many ways this chapter informs the research problem: If social work struggles to translate and adapt Indigenous concepts in practice, how can Māori healing knowledge assist with the development of culturally nuanced approaches for the profession? The Whakataukī above talks about catching the stories before they become lost, hence, I have engaged with the Pūrākau and interpreted the meanings of each story as they unfold. The study yielded six primary themes through a rigorous four stage data analysis process. The cyclic rhythm used to understand each Pūrākau ensured that the key Kaupapa (themes) were well understood in the context of the research topic which then ultimately led to the discovery of twelve interconnected Aka Matua (research results). It must be noted here that these research results developed and morphed during the Stage 3 of the Ara Wairua analytical process which required that I insist on pulling each Pūrākau apart to make sense of the 'Taonga' (treasures) that lie within. Figure 6.1 demonstrates how the themes and findings connect with each other and the cyclic pattern as the Ara Wairua tool. The first two Kaupapa presented in this chapter are as follows: 1. Ngā whakaaro o te hinengaro: Mental health concepts from a Te Ao Māori worldview; 2. He mauri tū, he mauri ora: Displacement and relational healing principles for praxis. Chapter 7 will present themes 3. Ma te ariki, ma te tauira: Disseminating knowledge for non-Indigenous practitioners; 4. Te hua ā ngā rangatira: Occupying space with responsibility and spiritual sensitivity. Chapter 8 will finally present the last two themes 5. Apiti hono tātai hono: Creating nuanced understandings of two worlds for wellbeing; 6. Ki te whei ao ki te ao marama: Indigenising social work through systemic change.

Kaupapa: The key research themes

Below is an outline of six key research themes which have emerged in my PhD. study followed by a table which articulates 12 findings contained within those various themes.

Figure 6.1 Key research themes Kaupapa

1. *Ngā whakaaro o te hinengaro*: Mental health concepts from a Te Ao Māori worldview

2. *He mauri tū, he mauri ora:* Displacement and relational healing principles for praxis

3. *Ma te ariki, ma te tauira*: Disseminating knowledge for non-Indigenous practitioners

4. *Te hua ā ngā rangatira*: Occupying space with responsibility and spiritual sensitivity

5. *Apiti hono tātai hono:* Creating nuanced understandings of two worlds for wellbeing

6. *Ki te whei ao ki te ao marama:* Indigenising social work through systemic change

Aka Matua - Research findings

The term Aka Matua refers to the ancient vine which Tāne used to climb the heavens in search of knowledge. The research findings are similar to this concept, as Te Reo Māori expert Scotty Te Manahau Morrison stated, 'Whāia te aka matua' which means seek the all-knowing path. The 12 Aka Matua [vines of knowledge] are as follows:

Themes		Research findings
Kaupapa 1	**1**	Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology
	2	Healing is the practice of unconditional Aroha and intuition from the heart space
Kaupapa 2	**3**	Social workers ought to acquire an understanding of Wairua and Whakapapa
	4	Traditional healing in social work is centred on Mana /Tapu -enhancing practices
Kaupapa 3	**5**	Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes
	6	Non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work practice, but they can apply cultural humility
Kaupapa 4	**7**	Social work is at increased risk of isolating traditional knowledge from practice
	8	Traditional healing can only be actualised when it is truly accepted by mainstream
Kaupapa 5	**9**	Traditional healing programs require financial support from local governments
	10	The praxis of healing knowledge in social work is a constant process which sustains Whakapapa
Kaupapa 6	**11**	Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa
	12	Social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge

Table 6.1 Aka Matua - Research findings

Kaupapa One

Ngā whakaaro o te hinengaro

Mental health concepts from a Te Ao Māori worldview

Kaupapa one provides some context for the topic of traditional healing in social work and is a theme which emerged in the form of ontological and epistemological constructs of mental health. This particular Kaupapa revealed two research findings: Aka Matua (1) Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology; Aka Matua (2) Healing is the practice of unconditional Aroha and intuition from the heart space. These results identify the way in which social work and mental health, have a joint role in terms of healing community from psychological distress and care.

Ara Tahi: Kare-pū-toro

Participants were invited to share their understandings of mental health concepts and how their worldview informs their interventions. To help purvey the interface of mental health and social work, it was critical to explore Wairuatanga as a construct of holistic wellbeing and why participants felt spiritual inquiry into certain aspects of health were needed. The first stage of data analysis initially allows the Pūrākau to speak for themselves.

Rāniera:

> *"You know there were some similarities with my clients' thought processes that paralleled with textbook mental health stuff such as his grandiose beliefs around helping others and almost thinking he was an Atua (God). I saw his side of it. But when it came down to reviewing this patient, I was the only Māori in the room with the Consultant Psychiatrist, team leaders etc and they asked me whether I thought it was the mental illness or suicide that took him. I said you may not believe this, but when I spoke to him, he would talk about his desire to meet his ancestors. When I tried to explain that Māori have a spiritual realm and connection to ancestors, the panel was in fact insulted by this and one of the doctors even got defensive of the psychiatric model…"*

Rāniera documented how cultural practice and safety has been ignored, as well as the client's experiences of mental illness. The topic of suicide arose many times in this thesis, not as a topic in itself, but rather as part of discussions on psychological distress including trauma and psychotic phenomena. The next excerpt is shared by Hārata who had a similar story to Rāniera. She talks about the way in which mystical experiences from her client were also disqualified by another practitioner.

Hārata:

> *"A young girl who was in our care, we had a call from her social worker who told us that this girl sees spirits beyond the veil. The social worker said she omitted this from the report because they wouldn't understand it. This girl could talk to us about it, and we understood her experiences as being Matakite because for us it was normal. It was left out of the report, because of the stigma of mental illness. Her experience would be misinterpreted…they are channelling Tūpuna…"*

Reflecting on Tūpuna knowledge

This Pūrākau connects Hārata to her axiology and the way in which Matakite is a way of actualising her epistemology and ontology. She talks about gaining trust and locates Hārata's practice to connection to Tūpuna. These next few transcripts describe psychological distress in different ways of knowing. What can we as social workers, learn from the experiences of Indigenous communities and our histories? The next two excerpts are from Rauweti and Tony who also engage with their inherent epistemologies.

Rauweti:

> *"I ngā ra o mua [in the past], we did not suicide or have the mental health problems we see today because our tūpuna treasured life. You know, yes were warriors and fought in battles, but it was because we are Rangatira people…For me suicide is so clinical. It does not capture the full experience and does not solve the issue"*

Tony I:

> *"Let's look at the example, of whānau hearing voices, you know when I'm reading an assessment where someone is having a psychotic episode. Māori do not assume their Whānau member is in psychosis. When I engage with that person in a Tīkanga -based way, then the assessment shifts to one of talking about Whakapapa…"*

Strengths-based healing methods

These narratives are clearly strengths-based perspectives on mental health. It is quite an important theme which shows the way in which participants work from a place of love, forgiveness, and unconditional positive regard. Further, these Pūrākau emphasise a need for interventions that embolden our understandings of mystical experiences. On learning from Indigenous experiences, Hārata explained how trauma manifests as illness.

Hārata:

> *"Most Māori children have some sort of trauma; you can physically see their trauma in their Ahua (Aura). They don't know where they are going or what they're doing even. We continually look at suicide, as the result of trauma and we know that it is buried in colonisation. I mean, I loved my childhood but in my later years I began to realise I was part of the pepper potting process. You know we lived in state housing where there was a Māori Whānau, Pākehā whānau, Pākehā whānau, Māori whānau…And some of the kids we get are so disconnected and that's the narrative they have prescribed to, and they do not see themselves as coming from a Rangatira (Chiefly) line…"*

Hārata has suggested that colonisation still plays a role in suicidal behaviour and negatively impacts young people in society today. The issues discussed here stem from a disconnection to one's chiefly lines. Five other participants also commented on the way Māori mental concepts are misinterpreted by services as well as the clients themselves.

Ara Rua: Whatumanawa

The second stage of data analysis involved a further reflection on the metaphors and signs that were emerging intuitively. Rāniera and Hārata's perceptive on diagnosing and intervention are a shared epistemology where mental wellness is understood as a cultural construct. Reremoana spoke about the genesis of human life and death.

Reremoana:

> *"…Think about what is in your DNA. Whakamomori (suicide) has a whakapapa. The wai kahu is the embryo sac and stores water memories. The journey of the releasing of the egg into the uterus, is a streamline into the uterus from Io. They would then wash the baby and send them off with Karakia, to ensure that the baby belonged in Te Ao Māori. He will always remember where he belongs. So, when the Tohunga Suppression Act came, all those old practices were forbidden, and our*

kids never had that light put around them. They were forever walking in Te Ao Pouri (world of darkness) instead of Te Ao Mārama (world of light) …"

Whakapapa wisdom

Most discussions with healers went even further into the baskets of knowledge where tribal and ceremonial histories are embedded in Whakapapa. This is a common belief for Māori communities as suicide relates to Tapu. Weherua is another healer who shared his views on suicide, and it gives perspective into the oral traditions around mental health.

Weherua:

"There is a whakapapa on mental health. Hinetangikuhaaua and Hinengaro are the twin sisters of the mind, so there is the relationship with Tāne te whiwhia and back to the jewels of knowledge. There are two aspects to Whirikoka - the good which is where the knowledge comes from and the bad which is where Whirikoka comes in. So, with Tāne marrying the conscious and sub conscious minds you see the relationships of illness in that name Hinetangikuhaaua is psychosis and suicide. If we trace illness to this particular Atua, then we can focus on the treatment…"

Weherua captures the role of Ira Atua spiritual beings within the matrix of healing and cultural histories. While internalising these extensions of mental health, it was important to also think about the meaning of Taha Wairua (spiritual side) and spirituality in practice where there are many conceptualisations of Wairua.

Reremoana:

"It is really about Wairua. You feel alone as a healer. At the end of the day, we never charge anyone to see us for services. We leave them with our Aroha. Because you're not healing but Tūpuna is. See these people using tarot cards charging the ends of the Earth, looking at a card to reveal things but for us, Wairua reveals what need to know. It is your main companion in healing."

Aroha is a practice of love

It is difficult to place Aroha as a standalone theme in this section because it was discussed multiple times in many different contexts. Aroha is the epitome of love for all things that emanate from one's connection to a higher source. In this excerpt from Bonnie, Aroha is a form of emotional intelligence with links to the Mauri -life force.

Bonnie:

> *"Wairuatanga is a knowing and a feeling, and you cannot measure that. I guess the emotion that we can link it to, is Aro-Ha. It is the divine breath of the Creator within us. The fire. The Mauri that is your life force and it cannot be measured in any way. We are spiritual beings but where the imbalance occurs, is when the Ira Tangata and Ira Atua, are not in sync with each other. One aspect is absent and when we push the Wairua away or deny its existence, sometimes it's the need to acknowledge it is there when things go haywire…Wairuatanga is part of that."*

Tony I:

> *"With Wairuatanga, there is another set of tools called Pukenga in the Matakite space to see into very specific Kaupapa. I find that it is about applying the intuitive nature of our being in the work we do, when we operate in that Wairua space. But as a practitioner, we must keep Wairua language very simple and deliberately speak in everyday language that Whānau understand…"*

Both Bonnie and Tony have shown the search for meaning is conjured up in subjective ways and has a different purpose for different people. Again, it is clear that participants work from a place of love, forgiveness, and unconditional positive regard. The research finding that healing is the intuitive practice of unconditional Aroha, is an important find for the social work knowledge base because there are meaningful connections must be present at both an interpersonal and super-dimensional level.

Ara Toru: Kāre ā-roto

This stage of analysis involves analysing Kaupapa one in more depth and considers the relationship between mental health concepts and why it is important to understand these fundamental systems of health in social work. This thread continues a dialogue into the traditional beliefs surrounding Wairuatanga and emotional health. Turumākina shares similar views with Western perspectives and made some interesting links with Atua.

Turumākina:

> *"…I think the psyche is a very complex and vast space. There can be many voices going on inside our heads. Jungian psychology refers to these 12 archetypes [The Innocent, Everyman, Hero, Outlaw, Explorer, Creator, Ruler, Magician, Lover, Caregiver, Jester, and Sage]. Each one represents a particular space in the mind such as the Forest. It can be a wild place with dangers and beasts; it can also be a*

place to reconnect with nature…and so on…You know, for me this helps manage the dialogue in my own head. You can control your thoughts in that way. In Māori culture, our Atua are relatable. We had 72 Atua and each one links to an archetype. So, you need to see beyond just pathological lenses. A lot of the time, we help clients find their archetype. I sow the seeds for them, they will reconstruct their story…"

Complex healing epistemology

This notion of 'Archetypes' described by Turumākina is another layer to the mental concepts which have been discussed thus far and it was interesting to see how Māori healing philosophy relates to this. Turumākina returned to this topic and explained how psychological distress relate to specific Archetypes and the art of tattooing as healing:

"I believe suicide has a lot to do with the loss of rite of passage around the world due to colonisation. I know that the art of Moko was used to initiate the process of bringing Tamariki into adulthood. So, I am interested in how this plays out in youth suicide. You know, it has something to do with that transition into adulthood. Their rite of passage is missing. The tribes are already starting to hold Mokopapa [workshops] and starting the process of communal tattooing and celebrations. This is already starting to fill that rite of passage and strengthening Whānau healing…"

Turumākina agreed that distress as a result of colonisation, but also conveyed another concept I had never heard of in this context which is rites of passage. By critiquing the Pūrākau within this theme, I reflected on what Moana had explained earlier about DNA which echoes Weherua's beliefs that suicide is transferrable through Whakapapa.

Weherua:

"…sometimes the Mauri is manipulated by another Mauri that might not be human. And that could be from the water, the land, the elements. The world of Mākutu, is in the living world. We don't talk about Mākutu enough, but we breach Tapu daily…We are losing our whakapapa due to suicide because there are chemicals and toxins that attach itself to us. I am talking about the toxins in both the physical and Wairua worlds. It is about whakapapa…"

Inherent strengths and gifts

Turumākina believes the Archetypes are a manifestation of mental concepts, which correlates with the way Mākutu is described by Weherua because there is a relationship

between Mauri and elemental beings such as the land and waterways. Indigenous Peoples are the embodiment of these physical domains by Whakapapa to Earth Mother and Sky Father. These discussions also have clear links to the Maramataka (lunar knowledge). In this next excerpt, Heeni shares knowledge on her work in the physical environment.

Heeni:

> *"We use Maramataka to look after our mental health. It is a system which comprises of 500 useful concepts… As a daily ritual, Maramataka is used as a way of journalling and Ngā hua (seeds for growth). We have been using this as a dialogue for a long time to plant our food and to fish… the entire Maramataka calendar is a diarized tool for daily use. I encourage people to keep records because that is where healing takes place…it helps measure outcomes and patterns of wellness verses illness specific to you. You can look back on it."*

Heeni provides pragmatic frameworks based on cosmological and environmental knowledge. This shows how healing is a very personal journey because Indigenous communities are part of the ancestral continuum and connection to the environment. Majority of the participants have spoken about Whakapapa as a continuum, which is reassuring in terms supporting people through mental health issues. The next segment is from Nikorima who continues to discuss the consequences of losing self-control.

Nikorima:

> *"Now, we know that if the spiritual realm is too overwhelming and we have not learnt to control our intuition, then it can lead to suicidal behaviours. I hear that a lot in my clinic."*

This excerpt echoes earlier accounts whereby participants such as Rāniera and Hārata suggested mystical experiences have ultimately led to suicides. Indeed, this highlights a need for integrated social work measures by connecting epistemological principles in settings where workers are in a vulnerable position to voice those mystical experiences but are silenced. The final two excerpts for Kaupapa one describes Wairuatanga as a construct of holistic wellbeing and Tīkanga -based concept for social work practice.

Rauweti:

> *"…so, when it came to it, this girl was a lot more spiritual than we thought which was making her very anxious too. I introduced her to a Tohunga who we were*

working with in our clinic. After this referral to the Tohunga was completed, we started to see positive changes in that girl within about 6 months. She was attending school 3 days a week, Whānau were feeling more supported, and then one of her own Aunts came on board to work with her in a Matakite way…Um the expectations that were placed on them, slowly became irrelevant and she was taken off medication as she no longer needed it…"

Rauweti's story about this young girls' experiences in the world, epitomises a 'by Māori for Māori' approach where mystical experiences can be understood if practitioners lean into the Whānau system. However, Heeni also believes that healing is dependent on societal structures and voices of those who struggle within environments worlds affected by socioeconomic dynamics.

Heeni:

"There are many different faces of mental health and within that we have Matakite and Matapono (principles) for all those different symptoms. It does not matter who or what is presenting in front of you, even those who are homeless on the street, everyone has a message. Their experiences of mental health are severely stigmatised, that is why we must return to Maramataka as being a principled approach in itself. In society, we are responsible to bear the message of hope because we are all connected 'tuia ki te whenua tuia ki te rangi' (what is above so it is below). An important principle is to let the stigma go and look at the messages coming through from those who are really struggling."

Heeni and Rauweti's excerpts reverberate compassion and recovery pathways to distress. Heeni is adamant practitioners must reinstate environmental knowledge because it crucial to mental health and wellbeing, whereas Rauweti emphasised how Indigenous Peoples must return to their families for collective healing. The excerpts presented within Kaupapa one has shone light on two research findings Aka Matua (1) Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology, and Aka Matua (2) Healing is the practice of unconditional Aroha and intuition from the heart space. The next section will now present Kaupapa two.

Kaupapa Two

He mauri tū he mauri ora:

Displacement and relational healing principles for praxis

Kaupapa two is concerned with traditional Māori healing and their associated systems of knowledge which underpin various treatment modes. It was an important theme which yielded two more research findings: Aka Matua (3) Social workers ought to acquire an understanding of Wairua and Whakapapa, and Aka Matua (4) Traditional healing in social work is centred on Mana /Tapu -enhancing practices. Kaupapa two highlights the emergence of relational healing principles for praxis whereby respondents spoke about the cultural interventions and spiritual diversity in everyday practice.

Ara Tahi: Kare-pū-toro

The Kare-pū-toro stage allowed me to rationalise participants' experiences in terms of the spiritual and social resources which Māori social structures and societies provide. In this first excerpt, Paora is reinforcing the need for social workers to acquire an understanding of their own Taha Wairua in order to truly understand their clients' needs.

Paora:

> *"Um, so, traditional knowledge or Whakapapa knowledge can be a lifelong journey for someone to rediscover especially if they have not grown up immersed in that world of knowing. It is really important that social work practitioners have some understanding of how Wairua works when dealing with our people. If you do not, then you have no business working with our people. That's number one."*

This sentiment shows that Wairuatanga can be exhilarating when self-discovery and identity is sought after. The next excerpt from Lucinda suggests that spirituality is vital to trauma informed social work.

Lucinda:

> *"In my view, social work is 'heart work'. If the connection is not there, you are at risk of doing disservice to our people… And no one has the right to do that."*

Fostering cultural identity

Lucinda is saying that social workers must align ourselves to the axiology and traditional values of those we work with in order to gain a connection. This echoes Paora's statement where it is important for social workers to have some understanding of how Wairua works when dealing with our people irrespective of whether healing is clinical or Kaupapa based. In these next two excerpt, Nikorima and Reremoana argue that Māori have the appropriate infrastructures to heal community and help Whānau.

Nikorima:

> *"What we are forging as healers, is working well, these are long term settings. The philosophy is, leave the Western way behind, come back to your people in Te Ao Māori and we will help you reinstate your wellbeing…Nurture and nurse you back to health the way we always have. You see, Waka o Matariki is a complimentary design. It is looking at what is currently being used in the western system, and then finding ways to link traditional knowledge; I know what they are trying to achieve but we can enhance it by adding this cultural layer to the mix."*

As an establishment, Te Waka o Matariki is currently operating in Ngāti Maniapoto and is grounded in the teachings of tribal leaders in that area. There is a stream within that structure which brings children home to heal. It is an arrangement which Reremoana speaks to in the following excerpt and her views on kinship relationships.

Reremoana:

> *"In health, education or social systems, the important aspect is Whanaungatanga and also Whangaitanga (adoption) which is connection to kinships. It is a healer in its own right because when we are disengaged from our Whānau, we are exposed to the negative parts of the environment. And so, our Whānau would always say to us living in Australia to come home because spiritually and physically you have left. In my experience here in Australia, my clients will bring their Tūpuna beyond the veil with them without even knowing."*

Living in Australia as Māori is a unique experience due to limited access to cultural resources such as Te Reo speaking communities, Kaumātua and Whenua Tapu (sacred lands). However, adapting to the environment is a survival skill that Tūpuna have successfully passed down including the dissemination of healing methods.

Ara Rua: Whatumanawa

The Ara Wairua data analysis tool helped establish another research finding whereby traditional healing in social work is centred upon Mana /Tapu enhancing practices. At this stage, conceptualisations of traditional healing knowledge are emerging as constructs of praxis: cyclic healing, thinking, seeing, and doing. Respondents are placing a lot of emphasis on Mana-enhancement and increasing one's internal locus of control.

Bonnie:

> *...but pre-colonisation, the psychiatrist was once the forest, the sea and the Whānau. Many of our Whānau, now try to heal ourselves and no longer step into doctors' rooms. We are the holistic providers for our own. So, who are the leaders? What is their role in maintaining the upward spiral? we truly have to look to the leaders of Whānau and wider community circles, but also encourage and support that person's own autonomy. We all have Rangatiratanga".*

Bonnie is conveying a message that Māori ontology and axiology are part of an interconnected network which enhances mental wellness. As she stated above, it is rare for her family to become ill because there is a universal connection to healing knowledge.

Weherua:

> *"The world outside our hapū, is so diverse, we celebrate many western things. But people need to bring their healing knowledge, strength, and skills home to keep the fires burning. The Ahi kaa is the home fires. Bring it home to show where you stand in the matrix of hapū. Not where you are or how good you think you are doing…"*

Displacement of Mātauranga

Medicalising Māori experiences of illness are frequently illuminated by participants. Wehereua insists our interactions with Whānau are central to optimising health efficacy including the return to where our Rangatira line emanates from. Bonnie further points out that Wairuatanga is at the heart of those interactions as a Whānau.

Bonnie:

> *"…well in a therapeutic relationship, our job is to reinforce Wairuatanga and Rangatiratanga by returning to our way of being. Whakapapa is the entry point…"*

This narrative of reinstating our birthright and Whakapapa, is a quintessential part of articulating service provision and client expectations. Rangatiratatanga is something that is sacred to us as individuals. There is organic process that follows, when our divine side is appreciated and there is active commitment towards supporting clients' healing.

Ara Toru: Kāre ā roto

This stage of the data analysis helps flesh out the concepts of Kaupapa two whereby the Pūrākau reveal further insights into the goals of healing. The first discussion to emerge was that of Rāwiri who provided an understanding into his views of healing.

Rāwiri:

> *"There are 12 Kuaha (doorways) to healing in the Māori world which in Sanskrit are known as Chakra. We have 12 Kuaha which represent the 12 heavens that Tāne ascended. Those 12 doorways are energy points in the body including but we only work with 7 or 8 of them in healing. It is important that those doorways are open because that is where we receive universal energy. It comes through the crown which is known as the Pumotomoto and is a direct line to Io (Creator). Now, if that doorway is closed, then there is no connection to creator; no life, we get suicidal, depressed, and no longer want to stay connected to the living world …"*

Multimodal interventions

Rāwiri discussed his interpretation of healing at an intrinsic level. Although this is a common thread throughout Kaupapa one, Rāwiri provides further context into the goal of physical healing whereas Weherua spoke more about the metaphysical side of wellness and how his teachings are about intuitive diagnosis to help eradicate trauma from the body.

Weherua:

> *"When I am scanning somebody, numbers show up in the different parts of their body. So, from 1-9 lets me know how deep the wound is internally and on the other end is how shallow the injury is. We can usually deal with it verbally through counselling. There is not one particular method, we use range of Tohu to let us know what is wrong with someone…For Romiromi, it takes about 15min a session, but the actual release happens over time. That is the pain leaving the body."*

Like social work interventions, Māori healing is also clearly multimodal and consists of an array of methods. Energy at both the Ira Atua (celestial/inhuman) and Ira Tangata (terrestrial/human) levels are the domains to which healing takes place. Turumākina emphasized the role of tattooing as an important modality for assisting people through distress and Reremoana explained how she draws on prayerful rites to help those in need.

Turumākina:

> *"People come to me for Taamoko (tattooing) for various reasons; to heal from abortions, the loss of Whānau. The process of tattooing has helped our people to process their grief. It is an outlet for them to grieve. This has been noticed by Māori Psychiatrists, who would then prescribe Taamoko for clients instead of medicines."*

Relationships and collectiveness

Whanaungatanga arose constantly in the Pūrākau. Both Tony and Rāniera, felt that Whanaungatanga is the very least practitioners could use when carrying out relational work. In the next excerpt, Tony reinforces the meaning of Whanaungatanga as being the establishment of healthy relationships and being relational in social work.

Tony I:

> *"There are three Pou (foundations) for engaging in humanistic practice. There is a multidimensional level of awareness that allows me to be invited into that space. What I have seen, is that practitioners don't necessarily have the interpersonal skillsets to operate alongside Indigenous people… Building rapport is the first point of Tīkanga otherwise you will never get to Whanaungatanga. I am deliberate in that approach and challenging the biases of social work students but challenging them to reposition the way in which they think about developing their practice. If you are not practicing what you know in theory, and Tīkanga is part of that theory, then what are you practicing?"*

Tony suggests that Tīkanga will guide which way an intervention will take place and the type of healing that is deemed necessary because there are a set of foundations that must be followed and Tīkanga are a part of that. These next few excerpts illustrate why traditional knowledge should be utilised in practice and highlights some of the necessary skills required to uphold Tīkanga across our sociocultural and spiritual domains.

Weherua:

> *"I encourage self-love, and self-truth, then you can face your inner wars. You will no longer need us when you find these two things, you can conquer your war. You just need to stand and face it, it is a lifelong journey because after the war, is self-healing, then comes self-discovery and once you have healed you can see clearer. Some ask, what is my war? I say that's for you to find out…"*

Weherua's beliefs around self-discovery confirms that healing is part of ones' internal locus of control however there is sometimes mistrust in processes which is Weherua urges clients to find themselves and their Ira Atua spiritual beings. In these next two segments, Raniera and Rauweti speak to their epistemological construct of social work and the professional skillsets they have developed in their daily practices.

Raniera:

> *"There is a role for traditional Māori intervention in social work. If we return to the concept of Whanaungatanga, the essence derives from our marae and our communal space where we are at one with each other. This is the missing link especially in Australia because we learn everything from there. Whanaungatanga needs to be actioned and Wairuatanga needs to be nurtured…"*

Rauweti:

> *"I operate using Ngā take pū principles every day in practice. That is principal positioning and principal language. My navigational tool to active these is the Ata principles by Taina Pohatu. I can for instance relay this back to Ata Haere…stop, breathe, gather my senses, what am I doing?"*

Applied cultural practice skills

It is clear that Rauweti has a very well-rounded practice framework, and this is evident with her use of Ngā take pū principles as a method for social work assessments. Thus, I wanted to know more about how other participants felt when it came to expressions of Whakapapa stories and the role of collectiveness in Whānau Ora (family health). In this next excerpt, Kauri shares his perspective on the importance of axiology and the values of Indigenous Peoples which contain inherent healing information.

Kauri:

> *"I think the more we incorporate what out Tūpuna did, the more we will understand that there is a body of knowledge that not even Western Psychiatrists can tap into. Tūpuna utilised a whole lot of different ways to ensure our people stayed well long before the White man came along. They constantly adapted themselves to the world and how that affected us. We are sea people, we are forest people…The more we are isolated from those elements, the sicker we become…"*

Mana Atua and Mana Tangata

The excerpts demonstrate a profound acceptability of knowledge by healers and active consultation with clients in the implementation of healing strategies. However, Weherua and Reremoana affirmed that service users also need to be accountable for one's own healing and reliance on ancestral knowledge to help navigate distress. In this part of the discussion, I asked respondents: What is the purpose of your role as healer and how do you maintain ethical responsibility to others? Weherua explains why this characteristic is required to build and develop the foundations of a therapeutic relationship.

Weherua:

> *"My job is to teach people how to see their truth and deal with it. I say to clients, here is your treatment, take what you need and leave what you don't need. I always have three requirements to my work: permission to work with them, permission to physically touch if I need to, and when I've finished the client must take their hara with them; it is not mine to keep because that their journey".*

Humility is an important aspect of healing work because it relates to the Mana Atua dimension or human placement within the spirit world. Majority of the participants in this thesis consider themselves as conduits for Atua. In this final excerpt for Kaupapa two, Nikorima gives speaks about the role of Mana Atua and Mana Tangata which echoes Weherua and Kauri's views on healing systems.

Nikorima:

> *"I teach all my clients that same thing as Māori healers; and that is to stand in their own Mana. Do not succumb to the pressure of others including your own Whānau, because they assume they know what is right for you. if they did, you would not have been in this position where they are dragging you to see a Tohunga.*

You see, it is the Mana o te tangata (the spiritual authority of man) which is why they come to you. Māori healers have a role, and that is to find the point of calm and neutrality within all that is going on with the person. I teach social workers how to see through that chaos and navigate it with the person."

Conclusion

This chapter informs the research problem: If social work struggles to translate and adapt Indigenous concepts in practice, how might Māori healing knowledge assist with the development of culturally nuanced approaches for the profession? I have presented two key themes based on the Pūrākau of 16 participants. These first two Kaupapa are 1. Ngā whakaaro o te hinengaro: Mental health concepts from a Te Ao Māori worldview, and 2. He mauri tū, he mauri ora: Displacement and relational healing principles for praxis. Within these two themes, this chapter has shone light on four key research findings: Aka Matua (1) Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology; Aka Matua (2) Healing is the practice of unconditional Aroha and intuition from the heart space, Aka Matua (3) Social workers ought to acquire an understanding of Wairua and Whakapapa, and finally Aka Matua (4) Traditional healing in social work is centred on Mana /Tapu -enhancing practices. One of the messages that reverberated in these particular findings, was that Wairua should be normalised at all levels of society. Furthermore, the metaphysical side of wellbeing has rarely been discussed in social work until now. This chapter has woven the Ara Wairua analytical framework consistently throughout, with an emphasis on each Pūrākau as they have unfolded. However, more is yet to be discovered in terms of how traditional Māori healing can support systems which are sometimes reluctantly mandated to provide care of those in need especially marginalised groups. The stories from Rāniera, Hārata and Paora in this chapter provide evidence that spirituality remains undermined, and client's experiences of mysticism are often dismissed. Possible solutions to these issues are examined in the next chapter which begins with *Tāne* ascending to the 7th heaven known as Rangi-mata-ura. This chapter responds to questions which emphasise social work epistemology and the plight of Indigenous mysticism in practice and theory.

Chapter Seven: Rangi-mataura
Normalising spirituality in social work epistemology

> Te mauri nui, te mauri roa, te mauri e ora nei, ma te kotahi noa a eenei, Ka puta he hauraupea. Ki taku aro, he muu I te amo, hei tauri-kura
>
> Any and all mauri are cognisant to our ever effervescing, likening us to the winds of opportunity and good fortune, do not let this pass for it may not present again.
>
> Whakataukī by Pāpā Hōhepa Delamere (n.d)

Introduction

This chapter presents the next two key themes: 3. Ma te Ariki, Ma te tauira: Disseminating knowledge for non-Indigenous practitioners, and 4. Te hua ā ngā rangatira: Occupying space with responsibility and spiritual sensitivity. The Whakataukī above references the 'winds of change' and opportunities that cannot be resisted. The key themes presented in this chapter, influence the normalisation of spirituality within social work epistemology. In this sense, the insights and opportunities shared by participants, helps address part of the research problem statement: What can the profession learn from the experiences of Māori social workers and traditional healers who have well-developed traditional healing skills? How do these individuals develop Māori healing skills? As the Pūrākau were analysed the following research results emerged from within those various Aka Matua (5) Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes, (6) Non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work practice, but they can apply cultural humility, Aka Matua (7) Social work is at increased risk of isolating traditional knowledge from practice, and finally Aka Matua (8) Traditional healing can only be actualised when it is truly accepted by mainstream. These results will be fully discussed in Chapter 10. The first part of this chapter will present Kaupapa three which is an important theme in this research study because Māori social workers greatly emphasise Mana-enhancing practices, not only for service users, but for non-Indigenous workers. The final section will now present the theme Kaupapa 4. Te hua ā ngā rangatira: Occupying space with responsibility and spiritual sensitivity.

Kaupapa Three

Ma te Ariki, Ma te tauira:

Disseminating knowledge for non-Indigenous practitioners

Kaupapa three is a theme which emerged from the question: "Can non-Indigenous practitioners utilise our healing traditions, if not why? if so, how?" In many ways my study attempts to reach into the broader spheres of social work as a way of empowering the profession through interdisciplinary collaboration, diversity and expanding non-Indigenous practitioners' resources to help create healthier communities. Kaupapa three yielded two more key research findings whereby Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes and non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work, but they can practice cultural humility. Research participants are invited to share their views from an insider's perspective, regarding the inherent skills that everyone brings to healing of community.

Ara Tahi: Kare-pū-toro

The first stage of analysis required an open mind where I could absorb each viewpoint and story to help make meaning of the Pūrākau. Ruatau's excerpt below, provides insight into the dissemination of Mātauranga for non-Indigenous practitioners.

Ruatau:

> *"Everything and everyone have a Whakapapa. If they (non-Indigenous practitioners) look back on their own Whakapapa, they will find the tools within themselves to help others. It is the disconnection within themselves that is the greatest barrier. We as Māori walk backwards into our future, because we know where we are heading from our past. Whakapapa gives us everything…"*

Transferability of Whakapapa knowledge

It is clear that Ruatau believes that healing comes from within our own distinct knowledge systems and finding one's inner voice to guide the healing process. In another

opinion, Reremoana insists that without Whakapapa, there can be no real connection between the person/client and the practitioner. It is an argument which suggests that the practitioner must have Whakapapa and Māori bloodlines to apply traditional healing knowledge because non-Indigenous peoples do not hold that worldview and Mātauranga.

Reremoana:

> *"I think when you work in mainstream, non-Māori cannot duplicate what we do. They can learn the concepts and knowledge, but they need the culture to drive the force behind it. When you go into a Māori client's home, it is the Māori whakapapa that sets the tone. It brings little bit more than Whanaungatanga. Whakapapa is not just genealogy because everybody has genealogy including non-Māori. Whakapapa is Māori blood lines. But non-Māori workers can always practice Whanaungatanga..."*

Reremoana believes Whanaungatanga is the point of difference in terms of protecting Mātauranga and healing communities. She also suggested that non-Māori need critical Whakapapa bloodlines to practice traditional healing. However, this viewpoint contrasts with Bonnie who feels strongly that our healing systems are universal as long as it is it operationalised with sensitivity to the pain and the experiences of Māori.

Bonnie:

> *"... As far as I am concerned, our Tūpuna made the knowledge available to all. Some people might not like to share their knowledge but that's their journey…Let me put it this way- if we look the word Pā-ke-hā (White European New Zealander). In our language, the word Pā is tribal grounds where your Marae is established. We all connect to a "Pā" somewhere. The word "Ke" means different. You know, different colored skin, different way of talking and thinking. But the word "Hā" means the breath of the person and the connection they bring. So, we can think of Pā-ke-hā as being those who come from a different Pā to ourselves. So, that is how I see it. It doesn't matter if you are Pākehā or not, as long the knowledge is used with Aro-hā (Love) then I see no problem with them using our knowledge."*

This thread shows that Arohā (Love) is the strongest form of healing because it emanates from Creator through the heart. As mentioned in the previous chapter, it is difficult to position Aroha as a standalone theme in this thesis, because it emerges within multiple contexts and strengths-based interactions where love for people is important to

participants. In another Pūrākau, Nikorima agrees with Bonnie that self-consciousness is vital identity, Whakapapa and knowing who we are as Māori. This level of intrapersonal self-actualisation is part of a process which helps social workers fulfill a healing role in terms of using their intuition to show others where their individual healing comes from.

Nikorima:

> *"Our cultural knowledge reminds others of what lies within their own whakapapa teachings. You don't need to have the knowledge of your ancestry, because it already runs within your DNA. The requirement is connection to it. So, for us as Māori healers, sometimes our work with non-Māori people is just about triggering that pathway that allows them into that space."*

Connecting Whakapapa

In these two excerpts, Ruatau and Nikorima feel strongly about the Whakapapa connection and how this concept is a key to unlocking the philosophical healing gifts we are all born with. In many ways, Nikorima's discussion relates to how identity has disappeared due to colonisation, but the emotional and spiritual aspects of our being are carried on through Whakapapa. In this next excerpt, Rauweti shares similar beliefs to Bonnie, in the sense that non-Māori are able to utilise traditional healing knowledge in social work, but it must be done meaningfully and for the right purposes.

Rauweti:

> *"At the end of the day as long as practitioners are utilising our knowledge the right way, then I am OK with that. However, if they are using it in a tokenistic way which many services do in Aotearoa to tick the culture box and utilise the concepts without understanding the actual meaning behind it, then I am not for that."*

Ara Rua: Whatumanawa

At this point of my data analysis, the Pūrākau are beginning to reveal the research finding that Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes. Majority of the participants have voiced their concerns about who should borrow traditional healing knowledge in social work practices, and why collaboration between services is needed to support Mana-enhancing work and the dissemination of knowledge.

Rauweti:

> *"I think for any Mana enhancing practice to work, you need to listen to the needs of the Whānau instead of interpreting what they need and then treating that. So, your role is very much an advocacy role. What does this Whānau need? Not what does the service want, or what do I want or what do they want."*

Empowering social workers

Rauweti suggests that Mana enhancing practice is about giving the client what they need and empowering them with healing tools, instead of giving them what services want in order to meet key performance indicators and practice demands. On the other hand, Rāniera identified how non-Māori colleagues can also enhance their practices by being collegial and unafraid of the learnings required to apply traditional healing skills.

Rāniera:

> *"I think non-Māori can use our knowledge if they want to ask how. They need to build the courage to ask us about our ways, because we will always share our healing knowledge. We are reciprocal, give and take."*

This excerpt from Rāniera is relevant to Kaupapa 3 because it highlights a pertinent point whereby courage should be instilled in non-Māori social workers alongside the need to drive away fear of Māori healing and Whakapapa knowledge. There are genuine concerns such as the misuse of Mātauranga and the spiritual consequences of this which will be discussed in the next stage of analysis. However, Paora shares a very similar view to Rauweti in terms of utilising Māori knowledge for the right purposes. Paora's message focuses on empowerment rather than power and control over decisions.

Paora:

> *"We have to stand up to the status quo and challenge Ministries who constantly want to claim Māori intellectual property, Rongoā and Wairua knowledge, for secondary gains… On any level it must be by Māori, for Māori, with Māori. We must lead the design of programs and services. If it is mental health, then it has to be designed from the grassroots up at local level first and not the other way round."*

Bureaucratic processes and procedures are challenging for any social worker due to the limitations which create barriers towards accessing cultural resources and further

perpetuates inequities among Indigenous communities. Tony's experiences in Māori social work management speaks to the positive effects of cultural capacity building.

Tony I:

> *"This comes back to that bicultural governance. But once again they have to maintain a willingness to go down that path. Be keen to absorb our healing traditions and at least have an understanding of what we know are favourable modalities. Not necessarily implement those if they are not trained in that way, we are not imposing that on to them, but at least try to get a better understanding and listen to the people…There are more Pākehā entering into Kaupapa Māori organisations nowadays. And so, they are learning cultural capacity building in that space and understanding how to comprehend the behaviour of Māori. So, when you apply it like this you begin to see the relational, restorative, collaborative three Pou come into play. Now, because everything has a Mauri and we are spiritual beings, our Pākehā colleagues are getting that firsthand insight into the holistic world of Māori. They will begin to see that we are not just environmental and social beings, but metaphysical by nature and by virtue of Whakapapa we are related to everything around us. So, there goes that relational aspect and our Pākehā colleagues become privy to that when they enter a Kaupapa Māori space."*

This excerpt from Tony indicates the need for relational and collaborative approaches within mainstream. These are similarly the fundamental principles of Te Tiriti o Waitangi and bicultural governance. Tony's view also supports the research finding that non-Māori social workers must be relational toward healing epistemology.

Ara Toru: Kāre ā-roto

Analysing the narratives and excerpts indicated a consensus that non-Indigenous have some capacity to utilise ancient methods and Mātauranga but with caution. This finding is a reminder that esoteric knowledge is Tapu and belongs to the spiritual realm. Reremoana shares her thoughts on the consequences of misappropriating knowledge.

Reremoana:

> *"If I am working, I cannot give you what my Tūpuna have given me. I can only share space with non-Māori workers. I can support you. But if any of my healing knowledge gets misused, there are spiritual consequences. It is just like when a social worker breaches a policy, they face the consequences, get sued or whatever.*

The same thing with our healing interventions...there is a risk. A spiritual risk which can never be underestimated."

Spiritual restrictions

This notion of restriction was indeed important because it points to a profound issue whereby accessing cultural interventions in the early in the process of recovery, can sometimes be met with a fear of breaching Tapu. In many ways, this presents as a similar problem for social work educators who have this same fear of proselytising. In the next excerpt, Weherua also reiterates the importance of Tīkanga and the ethical way of using Māori healing knowledges in practice.

Weherua:

"Yes, non-Indigenous practitioners can apply our knowledge in their practice, they just have to 'kia mau ki te taha wairua' (hold fast to the spiritual side). What gives me the right to stop non-Māori from using the gifts of Atua? When you look at it, everything in the physical is human knowledge; it is Indigenous knowledge. That's my reason. Any kind of spiritual knowledge must be used correctly, or it will hit you. It always comes back. I am sure non-Māori healers would understand that. I have met social workers who have gone to a space that was based purely on logic and they end up burnt out. Find your feet and be stronger for the benefit of all colleagues no matter where they come from".

In a similar vein, Nikorima validates what Weherua is conveying in terms of entering the healing space with poor insight into their internal realities. Both respondents reiterate that identity and intrapersonal skills are part of critical self-reflection needed for working with Indigenous Peoples.

Nikorima:

"The common ethical requirement when helping others, is that before you lay your hands on someone as a Māori healer, you have to look at yourself. You know, am I well spiritually and mentally? Do I have the correct knowledge to share? Are they safe or is someone else better for this particular case? All these things are about critiquing your work and healing yourself. You see, social workers and Māori healers get instant gratification when help others in need".

Developing professional identity

Nikorima claims that social workers must develop their professional and spiritual identity prior to working with Whānau in distress. This sentiment echoes five other participants who feel that Tīkanga is a protective measure and without these ethical instructions, there is a risk of harm. In the next excerpt, Paora addresses the Taniwha (creature) in the room and how she was able to provide effective social work supervision.

Paora:

> *"I provide a lot of supervision to students in their learning and development as a social work lecturer in Aotearoa. We worked with students in a Wairua way. So, when certain things came forward either for them or myself, it was the nature of how we worked to allow that safe space to come forward…Um, there was one student who was not comfortable about this due to their Christian background. They went back to the faculty and talked about how they were quite disturbed and uncomfortable working within Wairua space. But the issue was the student could not voice that discomfort upfront, so we didn't know what we were dealing with…"*

Lucinda also encourages Māori and Indigenous social workers, to support the autonomy and development of non-Māori colleagues for the betterment of community.

Lucinda:

> *"As long as our healing knowledge is not bastardised in that way, then I would say that yes non-Māori can apply aspects of our knowledge when it suits the cause and only when they agree to work with us. You see, non-Māori do not have Taonga tuku iho like we do, but as fellow practitioners we should be able to support them with ways of how to facilitate Oranga in the ways we know how. In the long run, the more our knowledge is applied, the better it is for our people…"*

Kaupapa three highlights how participants have normalised spiritual knowledge in their work. A small number of participants express their concerns surrounding Māori mental health issues, but what are participants' actual experiences of healing work?

Tony I*:*

> *"I operate using Ngā take pū principles every day in practice. That is principal positioning and principal language. My navigational tool to active these is the Ata principles by Taina Pohatu. I can for instance relay this back to Ata Haere…stop,*

breathe, gather my senses, what am I doing? What am I assessing in terms of what I am hearing in the spiritual sense? Have I prepared myself for what is next? So, my intention is to apply Ata not only in my work but in my life as well."

There is a sense of intrapersonal communication within Tony's Pūrākau, as he confirms Ngā take pū principles contain basic humanistic skills for helping practitioners fulfil their roles. Similarly, Rauweti encourages better access to cultural resources, which also aligns with the Ngā take pū principle known as Te Whakakoha Rangatiratanga which is the value of creating respectful relationships with community, Kaumātua and Tohunga.

Rauweti:

"I believe social workers should get to know who can help, and who cannot help Māori. Obviously, the first point of call is their Kaumātua or Tohunga who can provide what the person needs. If your client can walk away from your service feeling like they have been provided with good support and listened to, I think you've done your job. Find solutions, work collaboratively with other services and the Whānau will flourish when they get the best of both worlds…"

Kaupapa three was a multifaceted theme which helped address part of the research problem: If philosophical healing frameworks remain in theory, to what extent could services and practitioners actualise Māori healing knowledge in social work in Aotearoa and Australia [or beyond]? Kaupapa three also addresses this statement by yielding two more research findings whereby Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes. One of the underlying messages contained within this section was that fact that participants have developed well-rounded frameworks and an inherent sense of self which can inform the educational needs of non-Indigenous practitioners. I will unpack this more in the discussion chapters. I now present the next set of research results.

Kaupapa Four

Te hua ā te rangatira:

Occupying space with spiritual responsivity and cultural sensitivity

Kaupapa four concerns the extent to which social work processes and practices are diverse and inclusive. A further two more research findings were elicited from this theme: Aka Matua (7) Social work is at increased risk of isolating traditional knowledge from practice, and Aka Matua (8) Traditional healing can only be actualised when it is truly accepted by mainstream. This particular theme is called Te hua ā te rangatira, which translates to the fruits of our forebears. It was a fitting description for social works' ability to share space and knowledge with mainstream systems, much in the same way that ancestors navigated colonisation using the fruits and teachings of Tūpuna. The analytical stages will now present how these teachings are developed and translated by participants.

Ara Tahi: Kare-pū-toro

The first excerpt is from Heeni, who is a well-known Maramataka practitioner with great knowledge of Whenua and healing in relation to living with the environment.

Heeni:

> *"There are many ways we can work with both practitioners and clients. We use Maramataka to look after our mental health. It is a system which comprises 500 useful concepts… As a daily ritual, Maramataka is used a way of journalling and Ngā hua (seeds for growth). We have been using this as a dialogue for a long time, to plant our kai, to fish… the entire Maramataka calendar is a diarized tool for daily use. The goal for writing entries through Maramataka is a way of getting things out of the head and to settle. I encourage people to keep records because that is where healing takes place…it helps measure outcomes and patterns of wellness verses illness specific to you. You can look back on it."*

Again, Māori healing involves a relationship with everything in the environment both spiritual and physical. Maramataka is no exception where the energy of the environment is manifested in human behavior and activities. In terms of inclusivity and diversity, other

participants offered other perspectives on spiritual sensitivity in practice. Their voices echo Heeni's in the sense that cultural tools are sustainable when put into practical use.

Turumākina:

> *"…I think there is more cultural disconnection. It was part of my drive when I first arrived in Australia, was to bridge that gap by applying Moko. That was my purpose; to help people connect with our culture and for me, Moko was that bridge. Because when they come to see me, they are urged to start making links to who they are, their whakapapa, their Turangawaewae. Many of them feel so connected in that way after they receive their Moko, that they end up going back home. The artist must understand the role of Moko in society…"*

Awareness of gifts

These participants spoke about Maramataka and Taamoko as being pragmatic tools to foster therapeutic alliances. The majority of participants also render aspects of client's trauma narratives as a relevant source for healing practice as well. Spiritual sensitivity is also about how practitioners look after themselves in the field of healing work. Nikorima provides some additional knowledge for new social workers entering the field.

Nikorima:

> *"Going on that healing journey, it takes a toll on you. umm, there is burnout from carrying the weight of the people, and it physically manifests as exhaustion, mental illness, and ailments upon you as the practitioner. You see, it is common to see how arrogant practitioners are, they feel like they can cure and solve everyone's problems, but through manipulation, some practitioners use healing for secondary gains as well…within them, they become dark and twisted. Not all, because healers still need to feed themselves, but if there is no calling to use your gift, people shouldn't really be operating in that way…"*

Ara Rua: Whatumanawa

Analysing the Pūrākau from an intuitive and purposeful lens, enhanced my understanding of the interface of clinical social work where practitioners ordinarily operate from the biomedical perspective. In the next excerpt, Hārata talks about combined approaches to help people access appropriate cultural resources for their Whānau and young people.

Hārata:

> *"In our remand program for kids, the mentors work on the offending, forgiving, accepting and apologising. That goes throughout the duration of their time with us. Accompanying that, is a Teina plan which consists of 8 strands with things like culture, identity and connection, outdoor living skills, education, vocation, employment. All the kids have an individualised plan, tailored to their needs. It is unique. Once we know their goals, then we know what we are working with. Three compulsory areas are 'who are you, and your connection to Iwi'? The other area is focused on education, vocation, and employment, and the third focus is something that relates to their offending for example, if it is ram raids or driving offences, they will go to workshops which address those behaviors…"*

Diversity and compassion

It is a positive sign to see how participants are aware of culturally nuanced initiatives, however, there is also a push for the inclusion of Hapū in the decision-making process. As part of those discussions around Hauora (health), Kaupapa four ultimately led to the research finding that social work is at increased risk of isolating traditional Mātauranga from practice. During this stage of our interviews, I asked participants "How diverse is social work?" The next two Pūrākau speak directly to this topic of isolating knowledge.

Tony I:

> *"I would throw out all the current modalities and lean into the Indigenous space. Because the range of methods we use to treat mental health and wellbeing in this country is not working. Social work practice is fundamentally based on a white perception of white people and not those of an Indigenous flavour. So, if we insert, Wairua and Matakite as treatment tools, then you can use Ata and Ngā take pū plus other cultural methods to apply that in practice. Those become your procedures. White modalities do not include Tīkanga, and you know, our people would be doing much better in terms of their states of Oranga if we utilised our own Mātauranga principles as the tools for engagement. It is a no brainer."*

Rauweti:

> *"We are seeing a lot of homelessness, poverty, unemployment is high, the middle and under are struggling, there is so much crime and drug issues. The only time Whānau can get ahead, is if there are Māori social workers advocating and pushing, we are there last chance otherwise services will not take them in, and they*

will become lost in the system or a statistic. So, you know we want to stop that unjustness".

It is clear from these responses that accountability is part of social works' ethics and principles. In many ways, participants' responses also point to the importance of cultural sensitivity and responsibility when it comes to supporting the Wairua of community.

Ara Toru: Kāre ā roto

The Kāre ā roto analytical stage of Kaupapa three, further critiques of the role of esoteric knowledge in social work and repositions identity and Whakapapa as strengths-based concepts in practice. Participants express their concerns for social issues such as mental health deficits, child protection issues and homelessness in Aotearoa. But first, Nikorima encourages practitioners to internalise their Mana and vested authority.

Nikorima:

"This is the world we live in, but also asking how do we validate claims by Whānau who are saying that they are experiencing mental illness verses spiritual famine? I think you need the experience to understand this, and you can't learn this from university. Either you have the gift of healing, or you don't, and then you realise that everything you did from day dot, 'was' your university…The other thing is that Whakapapa is given to us from the start, and it is that realisation, that everything I say and do is Mana Motuhake which is the true state of Mana...."

Inequality within social work

In addition to realising one's true state of Mana, Paora highlights the destructiveness of sociocultural disparities and why social workers are equally important allies in terms of advocacy and promotion of 'by Māori for Māori' approaches.

Paora:

"We have real trauma happening out there; we have hungry babies, jobless Whānau, people are struggling with coping mechanisms beyond their control, you know… they are being fed by people who thrive on addictions and labelling, constantly being taken advantage of. Aotearoa has a chronic housing problem. All of that is a lot for a Whānau to deal with and certainly for an 'imposter' government to handle who has no clue. Pākehā coming along and still wants to control and feed off Māori misery. Right down to child protection services. Oranga

Tamariki is a bastardisation of Māori language, and they are painting it up so that it looks like a supportive organisation for our people who are suffering from the real trauma. It is just a [expletive] dogs' breakfast."

Rāniera:

"…I think by the time social workers see Māori patients; they have lost their function as far as connection with Whānau and with home. It is different for others who belong here, who will lose jobs, marriages, whatever, but Māori loose identity…and identity is a wellness tool. So, you know social workers rely on radical efforts to bring about change otherwise our people go homeless and struggle on the streets…"

Re-imagining healing hubs

At least nine participants agreed to the potency of shifting perspectives toward Mana Motuhake. Traditional knowledge has been marginalised due to misappropriation and misuse of Māori language, tribal treasures, and epistemology. This third stage of analysis, allowed for the emergence of yet another key research finding whereby traditional healing will only truly be actualised when it is recognised and accepted by mainstream. As the Pūrākau were unfolding, it became clear that participants have identified suitable infrastructures such as Papakāinga (communal dwellings). I have personally never heard of Papakāinga as homelessness solution in any social work discussions, however it seems evident that the notion of Papakāinga potentially has the ability to end homelessness and bring healing to communities on their Whenua.

Rauweti:

"But the biggest one is allowing people to live on their Papakainga. The benefit of this scheme is that, not only does it allow Māori to return to their land but is potentially a way of ending homelessness. The Whānau and Te Puni Kokiri can help get Papakāinga off the ground. You see, the entire process teaches Whānau many skills through creating a trust and setting up their Papakāinga such as entrepreneurial skills and dealing with community as Mana Whenua…"

Hārata:

"Transitioning young people into adulthood we have been talking about a Papakāinga*, on their land, where the main house is, the young people move through*

levels and set it up like a village instead of an insular house. As social workers, we are keeping accountable to the systems that work for us…"

Establishing a healing environment is critical to the use of traditional practices. Te Waka o Matariki and Mahi A Atua are organisations which are arranged in this fashion, but a Papakāinga is the actual space where people can thrive and heal within their Iwi.

Rāwiri:

"I am developing a Papakāinga that has a wellness centre for holistic health. The light earth homes are the way forward. The concept came from a dream that I had when I was little which was about Miringa Te Kakara [This is the house built in 1887 by Te Rā Karepu and Rangawhenua of the Pao Mīere] ...we have an issue with homelessness in this city, but they would rather pay to keep Whānau isolated in hotels living off nothing keeping them dependent on the state and keeping them unwell. It will be interesting to see how the Māori Authority will roll out because healers like me, won't even get a look in. Nothing is changing in terms of politics around here…there is no money in healing, but in sickness…"

The following picture was provided by Rāwiri to help visualise his dream of building and developing the Papakāinga that he speaks of and is based on cosmological wisdom.

Figure 7.1 Papakāinga ki Rotorua by Rāwiri Kiripaetahi

These last three excerpts provide solution-focused interventions which combine the teaching of Mātauranga and the practice of Whanaungatanga, within a physical healing space that engages Tīkanga. Weherua also had similar ideas to Rāwiri.

Weherua:

> *"...yeah, we need to create a treatment space for the gifted in each Hāpu. We always treat others but have nowhere to help people understand their Matakitetanga. They need a space too. So, I hope to build treatment hubs in the next 2 years where they can heal. There are gifted inmates who are often having energy peaks. You know it's about explaining to them what that means, so they can come to the treatment space, and learn, and be guided. Building that relationship with those who have experienced the hardships, so they can heal themselves, their family, community then their Iwi. Instead of hitting a brick wall…"*

The Papakāinga agenda plays an important part in terms of social work advocacy particularly within departments of housing and health. Finally, Nikorima encourages the return of children to their place of learning and healing, where they can be fully immersed into systems which may help them develop their spirituality and Whakapapa knowledge.

Nikorima:

> *"Te Waka o Matariki is a sacred space we run, and it is about acknowledging Creator and shifting into a journey about self and Matakitetanga. What we have to do when coming into a space like this for the first time, is you have to surrender your inherent gifts, give it all over to Io and he will download a new Kaupapa for you to follow… Most of the Tamariki that are referred to us are from Oranga Tamariki (Ministry for children). They come into our care and protection, I teach them about their giftings and Whakapapa lines. But with the intention to upskill so they can implement that to their own lives…"*

Kaupapa three has helped address a fundamental part of the research problem: What can the profession learn from the experiences of Māori social workers and traditional healers? There is an array of vital information surrounding the diversity and compassion of practitioners, the capacity of Māori infrastructures to provide healing spaces for Whānau and the development of psychospiritual skills as social workers.

Conclusion

This chapter has shone light on two key research themes: 3. Ma te Ariki, Ma te tauira: Disseminating knowledge for non-Indigenous practitioners, and 4. Te hua ā ngā rangatira: Occupying space with responsibility and spiritual sensitivity. Kaupapa 3 asked the question: "Can non-Indigenous practitioners utilise our healing traditions?". Within that discussion, emerged two important research findings – Aka Matua (5) Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes, Aka Matua (6) Non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work practice, but they can apply cultural humility. This chapter also presented Kaupapa four, which challenges the culpability of mainstream to be more relational in the quest for Mana-enhancing social work. This theme yielded two more research findings Aka Matua (7) Social work is at increased risk of isolating traditional knowledge from practice, and finally Aka Matua (8) Traditional healing can only be actualised when it is truly accepted by mainstream. I will synthesise these results with the literature in Chapter 10, however, the normalisation of spirituality in social work seems paramount. To that end, this chapter has addressed the research problem statement: What can the profession learn from the experiences of Māori social workers and traditional healers who have developed their traditional healing skills? How do these individuals develop Māori healing skills? In continuing with the thesis narrative, the sharing of traditional healing knowledge for non-Indigenous practitioners is relatable to the creation story of Ranginui and Papatūānuku whereby all the Atua eventually became free to grow and reside over the many domains we know as our natural environment today. *Tāne* was responsible for the separation of our worlds, therefore, changed the way one views the world. The thesis journey will now continue with *Tāne* receiving his blessings to transition to the next realm that is Ranginui-ka-tika – Decolonising threads of social work practice and policy.

Chapter Eight: Ranginui-ka-tika
Decolonising threads of social work practice and policy

He kokonga whare e kitea, he kokonga ngākau e kore e kitea

A corner of a house may be seen and examined; not so the corners of the heart

Whakatauākī (cited in Te Kotahi Research Institute, 2019)

Introduction

This chapter presents the final two key themes which are 5. Apiti hono tātai hono: Creating nuanced understandings of two worlds for wellbeing, and 6. Ki te whei ao ki te ao marama: Indigenising social work through systemic change. The Whakatauākī above is symbolic of decolonising efforts in social work because it reminds us about the unseen forces of colonisation which can never penetrate the corners of the heart. The purpose of this chapter is to address another aspect of this study's problem statement: "If governments are struggling with widespread disadvantage among Indigenous groups, to what extent can we mobilise ancestral healing knowledge within policy and education?" The two themes presented in this chapter are important to addressing this problem statement hence participants offer insights on the nature of transformative and Indigenist practice. Kaupapa five documents two more research findings: Aka Matua (9) Traditional healing programs require financial support from local governments, and Aka Matua (10) The praxis of healing knowledge in social work is a constant process which sustains Whakapapa. These results lean into the gripes of decoloniality in mainstream structures, as well as the marginalisation of Mātauranga in social work education. As such, Kaupapa six is a theme which naturally yielded the final two key research themes relevant to my study: Aka Matua (11) Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa and finally, Aka Matua (12) Social work must advocate for Mana Motuhake and the protection of traditional healing wisdom. This chapter begins with Kaupapa five Apiti hono tātai hono.

Kaupapa Five

Apiti hono tātai hono:
Creating nuanced understandings of two worlds for collective wellbeing

Kaupapa five shows the importance of obtaining a nuanced understanding of conflicted and often disparate worlds of knowing. As the reader would have observed in Chapter 6 with research findings (1) Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology and (3) Social workers ought to acquire an understanding of Wairua and Whakapapa, there is substantial evidence to suggest that participants are confident in their axiology and Matakite skills. However, Kaupapa five extends further with why participants do this work and what their purpose is as a healer/social worker. Most participants felt an obligation to create strong relationships with Whānau while also agitating the systems that work against Whānau.

Ara Tahi: Kare-pū-toro

The first stage of Kare-pū-toro can be also likened to Te Korekore which is the world of possibilities and limitless potential. My initial task at this stage of analysis, was to try and understand why these Pūrākau were incredibly sacred to these participants. Their passion, emotion, songs, and wisdom were unwavering. Bonnie shares her perspective on service demands and why there is limited productivity in terms of effective outcomes.

Bonnie:

> *"It all comes back to the KPI's, outcomes, contracts, and funding. It is really hard. Because the agreement stipulates service provision. But what you do with your service and within your means, you can be as creative as you like. Meet those KPI's but do it creatively. The hierarchy has a lot to answer for and responsibility. This is where creativity and production come in."*

Hapū have a responsibility

However, Hārata felt there are discrepancies with New Zealand's policy discourse which is also problematic to social work. Hārata argues that biculturalism is non-existent

in Aotearoa, and this is evidenced in cases such as child uplifts and social injustices where there is much debate about the potency of social work services.

Hārata:

> *"So yeah, as much as the moves within Oranga Tamariki who say they are evolving to Iwi in child protection cases, a Māori social work manager will not want to be part of an uplift. If kids have to be uplifted, then we as Māori social workers and services have not done our job. But there are cases where kids need to be uplifted, you know, for their safety at all costs. It is tough because there will always be cases where kids are unsafe, but in an ideal world it should be about Whānau, Hapū and Iwi. So, if we can get the Hāpu to take care of just one child, then we all become the guardian of that child. The idea is to bring our children home till structures have been put in place and the Whānau can care for them."*

Hārata and Reremoana believe that Whānau healing begins within the Iwi. Unfortunately, the Western system challenges traditional Māori child rearing practices, adoption and Whanaungatanga. In the next Pūrākau, Reremoana spoke about why she is a healer, and it has much to do with ensuring we do not take each another for granted.

Reremoana:

> *"Mainstream systems create so much in their worlds that we are expected to live in it. We live in two worlds. In a Māori world, we are Whakanoa (a place of normality) when we are safe in the environments we know well. But as soon as we walk in the Pākehā world, everything comes at us at once…Many Whānau don't understand how to navigate that chaos and begin to struggle. The disconnect from Te Ao Māori starts the minute we step outside our home into mainstream worlds that don't cater for us, and we must assimilate. When we follow all the Tīkanga in mainstream, we can't be ourselves. Our Tūpuna showed us how to survive it though. Tā Apirana Ngata told us the law is E tipu E rea and learning the way of the Pākehā so that we are not left behind."*

Sustaining Rongoā knowledge

In the next excerpt from Heeni, is committed to challenging the tensions and status quo. She also argues that the differences in discourses, perpetuate colonial behaviour and uses her role as a Maramataka practitioner to reaffirm that Rongoā is key to change.

Heeni:

> *"White governments will never give us our independence. There is no way in a Pākehā built system that we will get ahead in mainstream. As a result, we will never have optimal health and the best thing they can do is prescribe us with drugs. What needs to happen is, let us dictate what healing is for us and let us live under our own Tīkanga and live independently from Pākehā influence over us. We don't need to be regulated by the mainstream. Why would we have our people trapped in mainstream when they are mistreated? Pākehā go home at the end of the day, whereas Māori practitioners carry an extra load because we are an Iwi based people. We just are because we are connected, we have Whakapapa and we have Aroha, and we want to be part of the decision-making process for our people...But mainstream services are not set up in that way, so we are constantly fighting them…"*

When it comes to trauma informed practices with Whānau, Hārata suggested that there must be room for movement in New Zealand's workforce and this applies to the way in which Tohunga and traditional healers are valued as practitioners within the health sector.

Hārata:

> *"Um I think unless mental health mainstream, private sectors truly believe that Māori practitioners can add value to the workforce, then a Māori work will not be valued. Most Māori bring more to a position than a Pākehā colleague, by that I mean, we must tick a diversity box. If you happen to be Māori, female that sits beyond a White Pākehā Male, then she should be valued for that diversity and inclusion. I have experienced Pākehā managers make decisions, without Iwi consultation or consideration to find out stuff about Iwi. Organisations need to see what we bring to a position. You know, I come with lived experience, I come with a network, I come with culture and resources. You do not. If I am employed, you employ the many parts of my being…"*

Ara Rua: Whatumanawa

The Whatumanawa analysis stage was beneficial in the sense that I was able to gain further insight into why these Pūrākau were incredibly sacred to these participants. It was clear that participants sought fairness in their places of work as well as a strengths-based resolves, which strongly endorsed cultural identity as being a protective factor. The next

two excerpts highlight the enduring struggle for power in terms of clinical and cultural aspects of social work service provision.

Lucinda:

> *"The power imbalance is embedded in the issue of equality versus equity. I thought we moved on from that. When people claim that Māori are given advantages and Māori privilege, it is not true. All we want is an even playing field with Pākehā. You know some politicians think that everyone has to have the same opportunity, no they don't…it's not the case. We are not equal. We are not the same in that sense. Until those viewpoints change, and people realise that in order to create equality, the equity has to happen first."*

Tony T:

> *"…regardless of the rhetoric, the power needs to be handed over to Māori we have said time and time again…"*

Fairness and equitable resources

Both Lucinda and Tony point out the need for equity and fairness. As discussed in the earlier findings with Wairuatanga and the nature of environmental therapy, Indigenous Peoples emphasize that cultural identity is part of holistic health but with the depletion of cultural resources, there is no equity and therefore no equality. This point speaks to the research finding (9) Māori healing infrastructures require government support and funding streams.

Nikorima:

> *"It comes back to the ethics and morals of being integrated into that paradigm [Western] and how we navigate ourselves beyond healing sessions. What does sustainability look like and who is responsible for continuity of care? You know the system is backpedalling and admitting their own shit has hit the fan and child protection for instance is trying to undo that past. They know their tools are not working well for us, they have their own statistics to prove that as well".*

Nikorima shares similar views with Lucinda, where Māori have systems in place to apply traditional healing modalities, however, he reiterates that the government must be liable for past atrocities and destruction of Whakapapa knowledge. This is precisely the

meaning of Kaupapa five - Apiti hono tātai hono: Nuanced understandings of two worlds for collective wellbeing. Apiti hono tātai hono means to "tie it and bind it" or colloquially re-join worlds of understanding. Again, the social work profession can never fully 'join' Pākehā and Māori worlds, but we can occupy space as useful allies in social work.

Ara Toru: Kāre ā-roto

This stage of the Ara Wairua process unearthed the essence of the research finding (10) The praxis of healing knowledge in social work is a constant process which sustains Whakapapa. The next Pūrākau provides a cultural lens into the purpose of Whakapapa as a solution to managing mental health issues among Indigenous populations.

Nikorima:

> *"Going into mental health wards, you see people that are spiritually absent. They are heavily sedated and medicated just to manage them…Many young ones have been on a journey of disconnection; many don't know the potential even of their family lines. So, what that urbanisation does is they lose Whakapapa, most times it is the harsh side of that urbanisation that takes its toll like drug life and homelessness. Synthetic cannabis triggers it, takes the filters off, the kids become unmanageable by their family, then end up in welfare care then clinical settings like psych wards."*

The issue of disconnection to Whakapapa infiltrates nearly every theme in this study. Nikorima has described a psychospiritual perspective on the misuse of illicit substances, while Rāwiri shares his views on the fallacy of Western treatment modalities.

Rāwiri:

> *"So, with anti-depressants, I will say this, they do work but they are not the cure. They make the body very toxic, in my experience they have side effects that are out of this word. Weight gain, addictions to sugar, lethargic, dependency, low mood. I am not against conventional drugs because we need this too. Medication is like a band aid- it is not the cure. Western cultures are just catching up to Indigenous knowledge. You see it all the time when we talk about cellular memory …"*

In another light, Ruatau also believes healing knowledge is a continuous process which sustains Whakapapa and why social workers must appreciate spiritual knowledge using Wairua in all its contexts and potential abilities in assessments and intervention.

Ruatau:

> *"You know the body is just the psychical side of because the spiritual side of our work always comes first. You work within the many layers of healing. I think, in social work you see the practitioners come in want to heal and fix people, but they are not actually turn that inwards and see what is going on within their own lives. It is much easier for them to project and diagnose problems, but it starts with you and the intrapersonal dimension. We help and cleanse and clear. You know the burnout is quick when practitioners try to hold the energies that our Whānau present with. With that level of intergenerational trauma, cellular level, we are talking about Wairua and if you do not have that insight then you have no right to work with any Indigenous people. We are spirit first.".*

There are many elements within Kaupapa five which return to the focus of this study – "what is the role of traditional healing in social work?" There is an appreciation for both Māori and Western ways of doing, however, Pākehā dominance threatens the role of traditional healing knowledge in the profession. In the next excerpt, Turumākina likens the discursive Te Tiriti o Waitangi partnership with Māori, to the forest Archetype.

Turumākina:

> *"I liken the Treaty partnership with Māori people, as like being in a domestic violence situation where we are the victim, and the perpetrator is saved daily. The government are pre-contemplative and are happy being stuck in its ways. It is like the forest Archetype. A fear of the wild, fear of nature and beasts. From what I can gather, the Crown see land as a commodity that can be cut up and divided and sell it. It's no more than a resource. But they fear the wild, and neglect to see how we can collaborate to all get benefit from the land."*

Māori healing is a way of life

Turumākina is talking about the division that was discussed in early parts of Kaupapa five whereby governments must be accountable for past atrocities and destruction of Whakapapa knowledge. The Jungian archetype analogy provides yet another view of the importance of collaboration. These final two excerpts in connection to Kaupapa five, support the two research findings that Māori infrastructures require government support and funding streams; and healing is a continuous process which sustains Whakapapa.

Hārata explains how positions of power, need to be removed from decisions which affect Māori infrastructures and that extends to the upper echelons of social work.

Hārata:

> *"We need to get rid of positions and have roles. You know, the role of the Rangatira and the role of the Tohunga… the Tuakana. Instead of people above you in so-called positions of power. Wouldn't it be great if we were all on the same playing field? You know, no hierarchy, everyone has a role, and everyone has a say. We need something to remove positions of power, once again get back to the traditional structures we used to have."*

Hārata insists that health providers must focus energy on Tino Rangatiratanga. The reason is because ethical practices dictate that Indigenous knowledge systems must take priority over organisational demands. In this final excerpt, Paora supports this sentiment and why it is important to be a change agent for Indigenous autonomy and sovereignty.

Paora:

> *"The leaders in Social Work here in Aotearoa have contributed mahi for the past 30 years but with that comes with some royalty. Many of those Māori social work scholars get into positions where they get very comfortable and well thought of. So, when you are in those positions with those sorts of accolades, you tend not to rock the boat. It is the same in every division and it happened with our Māori politicians in the past. Absolutely got played. So, for me, a real social worker is an agitator from the inside out, the outside in, and is an individual with no secondary gains. You do what you can. But you are also a target. You are not invited to board discussions. You don't get to sit at ministerial meetings. You don't occupy that space and you certainly don't get the limelight, so you create your own limelight."*

This section now concludes the narrative which emerged as part of Kaupapa five. The next part of this chapter will now present the final theme number six which is Ki te whei ao ki te ao marama: Indigenising social work through systemic change. The expression *Ki te whei ao ki te ao marama* means the beginning of a new dawn. It is a fitting description for a Kaupapa which shines light on the nature of Indigenist practice.

Kaupapa Six

Ki te whei ao ki te ao marama:
Indigenising social work through systemic changes

Kaupapa six concerns the application of key social work tasks such as advocacy, training, cultural supervision and indigenising the profession through radical change. At the heart of this theme, is community development prospects where negotiations among Māori and community members help advance long-term systemic change. As such, the final two research findings which have emerged are Aka Matua (11) Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa and finally Aka Matua (12) Social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge.

Ara Tahi: Kare-pū-toro

Analysing the Pūrākau without specific codes, allowed for the familiarisation of the expressions contained within each story. Participants spoke about systemic changes as being process of relationship restoration rather than a process for reconciliation. The history of Māori knowledge in social work and the Pūao-te-Āta-tū inquiry was a valuable discussion. Hārata expressed her concerns about the direction of social work.

Hārata:

> *"Setting up a separate Māori health authority is a plus. Over 30 years ago, Pūao-te-Āta-tū was released but it shows where we should not be. Nothing has changed. Pūao-te-Āta-tū is rich. We keep reinventing the wheel, but we have to return to the basics in that document. I think that is why Pūao-te-Āta-tū never got a chance to change social work, because I believe the bureaucracies don't want us Indigenous people to succeed. In corrections, every time a policy was producing good results, it was all of a sudden shut down. Pūao-te-Āta-tū uses excellent strategies, if we had of used it, we would be in a better position than what we are in. We are losing years. It is shameful. Our stats are worse now than before Pūao-te-Āta-tū."*

Weherua also shared similar concerns to Hārata insisting that *Pūao-te-Āta-tū* is still at a loss, however, he claims that Iwi and Hāpu have a responsibility for decolonisation and conscientisation processes in order to confront the pain of New Zealand's history.

Weherua:

> *"I fear where Pūao-te-Āta-tū.has come to today. Again, because it was Iwi driven. I am an advocate for the Hapū voice. We have our own practice and skills in my tribe, but the so-called Ministry of Health have standardised Rongoā. I cannot use a Tuhoe practice, I was not taught that way because I am not of that origin, so I do not mix our styles…Iwi are office based now. Hapū can say 'no' without being challenged. We don't have to be dictated to. When Hapū decides, we do what we need. But with Iwi, they want to collaborate with other Iwi. But it's a no from me because I am pro- Hapū. Even my own Iwi are tailored to the government. You see it with the Covid19 promotion of marae-based clinics, you get a dollar for every vaccinated person. Instead of consulting the Hapū, to discuss Rongoā as well, they just saw the value of money generated."*

Healing a disenchanted system

These excerpts relate to public awareness strategies and Iwi development programs, which consider the way Māori interact with mainstream systems and how change can be managed within these systems. In the next excerpt, Rauweti provides an example of restoring Mauri Ora, as part of those public awareness strategies.

Rauweti:

> *"…You know… doing superficial Mahi with our people because it is so heavily political and policy-based, then the contract ends, and we have got nowhere. We need that flexibility to work from a Māori needs perspective, and again listen to their pleas. Half the time practitioners do not know what they are asking for, because they need education. If we look at Maslow's hierarchy of needs, many of our social workers are barely covering the bottom rung of meeting basic needs. It is the system that needs medicating. And also, social workers need to be sure that Mauri Ora is reached before they discharge their clients".*

Ruatau:

> *"We are watching the collapse of the old patriarchal system, and we are helping to push those out of the way because there is no real use for them anymore when it*

comes to not just Māori but for all. The poor outcomes are not just respective of Māori but all peoples, the system is just not working well. What we are seeing is our masculine energies are taking a hit at the moment. you know the upper echelons are starting to recognise this now and we are starting to see more Māori in higher places and education structures."

These four participants emphasised how negotiations among Māori and community members can help advance long-term systemic change. It is interesting to observe Rauweti's suggestion on reaching Mauri Ora, because it begs the question-Do Indigenous Peoples reach a true state of Mauri Ora when basic survival skills are diminished by a system which perpetuates the status quo? According to Ruatau, the spiritual energies of Atua are part of that struggle, however, he believes more Māori professionals entering the profession.

Ara Rua: Whatumanawa

The Ara Wairua framework encouraged a deeper understanding of Kaupapa 6. It was a fruitful investigation into the application of key social work tasks and how Māori healing epistemology is considered by participants. As a result of this analysis, another valuable research finding was crystallised: Aka Matua (11) Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa. In the next excerpt, Lucinda speaks about the reorientation of clinical work towards trauma-informed practice.

Lucinda:

"Te Ao Māori solutions have not been honoured in over 200 years. We are finding opportunity to redesign what healthcare looks like in Aotearoa, because we know that previous initiatives have not been conducive to our needs. Childhood trauma is part of the addiction behaviours we see in people today, including other areas of mental health. So, addiction leads to other pathways in mental health. We have been colonised to such a degree that, we are now in the fight for emancipation from the system that harms us."

Indigenous believing, seeing, and feeling

The aim of decolonisation is to peel away layers of Eurocentric practices which do not work well for Māori whereas Indigenisation, seeks to replace Western ways of doing

with Indigenous ontology, axiology, epistemology, and methodology. Rāwiri supports this sentiment, inferring that Mātauranga is slowly returning to the broader community.

Rāwiri:

> *"We were a sovereign nation once upon a time. If we were to go back to that time and space, yes, we would survive and make it work because we have the colonisers tools and teachings engrained for the past 200 years that we can use. But the old Mākutu traditions, and things that belong in the past that do not serve this current time dimension needs to stay in the past we don't need it here today. You know, there are some really good stuffs our Tūpuna have paved around Mātauranga and you know these Taonga tuku iho are their pathways into spirituality… that is the missing link."*

These excerpts from Lucinda and Rāwiri convey the importance of decoloniality and subjugation from Western hierarchical systems. The next Pūrākau is from Bonnie who aligns his practices with Mana Motuhake, Indigenous truth, and power.

Bonnie:

> *"You know, in our healing work, the mahi requires one to give up their Mana in order to restore health and get better. The power imbalance is within the doctor-patient relationship, where dominance over the other is about holding Mana over someone but also tramping on their Mana. One of the issues with social work is this White saviourism complex you know this is to do with racism and colonisation. The entire project is built on it, and it feasts off it. For me, as a social work worker turned traditional healer, I did not want to be the ambulance at the bottom of the hill…I had my introspection occur early thankfully and it saved me…"*

Ara Toru: Kāre ā-roto

The third stage of data analysis was a critique of the Pūrākau which ultimately led to the identification of my final research finding: Aka Matua (12) Social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge. The emotional responses are raw and confronting, which is precisely the meaning of Kāre ā-roto – Internalised emotion. I was reminded during this final stage, that these particular healers and social workers, also come with a lifetime of skills as well as Indigenous soul

wounds. In this next excerpt, Paora condemns mainstream systems for their role in the sustained power imbalance.

Paora:

> *"The Whitestream systems need to tell the truth and be an ally. Get over their White fragility and colonial need to protect themselves. Realise that White privilege is perpetuating harm, and they are still benefitting off the backs of the original people of this land. To be a true ally you have to have some big kahunas, and you have to agitate by helping other allies come to the fore, and you have to attend meetings, but tell the truth at the table. You have to challenge that at every turn. For example, the ANZASW board needs to consult widely in their discussion around changing the standards, and as per Tiriti, this is the correct way. So, you know, there should be an expectation of Pākehā social workers to also stand up and say, this is not good enough. But no, what happens? It is Māori social workers who stand up and say "Oh it's just more mucking about" you know your just playing buffalo soldier going around the outside getting nowhere. You must be strong on the frontline".*

Investing in cultural diversity

It is clear in this excerpt that Paora is challenging the ANZASW Board which is the professional body for social workers in New Zealand, to create an allegiance with Māori while Tony similarly shares his own experiences and the essential components of applied practice as per government department ethical standards.

Tony I:

> *"When you work in spaces that are quite influential such as the Social Work Registration Board [SWRB], you can think of it as holding the line. What I mean is, I have worked with the SWRB writing policies over the years, and a key feature of that work is you become a system enabler. You shine light on the value of cultural initiatives. You show your colleagues regardless of their background, you ask them to think about their accountability to the way in which they engage with Indigenous peoples. The SWRB have ten competencies. The first is, you guessed it, the competency to practice with Māori which comes with a framework, and it basically states if you can meet these criteria, then you are competent to work with Māori. I have challenged the SWRB about those criteria. How can you justify competency based on those criteria and allow non-Māori to work off this tick box process?"*

The role of traditional healing knowledge in social work, clearly incorporates aspects of resistance and advocacy for the return of philosophical wellness modalities. Healers have provided a nuanced understanding of the various techniques and Matakite skills, while social work practitioners have identified ways to enable these skills. Tony's excerpt is a testament to this revelation and there is also a strong view that transformation is based on Mana Motuhake. Rāniera and Rauweti both support this sentiment.

Rāniera:

> *"So, we have to keep producing substantive work in the education field. Concepts such as Wairuatanga need to be incorporated into the mix because the current curriculum does not even touch the surface of Māori spiritual needs…. I know it is a battle to stand in our identity and Mana. We have to put our Māori suit on every day to walk in the world, but that is our journey. Nothing is in vain or impossible. I mean I'd like to have a magic wand and make that white table disappear, so we can live our lives our way and influence our people. It takes exceptional people to stand up and fight, as social workers."*

Rauweti:

> *"Those in power will not relinquish it. That is where co-governance has gone array, you know as soon as the funding protocols are released for various initiatives, then everything becomes watered down again. There is no Mana in that, but we have Mana Motuhake to overcome that issue…"*

Truth telling about Indigenous history

These next few excerpts speak directly to the heart of my overall research problem and impact statement. Truth telling is about being honest regarding Indigenous histories and how this impacts the way First Nations groups navigate life. Tony shares his thoughts on the implications of engaging with Tīkanga based interventions as Kaitiaki (guardians) of healing knowledge and Whakapapa.

Tony I:

> *"We know Māori carry pain from over 200 years of colonisation. We know that impacts on every aspect of life and the challenges we face as a result of the cultural genocide that has engrained itself in our DNA. Now if you address that in a process of Kaitiakitanga or guardianship, then you will begin to see that the hidden biases*

as a result of past trauma. White privilege is a result of the decisions made by white ancestors and the white fragility is a symptom of their enduring colonial processes. Now, in terms of what we can learn from Māori realities is how we engage and the Tīkanga of our interventions. You have to realise that Pākehā dominance over Māori is tactic for colonisation to gain control. So, Māori helping Whānau find their way is kind of like saying well, I am just contributing to the restoration of Whakapapa. In doing so, it draws the Whānau away from that trauma and empowers them through understanding about what Oranga looks like for them in that space. We also know that it is a long haul to change the face of a profession."

Weherua:

"The Tohunga suppression act is alive today. It is just badly covered with Māori health protocols within ministry of health. That's how the government are getting away with it. This is the issue with misinformation and information that has got into the wrong hands. It is worse as now Mokopuna cannot grow into their Mauri. The government makes it standardised. The fight is for our dead ones. Return to how they used to do it. With all that there is Wairua and healing attached to it."

Weherua and Tony's comments give insight into government bureaucracies and the lack of truth telling toward Indigenous histories, kinships, and healing. Key words such as restoration, survival, and realisation have great significance for Māori healing in social work, because Mana Motuhake is an empowering concept in practice. It is clear that research participants suggested Mana Motuhake is about combatting cultural dissonance. The Pūrākau were powerful in this sense and the excerpts reminded me of an ancient Māori expression – Te whakapono, te tumanako, me te aroha which means to have faith, hope, and love. I now close the Pūrākau chapters with a final reflection by Heeni.

Heeni:

"Finish the fight because the struggle has been going on too long. When will it end? I don't know but they need hand back the Mana to us as First Nations People. End of story".

Conclusion

This chapter has presented the final two themes: 5. Apiti hono tātai hono: Nuanced understandings of two worlds for collective wellbeing and 6. Ki te whei ao ki te ao marama: Indigenising social work through systemic change. Research participants have provided evidence for cultural and clinical competence, with links to biculturalism and their experiences of prejudice in relation to policy and practice. It was interesting to note that leadership, spiritual autonomy, and outcomes were topics in which participants felt were part of their own Mana-enhancing skills alongside the praxis of thinking, being and doing. As Kaupapa five and six began to make sense, the final four research findings were revealed: Aka Matua (9) Traditional healing programs require financial support from local governments, Aka Matua (10) The praxis of healing knowledge in social work is a constant process which sustains Whakapapa, Aka Matua (11) Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa, and finally Aka Matua (12) Social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge. The findings outlined in this section, have addressed a key part of my study's problem: "If governments are struggling with widespread disadvantage among Indigenous groups, to what extent can the profession mobilise ancestral healing knowledge within policy and education?". The Pūrākau have emphasised the validity of Whanaungatanga and the reinstatement of Mātauranga into community living. These aspects were discussed by participants in terms of decoloniality and indigenising social work practice. At this point of our journey, the ancestor *Tāne* has resumed his quest for knowledge by ascending to the next realm called Rangi-te-wawana. This chapter is the first of three key discussions.

Chapter Nine: Ranginui-te-wawana
An experience of mysticism and the hearts' connection

Ka titiro taaua te tangata ki ngaa aahuatanga a te tai-ao me maahara taatou ko te maa-uri raaua ko te wairua ngaa tino here ko ia nei taaua e ora ai

Our own outlook of the surrounds of which we live are bound in the spiritual essences of essentiality remembering that we are what we are

Pāpā Hōhepa Delamere (n.d)

Introduction

The next three chapters add the final layer of my data analysis technique which is the Ara Whā: Tihei Mauri Ora stage. The expression 'Tihei Mauri Ora' means the infinite breath of life and is often used at the end of Whaikorero (oral speechmaking) to bind the spiritual and physical worlds. Applying 'Tihei Mauri Ora' as an analytical research phase, shows how philosophical healing knowledge can never become saturated because our Pūrākau are limitless. The Whakatauākī above also aligns with 'Tihei Mauri Ora' in terms of the interconnections to our spiritual essence and remembering who we are. This chapter will now discuss the Aka Matua (research results) 1 to 4 and then synthesises these findings with respect to the literature. First, I will focus on Aka Matua (1) Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology. The second discussion will relate to Aka Matua (2): Healing is the practice of unconditional Aroha and intuition from the heart space. The hearts' connection is a prominent theme in this section, because Aroha is a way of inter-being and it allows practitioners to act for social justice in ways which do not dehumanise the oppressor even when epistemic injustice is present. This discussion segues into the discussion which is Aka Matua (3) Social workers ought to acquire an understanding of Wairua and Whakapapa. In following on from this section, I will discuss Aka Matua (4) Traditional healing in social work is centred on Mana /Tapu -enhancing practices. The final part of this chapter will conclude with a summary on the interconnectedness of these Aka Matua.

Ara Whā: Tihei Mauri Ora

Kaupapa One

Ngā whakaaro o te hinengaro

Mental health concepts from a Te Ao Māori worldview

Aka Matua (1)

Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology

The finding that traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology is unique to this particular thesis because social work outcomes often rely on therapeutic partnerships and client-focused interventions. Aka Matua (1) was a strong result, with all 16 participants' Pūrākau revealing how they build on client-focused interventions, using deeper intrinsic details, processes of mysticism and Matakite experiences. The value of these specific concepts is an extension of attempts to intellectualise Māori psychological constructs using research, however, this can also sacrifice the complexity of traditional knowledge (Waitoki et al., 2018). For instance, Rongoā has been represented in much of the literature, as being no more than plant and herbal based medicines (Mark & Lyons, 2010). There are obvious contentions for the capacity of social workers to operate with this approach to Rongoā, however, the primary goal of Rongoā, is to restore the Mauri of people, the land and to promote holistic health (Ahuriri-Driscoll, 2012). This description is much more fitting for social work practice as opposed to the narrower understanding of Rongoā which ultimately overlooks other cultural healing elements discussed in this thesis. For example, the development of Matakite skills and divination as part of intuitive assessments in social work, provides sensitive pathways for communities exhibiting soul wounds. Therefore, Aka Matua (1) provides evidence that Rongoā in social work, involves putting interrelated healing concepts into practice by developing connections to Tūpuna and Whakapapa wisdom.

Aka Matua (1) further highlighted specific examples of how participants actualise their worldviews in response to culturally appropriate practice. A good example of this responsivity is observed in the excerpts of Hārata and Rāniera who both identified the problem with spiritual misdiagnoses and hearing voices, and the omission of Matakite experiences from social work reports. These concerns were similarly raised in other studies which showed clear anecdotal evidence that Māori communities want better access to appropriate cultural and spiritual resources (Jones, 2000; Mark & Lyons, 2010). Mark (2014) identified how doctors were unwilling to collaborate or accept Rongoā Māori, while Wardell and Engebretson (2006) argued that context and interpretation of spiritual experiences was equally as important as their structure and content. Thus, Aka Matua (1) provides substantial evidence from 16 participants who articulate differential Wairua experiences among a spectrum of clinical symptoms and epistemological views of cultural healing to help embolden our understandings of client's strengths and gifts.

Concepts such as Whakapapa knowledge, interpretations of Wairua and strengths-based interventions arose at various parts of this results section. For example, Moana articulated the transferability of Mākutu through one's DNA while Weherua insisted that suicide is etched into Whakapapa. Barlow (1991, p. 173) infers that "Whakapapa is the genealogical decent of all living things from the gods to the present time…and whakapapa is 'to lay one thing upon another' as for example, to lay one generation upon another". The role of Atua beings in the matrix of healing, was an important find because participants encouraged us to internalise the many conceptualisations of Wairua. The reverence of Wairua as an ultimate reality, places a unique responsibility onto us, in terms of ensuring that ngā mea wairua (things pertaining to the spirit world) are maintained, nurtured, and carefully adhered to (Hirini Moko Mead, 2003). Such violations were described by research participant Turumākina as a breach of rites of passage. The genesis of suicide is linked to a breach of our unique responsibilities as keepers of Whakapapa knowledge. Kruger and others. (2004) offered a cultural framework which consists of five Te Ao Māori constructs applicable to Whānau healing from domestic violence:

- Whakapapa (kinship, collective consciousness)
- Tīkanga (practice of Māori beliefs and values; collective practice)
- Wairuatanga (spirituality; self-realisation)
- Tapu (state of knowing; self-esteem)

• Mana (outer values; power and influence)

Aspects of Kruger and colleagues' (2004) cultural framework relate to Aka Matua (1) and expressions of our inner knowingness (epistemology) including Whānau knowledge, as well as inner being (ontology) which includes Wairuatanga. Concrete examples from the present study, include the documented experiences of Reremoana who said that Wairua reveals what one needs to know and is an important aspect of healing. Furthermore, Turumākina adapted his descriptions of Archetypes to the various states of mind, and Weherua provided his version of the Whakapapa of mental illness in terms of Hinetangikuhaaua and Hinengaro. But why are such concepts relevant to this thesis? The beliefs systems analysed here are critical because Cherrington (1994) interviewed Māori living with schizophrenia and engaging with services, found that 93% of those participants had an awareness of cultural concepts such as Tapu o te tangata and Mākutu, and a further 78% of those believed that mental illness was related to these constructs. The values identified by Kruger and others (2004) provide the basis for informing clinical work from a Māori perspective.

As mentioned earlier in the thesis, there is no identified literature which specifically places esoteric Māori healing knowledge and Rongoā practice skills into a social work context. This gap speaks to ignorance within the profession but also a fear of the unknown even for Māori social work students. As one person reflected: "It was an experience where I found at first I did not like being awakened to our worldview and now that I knew what I knew I could no longer walk in ignorance" (Akhter & Leonard, 2014. p. 10). This person has had a positive realisation during their social work degree and was encouraged to deconstruct their hegemonic thinking. Gaining a more nuanced, cultured and enriched in understanding of Māori healing, assists with decolonising dominant worldviews (Akhter & Leonard, 2014). The current research decolonises hegemonic thinking as seen with excerpts by Tony who described how Pukenga in the Matakite space give us an ability to see into specific Kaupapa while Heeni identified that Matakite bolster specific Matapono (key principles) for recognising symptoms of mental illness using Maramataka. These interpretations of psychospiritual health are interconnected with participants' gifts, strengths, practice wisdom and epistemology. All 16 participants' Pūrākau revealed the essence of their worldviews, process of mysticism and axiology in different ways, therefore, Aka Matua (1) provides strong evidence that traditional Māori healing knowledge is implicated from epistemological and ontological perspectives.

Aka Matua (2)

Healing is the practice of unconditional Aroha and intuition from the heart space

The research finding that healing is the practice of Aroha and intuitive wisdom from the heart space is another unique discovery because the literature on love as an intrapersonal approach in social work, is also limited. Aroha is the divine breath of Io which comes from the emotional heart space, known as the Pūmanawa and is the purest form of love for all things in nature. For First Nations Peoples, love is an integral part of our ecological views of interconnectedness and stewardship of Earth. Australian First Nation Elder, Uncle Bob Randall (2006, cited in Ramsay, 2023) spoke about Kanyini as being a love for culture, people, and country. The key message behind Kanyini is that love is a critical factor for Indigenous experiences of acceptance and healing from past trauma. In the present research, six participants spoke specifically about Aroha as being a humanistic approach which promotes a collaborative dialogue and solidarity between Iwi and Whānau. A Pūrākau from Reremoana documented how she leaves her clients with Aroha because it is their Tūpuna who facilitate healing and she is a channel to receive messages from the heart, whereas Bonnie likens Aroha to a fire burning as part of one's life force. Like Wairua, the amount of Aroha we provide in an intervention cannot be measured but rather felt when there is a connection with others (Valentine et al., 2017). Aroha is a spiritual language associated with self-actualisation and provides the basis for utilising Wairua as an intuitive in practitioners' day-to-day healing work.

Smith (1999) further writes 'Aroha ki te tangata' is a Kaupapa Māori principle which emphasises love for the people. Cram and colleagues (2006) further referenced 'Aroha ki te tangata' as providing foundations for Māori to add meaning in the world by enhancing the lives of others. The concept of Aroha ki te tangata shares similar meanings for Hook (2001, pp. 4-5) who defined an ethic of love as "one that is exemplified by the combined forces of care, respect, knowledge, and responsibility". As mentioned earlier, Kanyini is a love for all things in nature, and this philosophy resonates with a practice model based on love which was developed from research into the impact of industrial pollution in Aboriginal communities and other adverse effects of development in Australia. If social workers apply 'Aroha ki te tangata' as a practice model based on love, then there will be some much-needed ethical guidance on group-based social justice,

sustainability and well-being issues. As such, Aroha in social work research and practice, is equally needed for its ability to promote dignity, nonviolence, and beneficence.

Dr. Rose Pere's (1991) seminal work 'Te Wheke' alongside other recent research papers, inform us of how Aroha encompasses Māori interactions with the world and mutual partnering with people to co-construct pathways for enhancing well-being (Robinson et al., 2020). An example documented from research participant -Weherua suggested that Aroha in healing work is elicited through encouraging self-love and self-truth. Mason Durie (2000) offers further instructions for Aroha as "…a deep comprehension of another's point of view; an unconditional concern and responsibility for others". Truth telling and truth seeking are valuable concepts in social work in this sense because, love entails compassionate understanding and enabling the truth to be told in complex and uncertain situations. The literature shows that love in social work is represented in social work in different approaches such as collaborative therapy, unconditional positive regard, empathy, and congruence. Aroha is therefore a therapeutic technique which draws on self-love and truth telling to facilitate therapeutic alliances and relationships with individuals and community.

In 2014, Dr Cassandra Goldie addressed Australian National Commission of Audit and the 2014/2015 Federal Budget to which she spoke about love as being an integral part of achieving social justice and how it should inform professional practice. For the most part, love sits outside the ethical frameworks of social work (Morley & Ife, 2002). However, Canadian researcher, Butot (2004) showed four ways in which social work can incorporate love in practice and theory: (1) having awareness of ideas incorrectly called 'love', such as oppression and abuse; (2) affection and caring; (3) compassion which is described as tools or technologies; and (4) spirituality which is conveyed as empathy. In relation to the first point about the incorrect use of the term love in practice, it is important to understand that social workers manage their own emotions as well as responses to others' emotional wellbeing, hence it is critical to ensure that Aroha is responsive to the needs of people.

The problem with social work is that the profession generally interprets 'love' languages to symbolise emotion within quasi-scientific professionalism (Butot, 2004). However, as Dr Cassandra Goldie argued, love is integral for social justice and this sentiment is also supported by Mason Durie (2000) who used the term Ngākau Māori (a

Māori heart) to describe the personal qualities of empathy, warmth, and compassion of helping professions. The present study documents the experience of several participants who also showed how they commit Aroha to their work through respect, interpretation, and a realisation for justice at individual and system level.

Mark and Lyons (2010) conveyed the epistemology of Māori healers who believe that their emotions and expressions of Aroha are enmeshed in wellbeing. An example of this sentiment from the present research, is with Rāwiri who documented how connection to Io Matua (Creator), involves a doorway to the heart space and if that doorway is closed, individuals are cut off from reality and become ill. This example shows a strong sense of congruence to worldview and epistemology in order to foster a healthy balance of mind, body, and spirit (Ahuriri-Driscoll, Mark & Lyons, 2010; Tuakiritetangata & Ibarra-Lemay, 2021). Furthermore, Mark and colleagues (2017, p. 84) found that several healers insisted Aroha is foundational to intrinsic healing modalities: "Aroha is the most important, powerful tool that's ever used because it's part of your love that helps with the healing as well". In the same vein, research participant – Lucinda, lamented how social work is 'heart work' and is ultimately about the reconceptualisation of change from a spiritual and loving stance (Morley & Ife, 2002). Change is a transitional process between individuals and derives from radical action. That is, Aroha is an action directed concept for nonviolence, justice, and well-being where transformation can take place. Therefore, the research finding that healing is the practice of Aroha, has helped contribute knowledge to this thesis because it highlights the interrelatedness of participants' love languages such as warmth, compassion, and social justice. Aka Matua (2) demonstrates how intrapersonal skills are woven into the practice of Aroha and provides solidarity between Iwi, Whānau, and common humanity.

This section now concludes my discussion of Aka Matua (1) and Aka Matua (2) which are two key research findings that have emerged from analysing Kaupapa one - Ngā whakaaro o te hinengaro: Mental health concepts from a Māori worldview. The Ara Whā: Tīhei Mauri Ora stage of my analytical strategy, is unique in the sense that I am analysing the literature and interconnecting Pūrākau to relevant knowledge which has been systemically examined as it relates to each result. The next section continues on with my discussion on Aka Matua (3) and Aka Matua (4).

Ara Whā: Tīhei Mauri Ora

Kaupapa Two

He mauri tū, he mauri ora

Displacement and relational healing principles for praxis

Aka Matua (3)

Social workers ought to acquire an understanding of Wairua and Whakapapa

The finding that social workers ought to acquire an understanding of Wairua and Whakapapa is valuable to the present research because it builds on previous attempts to define and connect the essence of Wairuatanga within the profession (Mooney et al., 2020; Phillips, 2014). This particular finding also helps address part of the research problem statement: If social work struggles to translate and adapt Indigenous concepts in practice, how might Māori healing knowledge assist with the development of culturally nuanced approaches for the profession? All sixteen participants conveyed their experiences with Whakapapa knowledge and why spirituality is important for social workers to understand. Having confidence in one's intuition and awareness of belonging is paramount while Wairuatanga allows spiritual engagement so that individuals can tell their story. However, Phillips (2014), highlighted how social workers may not recognise service users' mystical side due to their own beliefs. This is problematic because this lack of spiritual engagement tends to block spiritual experiences. The current research study documents a Pūrākau from Paora who argued that social work must recognise the various manifestations of Wairua. That is, the linking of mystical experiences and Whakapapa knowledge can help social workers practice with spiritual responsivity, allows one to make connections with many diverse realties, and creates a healthy healing environment which can be therapeutic for Whānau who hold that Whakapapa knowledge.

The interrelatedness of Whakapapa, Mātauranga, Wairua, and the broader spheres of Iwi and Whānau are captured in the diagram below. Each domain has been fully discussed in Chapter 2 hence these concepts will not be expanded upon in this section,

but the illustration shows how traditional Māori healing is at the very core of multiple cultural influences which can help enhance wellbeing.

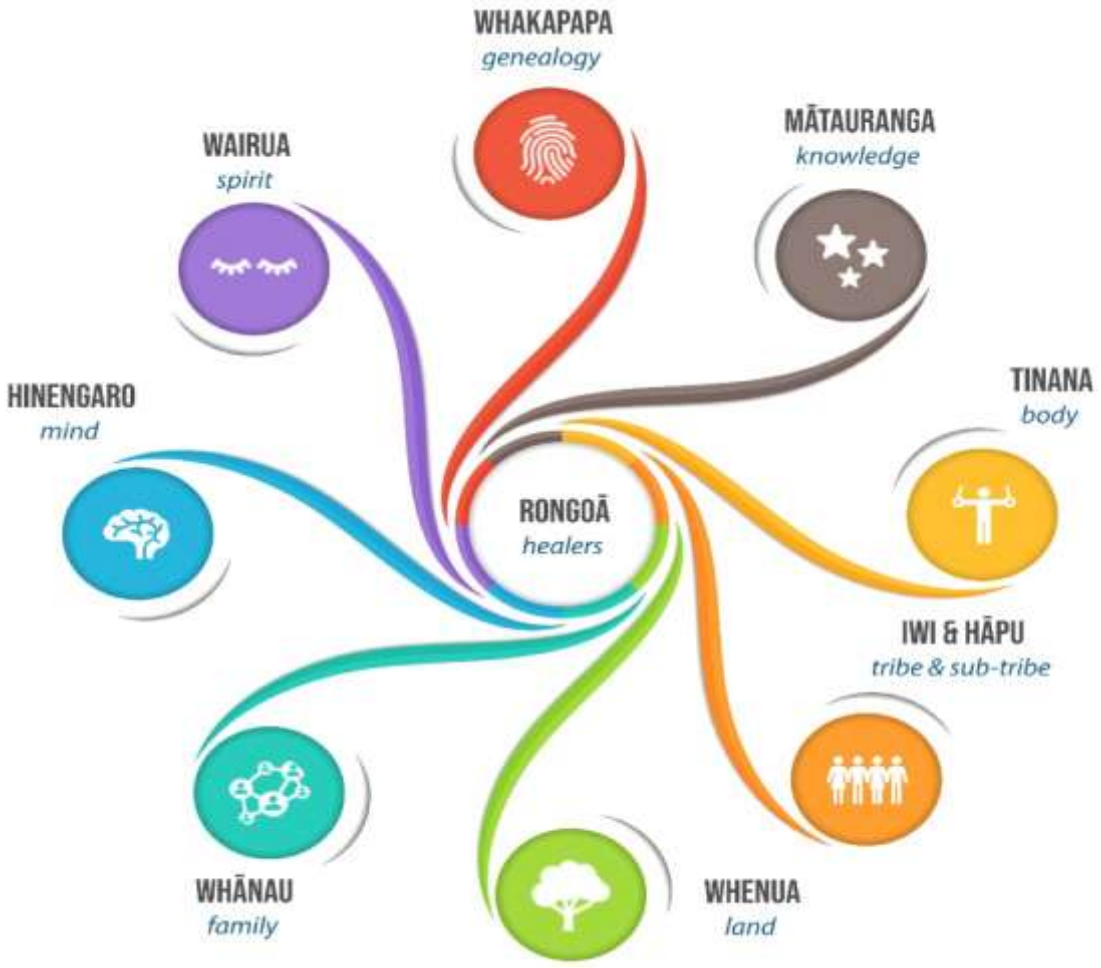

Figure 9.1 Essential elements of Rongoā practice (adapted from Marques et al., 2021)

This complex intersection of people, place, and ecological relationships, highlights the dimensions of Indigenous life (Marques et al., 2021). Whakapapa and Wairua are part of that process, and there is a definitive application of these concepts to the way in which social workers develop their sense of spirituality. In many ways these aspects speak to the notion of being-in-becoming whereby practitioners ought to recognise one's inherent worth as well as the harmful nature of individuals' attributes. The diagram above makes links to Hinengaro and Tinana, as being an important part of care within the Māori value system (Marques et al., 2021). Considering the theory of 'being-becoming' in this current

research, participants have proposed dynamic views on how to read Hinengaro and Tinana. For example, Nikorima documented that Māori healers have to find the point of calm and neutrality within all that is going on with a person. Development of divine intuition further relates to the balancing of Tapu and Noa (Ahuriri-Driscoll & Boulton, 2019; Niania et al., 2019). In addition, research participant, Paora, lamented how Whakapapa knowledge can be a lifelong journey into rediscovery and self-actualisation. The insights of these participants, support the notion of 'being-in-becoming' and having an acute awareness of Wairua experiences and Whakapapa.

The finding that social workers ought to acquire an understanding of Wairua and Whakapapa knowledge is also critical to the broader scholarship because the profession has historically lacked the confidence relating to spiritual views in education and practice (Canda et al., 2019; Holloway, 2007). The ongoing neglect of the spiritual dimension in the helping professions, perpetuates misrepresentation of mysticism in social work and there is often a misdiagnosis of individuals' psychospiritual problems when applying Western diagnostic criteria to Indigenous experiences of Wairua (Taitimu et al., 2018). For Indigenous Peoples, using all five senses to communicate with supernatural phenomenon, are common occurrences. Matakite has been described by Wiremu Niania as "a kind of seeing that goes beyond normal human vision" (Niania et al., 2016, p. 2). The general lack of confidence relating to spiritual views in education and practice in some ways, depletes one's understanding of how supernatural phenomenon manifest in social work. Holloway (2014) claims the reason for this neglect is also due to previous conflicts between the psychoanalytic movement and professional issues between the social and economic domains. In the present research, eight out of sixteen participants spoke directly to their assessment protocols, divination, and diagnostic criterion, and contrasted culturally nuanced modes with mainstream practice.

It was interesting to document understandings of Wairua and Whakapapa knowledge in terms of why participants felt it was necessary but also what Mātauranga in social work means from a healing perspective. For example, Bonnie claims that Whakapapa is the entry point for healing emotional trauma while Turumākina spoke about the role of Atua in his Taa Moko (tattooing) work. These insights are interesting because there is a link between Whakapapa knowledge and Wairua in terms of soul wounds, that is contained within esoteric Mātauranga. Dr. Eduardo Duran (2006, p. 99) said "The idea of wanting to die is literally a misinterpretation of the soul's desire to transform...The

patients realise that suicidal images have a transforming energy that literally can take them into the depths of their psyche, which has been suffering from personal and intergenerational grief". Turumākina described the depths of our psyche relative to Archetypes and various states of mental conceptualisation. Furthermore, Williams (2007) infers that metaphysical dynamism [spirituality] requires transparency into other ways of seeing the world. Thus, Aka Matua (3) the finding that social workers ought to acquire an understanding of Wairua and Whakapapa, shines light on the proposition that Wairua must be assessed as part of the human experience by social workers using a critical lens and that they must also engage with their own understandings of spirituality first. Aka Matua (3) segues into the third research finding on Tapu- enhancing practice.

Aka Matua (4)

Traditional healing in social work is centred on Mana /Tapu -enhancing practices

The current research project has found further evidence that traditional healing in social work builds on Tapu-enhancing practices. Although Tapu-enhancing practice is an adaptation of Dr. Leland Ruwhiu's 'Mana-enhancing' work - which is also discussed in Chapter 3 of this thesis, fourteen participants provided strong evidence in terms of Tapu as being the forefront of their work. Dr. Rangimārie Te Turuki Arikirangi Rose Pere used the following expression to describe one's spiritual existence as human beings: "*He Atua, He tangata* – I am celestial, I am terrestrial" (Pihama, 2020). This expression refers to the human essence which is a necessary a source of our existential being and life because spiritual authority is both the seen and unseen aspects of the supernatural realms. Tapu is the inherent connection all humans have with Io Matua (Creator), which adapts and guides the spiritual organisation of society. As Waretini-Karena (2017) explained, the purpose of collectivism and community autonomy is based on survival of Iwi and society. The essence of Tapu is closely linked to another joint concept in the Māori world called Mana Atua (power of the spirit world). Mana Atua and the intersection between the human and spiritual knowledge is further acknowledged with Pere's expression "He Atua, He tangata" (Pihama, 2020). Tapu – enhancing practice is the art of drawing Mana Atua, community autonomy and our unique connection to Creator to sustain experiential and empowering healing processes.

Tapu was further discussed by at least five participants as being indelibly linked to Mākutu experiences, mental illness, and misfortune. The reader might refer to chapter two for further information on Mākutu and Māori-related illness, however, the finding that social work builds on Tapu -enhancing practices, suggests that participants are attempting to demystify unexplained phenomena while protecting the sacredness of their clients. In earlier years, the New Zealand Ministry of Health (1998, cited in Matthewson, 2002) stipulated the importance of Tapu in the '*Guidelines for clinical risk assessment and management in mental health services'* whereby mental health services must access information pertaining to transgression of Tapu which can only be resolved through mediation of a cultural process. Tapu is about having an awareness of our responsibilities to all things physical and metaphysical (Niania et al., 2016).

An example from the study's Pūrākau is from Weherua who explained how Mākutu experiences are of the living world, yet there is little consideration for breaches of Tapu which happen daily within the spiritual world. That is a profound statement because both worlds are intertwined, in fact, Charlotte Towle's 1945 Common of Human Needs paper identified how there is often a misconception that spirituality is based on knowledge of the heavens while social work is based on knowledge of the Earth. However, Tapu is the existential link to Creator, hence there can be no division between knowledge that derives from the Kauwae Runga (upper heavens) and the Kauwae Raro (lower heavens). Therefore, Mākutu experiences and links to mental illness are relative to knowledge that is attained from the upper world and actualised in the physical world.

Tapu is the divine essence within the individual, which is so close to Creator, that consciousness of our sacredness of human life becomes lost when Tapu is breached (Lawson Te-Aho, 2013). Traditional healers work to restore Tapu [Tapu o te tangata] and this is where Whakapapa and Whakawātea (spiritual cleansing) are needed. The question is how can social work build upon Tapu -enhancing practices and what does this mean for non-Indigenous practitioners? One of the themes that was prevalent in this particular section, was a joint concept in the social world or Kauwae Raro (lower heavens) known as Whanaungatanga. The concept of Whanaungatanga has been discussed in terms of building a healthy rapport, sustaining relationships, and having good cultural manners. However, research participants expressed other views of Whanaungatanga, such as Reremoana who believes Whāngaitanga (adoption) is a way of addressing negative parts of the environment, while Weherua and Tony both spoke

about the Ahi Kaa (home fires) and returning to your Whakapapa. Haereroa (1999, cited in McClintock, 2018, p. 15) describes Whanaungatanga as part of "Igniting, developing, and keeping the local fires burning – of kindling the fires of tribal: knowledge; pātere (a poetic repository of information wisdom), historical stories carved within ngā whakairo (carvings)…their meanings and interpretations". The literature shows that Tapu-enhancing practices are relevant to Whanaungatanga, because the social world allows practitioners to work with First Nations communities in a Wairua based way as part of cultural mediation and to support individuals' connection to the principles of Tapu.

Alongside the so-called repercussions of violating Tapu and misdiagnosing Matakite experiences, critical conceptualisations of spirituality also contain the potency to sustain and revitalise social work. That means the principles of Tapu must however be invested into the social work discourse because structural analysis alone lacks any discussion of culture, values, and spirituality (Baskin, 2006). When social workers lose interest in helping people, there is clearly no Whanaungatanga, and the Tapu of the community subsequently becomes diminished. What is clear from this research finding, is that Tapu-enhancing practice encourages self-determination and reconnection to Creator and spirituality. Good cultural manners are the enactment of learning about Tapu and the spiritual concepts handed by ancestors, and then applying principles of Whanaungatanga in such a way that practitioners can perceive the spiritual world (Fox, 2021).

As the current literature has pointed out, critical social work is recognising the reality of oppression but also emphasising the foresight into the goodness of all beings. For Māori, spiritual restrictions due to Tapu and Mākutu, further trump malevolent happenings in the natural/social world. This was observed in a Pūrākau by Reremoana who described how a spiritual risk can never be underestimated. Therefore, Aka Matua (4) the finding that traditional healing in social work builds on Tapu-enhancing practices, is about reinvigorating individuals desire to connect with a higher being, while ensuring that processes of Whanaungatanga are adopted to help the Whānau restore their collective relationship with Creator.

Conclusion

This chapter has articulated Aka Matua 1 to 4 and then synthesised these findings with respect to the literature. The first Aka Matua (1) Traditional Māori healing knowledge is embedded in Kaupapa Māori epistemology, axiology, methodology and ontology, was beneficial to this study because it builds on existing literature on therapeutic partnerships, however, interwove Māori cultural worldviews of healing in a mental health context. The second Aka Matua (2) Healing is the practice of unconditional Aroha and intuition from the heart space, was also unique because the literature surrounding love as a social work concept, is very limited. Aka Matua (2) highlighted the interrelatedness of participants' love languages and how Aroha is defined and actualised in practice. The third Aka Matua (3) Social workers ought to acquire a nuanced understanding of Wairua and Whakapapa, has also contributed knowledge to existing literature in the sense that, Wairua must be assessed as part of the human experience by social workers using a critical lens and that they must also engage with their own understandings of spirituality first. The fourth Aka Matua (4) Traditional healing in social work is centred on Mana /Tapu -enhancing practices, is also quite a unique result because there is no identified literature which explicitly includes Tapu as a standalone concept for social work approaches. Aka Matua (4) emphasized the need for social workers to help restore individuals' connection to Creator, while ensuring that processes of Whanaungatanga are adopted for Whānau healing. Tapu is important feature of traditional Māori healing embedded in the creation stories of *Tāne*. The term 'Noho tatapu' refers to the physical dwelling in which *Tāne* and his siblings were trapped in darkness of their parents embrace. The only option for *Tāne*, was to separate their parents in order to restore life and light to their worlds. The next chapter continues on with our journey into the 10th heaven - Ranginui-Naonao-Ariki.

Chapter Ten: Ranginui-Naonao-Ariki
Healing a world of disenchantment and division

> Kei tua o Rangi-Ao-Whia ngaa Hoohoranga e tau-whiti nei ki te auaaroa maaiki paupau ana te reirua, ano te hua-oo-mata taurikiriki, koia nei te au-kaha mutunga
>
> Constituted within the nether boundaries are many agencies that would otherwise never reach their potential, but for our empowering from the never-ending essence which is the spirit.
>
> Whakatauākī by Pāpā Hōhepa Delamere (n.d)

Introduction

The purpose of this chapter is to discuss the research findings Aka Matua 5 to 8 which have emerged from Kaupapa themes 3 and 4. This chapter is another critical element of the data analysis stage Ara Whā: Tīhei Mauri Ora, because I am required to make succinct links to the role of traditional Māori healing knowledge in relation to previous knowledge as well as the implications of these four Aka Matua for my doctoral research. The Whakatauākī above was described by Pāpā Hōhepa Delamere as finding potential within an infinite source of knowing, which is the spirit. That is precisely the meaning of 'Tīhei Mauri Ora' which was the breath of life given to Hineahuone – the first woman made of clay by Tāne. First, I will discuss the fifth research finding – Aka Matua (5) Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga. Then I will discuss Aka Matua (6) Non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work practice, but they can apply cultural humility. This section is followed by a final discussion pertaining to another two more research findings Aka Matua (7) Social work is at increased risk of isolating traditional knowledge from practice, and Aka Matua (8) Traditional healing can only be actualised when it is truly accepted by mainstreams.

Ara Whā: Tīhei Mauri Ora

Kaupapa Three

Ma te Ariki, Ma te tauira:

Disseminating knowledge for non-Indigenous practitioners

Aka Matua (5)

Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga

The finding that Māori healing knowledge must be included in all levels of social work within a well-informed framework which is taught in accordance with Tīkanga, was a strong finding in the sense that thirteen participants made explicit statements related to this concern for the profession. Tīkanga is one the most important features of traditional healing treatment, and it involves the appropriate rituals and purification ceremonies required to nullify breaches of Tapu (Mikaere, 2017). In fact, Tohunga have a role in terms of identifying which Atua has been offended during the assessment process and diagnosing of certain ailments (Buck, 1949). These are examples of the spiritual restrictions spoken about in Kaupapa 3. Research participant, Weherua, lamented that any kind of spiritual knowledge must be used correctly which was supported by Tony who spoke about Ngā take pū principles as being part of the principal positioning and language concepts within social work. Pohatu (2003, p. 1) affirmed that:

> "Māori social work practitioners are constantly faced with questions like; 'what place do Māori cultural templates have in guiding my practice?' and 'how safe are these cultural templates in my workplace?' The recurrence of such questions suggests that cultural integrity, constantly strives to be acknowledged, in the framing of social work practice and theory in Aotearoa".

The questions which Pohatu (2003) has asked in this statement, also relate directly to the place of Māori healing knowledge in social work as well as the Tīkanga for using

Matakite skills in practice. Karakia and Takutaku are two cultural practices which can be used for ensuring Tīkanga is upheld (Mark & Lyons, 2010). The readings suggest that Karakia is often used in conjunction with philosophical healing remedies and techniques to aid wellness. Therefore, the finding that Māori healing knowledge must be included in all levels of social work within a well-informed framework which is taught in accordance with Tīkanga, includes valuing Māori ways of being and doing, alongside "dealing with different types of mana" (Ruwhiu, 1999, p. 442). Tīkanga is one of the key approaches for dealing with happenings that exist within the spiritual and material worlds – Mana Atua and Mana Tangata. This sentiment segues into another aspect of social work practice, which involves safety of the practitioner and service users.

Creating safe space for Whānau is congruent with healing techniques using Karakia, and it has only been in the last two decades that social work has made efforts to incorporate Māori methods into practice (English-Hollis, 2015; Moyle, 2014). Munford and Sanders (2011, p. 74) stated that, since the early 2000s, additional mainstream social work agencies "have begun to explore the ways in which they can incorporate Māori cultural worldviews into their work". Embedding traditional Māori healing knowledge has not always been part of that discussion, as this thesis has argued, however, the role of diverse worldviews in social work is widely recognised (Munford & Sanders, 2011). Six research participants spoke candidly about developing professional identity and empowering colleagues. These participants' stories echo the earlier evolution of Māori-centred social work, whereby progress was "…slow and there remains a need to realign services" (Mason Durie, 1999, p.10). Research participant, Paora, also spoke about how she provides supervision to students in their learning and development of Tīkanga. This excerpt highlights an experiential learning process in order to enhance the development of practitioners and services, to create safe space for Whānau in need.

There are two key theories which are conducive to the way in which Māori healing knowledge must be included in all levels of social work. First is Tīkanga Māori theory, which maintains that Māori practice methods are bound by the customs of Kaupapa Māori theory such as Whanaungatanga and Whakapapa, Te Reo Māori and Te Tiriti o Waitangi. Hollis-English (2015) points out that before these conceptual approaches are carried, one must develop an understanding of Tīkanga. The second theory is Māori advancement theory whereby the ultimate goal for Māori self-determination [Tino

Rangatiratanga] involves the advancement of Māori in terms of protecting Tamariki (children), the future generations and the environment.

Mason Durie (1998) states that Māori advancement comprises three key dimensions. First, is improving the economic, social, and cultural well-being and identity of Māori; second, involves power and domination at all levels of society. That is, better productivity of land and cultural resources, actively promoting good health and education (Hollis-English, 2015). Mason Durie (1998, p. 4) then stipulates the element of change:

> "Cultural fossilisation is not consistent with the spirit of development; and even though traditional values and knowledge have important lessons for today and offer some clues for the future, Māori self-determination is not about living in the past".

With respect to Mason Durie's (1998) advancement theory, the protection of Tīkanga is also a critical part of the 'spirit of development'. It is equally important that non-Indigenous practitioners develop their awareness of Tīkanga when it comes to utilising Māori healing knowledge in social work. Furthermore, Ruwhiu (1999) spoke about cultural relevance and the need for social policy to make sense for Māori people from conceptual stages to practical development and implementation. This sentiment is supported by research participant, Weherua who documented those non-Indigenous practitioners can apply Tīkanga in their practice, if they hold fast to the Taha Wairua or spiritual side. That is the conceptual stage which allows Tīkanga such as Whanaungatanga, Karakia and Powhiri approaches to be upheld. Another reason why cultural protocols must be upheld in practice is because "the effectiveness of interventions depends on the social worker's acquisition of a particular body of cultural knowledge, values and skills…which can then be used to understand the client's cultural frame of reference" (Gray et al., 2008, p. 3). Tīkanga is therefore an authentic theoretical discourse which contains knowledge for Māori to practice in any situation and informs much of what practitioners do (Hollis-English, 2015). This particular finding – Aka Matua (5) was a valuable result because it shone light on the place of Tīkanga Māori theory and Māori advancement theory, and why Māori healing knowledge must be included in all levels of social work.

Aka Matua (6)

Non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work practice, but they can apply cultural humility

The finding that non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work practice, but they can apply cultural humility is a unique result because there is no identified literature which specifically discusses how Mātauranga can be appropriately incorporated by non-Indigenous peoples. The primary concepts in support of Aka Matua (6) are cultural humility and empowerment. These themes are pointed out in Kaupapa 3 Pūrākau whereby nine participants documented their use of well-rounded frameworks and an inherent sense of self which can be used to inform the educational needs of non-Indigenous practitioners. Cultural humility is one way which non-Indigenous practitioners can incorporate aspects of Māori healing knowledge to their work, by having a critical awareness of their limitations with Whakapapa, Mātauranga, and the concept of Hūmarie (humility/humbleness) in terms accepting the many dimensions of psychospiritual being. In earlier years, Tervalon and Murray-Garcia (1998, p. 123) defined cultural humility as being "a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient–physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships". This description is dated but fitting for cultural humility in the sense that it aligns with the way in which four research participants asserted how non-Māori must investigate their own backgrounds for inherent healing knowledge and ensure traditional Mātauranga is applied meaningfully and for the right purposes.

Chapter 3 explored the literature surrounding Mana-enhancing practice (Ruwhiu, 1999), however, there is no further mention about the concepts of diversity, openness, and supportive dialogue. The literature does in fact highlight how Mana-enhancing practice promotes self-management and "fostering confidence, respect, and systems of accountability which recognise the 'Māori way of doing things' and emphasises the benefits of 'being Māori' (Ruwhiu, 1999, p.449). In addition, eight participants involved in the current research study, generally found that Mana-enhancing practice relates to bi-cultural governance, the political aspirations of Māori, and the life-giving principles of Wairuatanga and Whakapapa. To that end, one might observe an open dialogue which is

fruitful for non-Māori to apply traditional healing concepts to their own practice. The following diagram [Figure 10.1] outlines some of those key features of cultural humility.

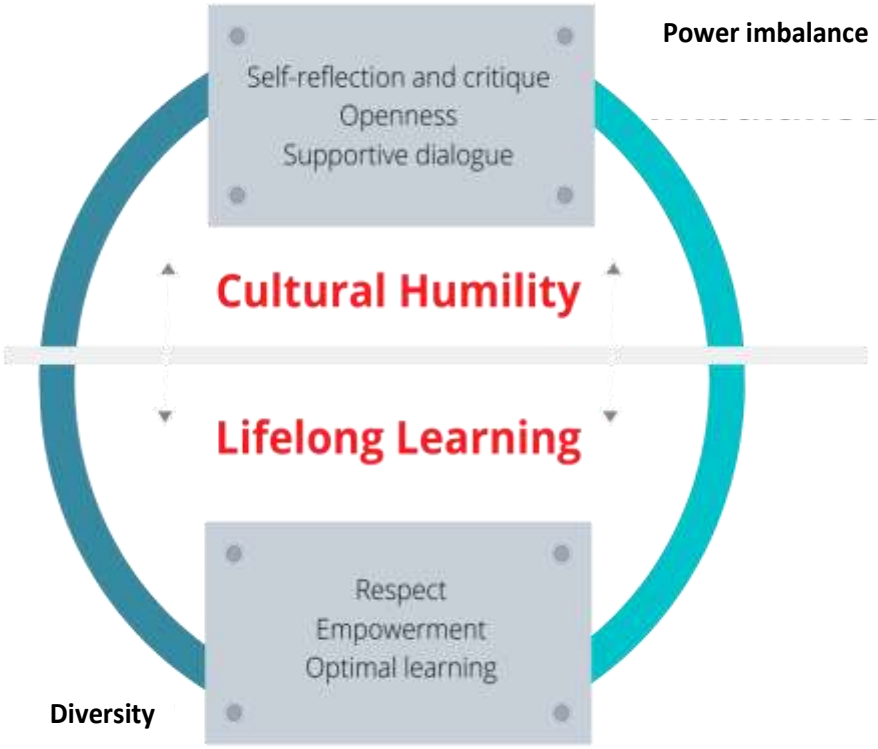

Figure 10. 1 cultural humility analysis (adapted from Foronda et al., 2016)

Cultural humility in social work enables practitioners, regardless of their heritage, to acknowledge their own worldviews, cultural relativism, and maintain open curiosity alongside a willingness to be learn rather than rely on what one already knows (Foronda et al., 2016). This sentiment is supported by research participant, Rauweti who argued that Māori concepts cannot be used in a tokenistic way but from an informed perspective. The literature shows that a client's perception of the actual practitioners' cultural humility, can mitigate the effects of a therapeutic power imbalance. In the present research, several participants encouraged the notion of Whanaungatanga and Tīkanga, to enable a stronger working alliance and better improvement in therapy. Additionally, cultural humility extends to the way in which healers identify who Indigenous healing knowledge belongs. For instance, Weherua described how he has no right to deprive non-Māori from the gifts of Atua. His job is to teach people how to heal themselves from

trauma. This is an example of Hūmarie (humility/humbleness) and being self-aware of your place alongside higher beings. Cultural humility is about encouraging non-Māori practitioners to view themselves as facilitators of a healing process, rather than an expert.

Cultural humility also links with empowering social work practitioners, students, and educators, into the application of Indigenous healing frameworks and strategies in practice. The reason why empowering professionals is important for the broader scholarship, is because cultural humility informs equitable partnerships across the entire system. The present research documented how Rāniera argued that non-Māori can utilise healing knowledge if they are willing to ask how and learn about Māori ontology and axiology. Equitable partnerships are needed to acquire some sense of Māori healing knowledge and skills in order to become intercultural as opposed to culturally competent. Foronda and colleagues (2016) made the following distinctions between cultural humility and cultural competency:

- Cultural competency infers that the practitioner is the expert whereas cultural humility maintains that the individual is the expert,
- Cultural competency is an end outcome whereas cultural humility is a lifelong process,
- Cultural competency implies an objective set of best practices whereas cultural humility maintains a more subjective set of best practices.

These distinctions listed above, suggest that the key attributes of cultural humility are, transparency, critical self-reflection, lifelong learning, institutional accountability, and relational thinking (Foronda et al., 2016). The concept of relational thinking is at the heart of social work, which centres "the inherent worth of the human being, the uniqueness of the individual, beginning where the client is, the centrality of the client-worker relationship in the helping process, and the importance of genuineness and mutuality" (Goldstein et al., 2009, p. xv). This sentiment can further be observed in the excerpt by research participant Tony, who asserted that non-Māori practitioners cannot necessarily implement traditional healing knowledge if they are not trained in that way but should try to get a better understanding of modalities that work for us. What this means is that social workers must make justified attempts to identify the role of cultural humility in the broader helping professions.

Foronda and others (2016) go on to explain that cultural humility is better understood by what it is not, which is "prejudice, oppression, intolerance, discrimination, stereotyping, exclusion, stigma, inequity, marginalisation, misconceptions, labelling, mistrust, hostility, misunderstandings, cultural imposition, judgmental, undermining, and bullying…". This explanation provides some further context for why and how non-Māori practitioners should seek to apply traditional Māori healing knowledge and strategies in practice. It also shows that diversity and power balance is increasingly becoming recognised as an area of emphasis in social work. This is not knowledge, as it has been argued within the Aotearoa social work context, that Mātauranga has been recognised as one of the guarantees of Te Tiriti o Waitangi (Hollis-English, 2015; Ruwhiu, 1999). Furthermore, Foronda and colleagues (2016, p. 213) noted that cultural humility within a concept analysis context, was "a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique". Diversity and power imbalance requires us to be more conscious about how our identities shape the work Indigenous social workers do and how one uses Mātauranga in practice. Therefore, the finding that non-Māori practitioners have scope to share space with Māori social workers in terms of applying traditional healing knowledge in practice, is a strengths-based result which reiterates that professional identity development, Mātauranga recognition and intrapersonal skills are required before working with Indigenous Peoples.

This section now concludes my discussion of Aka Matua (5) and Aka Matua (6) which are two key findings that emerged from analysing Kaupapa three - Ma te Ariki, Ma te tauira: Disseminating knowledge for non-Indigenous practitioners. The Ara Whā: Tīhei Mauri Ora stage of my analytical strategy, has helped me to interpret patterns of meaning within the Pūrākau and make solids links to existing literature. This final stage of analysis also enriches the current study and enhances trustworthiness because it allows me to further decontextualise then recontextualise the data in accordance with the patterns of meaning within the Pūrākau. The next section will now go on to discuss Aka Matua (7) and Aka Matua (8) which have both emerged from Kaupapa four.

Ara Whā: Tīhei Mauri Ora

Kaupapa Four

Te hua ā ngā Rangatira:

Occupying space with cultural responsivity and spiritual sensitivity

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Aka Matua (7)

Social work is at increased risk of isolating traditional knowledge from practice

The research finding that social work is at risk of isolating traditional knowledge from practice, is an issue which has been discussed broadly in terms of decoloniality in social work (Bennett et al., 2018; Dudgeon & Walker, 2015; Eketone, 2012; Eketone & Walker, 2013; McNabb, 2019). However, the majority of participants shared their own concerns regarding the politics of traditional Māori healing knowledge, the context of sociocultural disparities and why social workers are important allies. For example, research participant – Paora, argued that Māori are constantly faced with the impacts of transgenerational trauma, homelessness issues and child removals, while Tony suggested that the community would improve overall Oranga if Mātauranga principles were utilised as tools for engagement. This thesis has argued that Mātauranga is a cultural system of knowledge about everything that is important to Māori. Mātauranga has systematically been starved of resources and opportunities for use and development (Mikaere & Hutchings 2012). Traditional Māori healing Mātauranga has remained silenced due to a prevailing biomedical model across the broader health leadership and aspects of Rongoā have not been fully funded by the Crown (O'Connor, 2007). The marginalisation of Wairua and traditional philosophies in social work can be addressed by recognising Indigenous rights, government action to protect knowledge, and fostering harmonious relationships at a systemic level.

Two important examples from the Pūrākau are descriptions of Maramataka and Matakitetanga which were both highlighted by Heeni, Reremoana, Weherua and Tony. The general consensus was that there are differing approaches to Rongoā development

and the sustainability of Wairua wisdom. Ahuriri-Driscoll et al. (2010) suggested that Rongoā is embedded in Whānau and hapū where a gift for healing is generally nurtured and taught by Kaumātua. As mentioned in an earlier section of Aka Matua (1), Rongoā has many dimensions including the Mātauranga of healing in its totality. This awareness of spiritual gifts such as the Whatumanawa is critical for social work because Eurocentric consciousness separates the spirit from cultural diversity (Fox, 2021). The idea of 'intergenerational weaving' is a way of integrating Mātauranga and authority. Niania and colleagues (2016) similarly call for the unification of spiritual and material reality which is embodied in Indigenous scholarship. Therefore, an awareness of Matakitetanga and the intergenerational weaving of Mātauranga, is a way of combatting cultural dissonance and further isolation of traditional healing knowledge from social work.

The research finding that social work is at risk of isolating traditional knowledge from practice, provides additional evidence that catastrophic losses of Indigenous memories and epistemology can, and do, lead to cumulative and unresolved grief, followed by an historical trauma response. Chapter 3 has made links to intergenerational transfer of trauma and connected similar disruptions to Wairua. However, others have posited some of the challenges related to documenting empirical evidence for the concept of historical intergenerational trauma (Walters et al., 2010), such as methodological problems in terms of connecting historical events to contemporary problems, despite substantiated effects of those events. But how does this relate to the marginalisation of traditional healing Mātauranga in social work? As indicated by research participant Paora, child protection issues, homelessness and addictions are chronic problems, while Nikorima suggested society is in a 'spiritual famine'. Themes related to related to historical oppression and transcendence are apparent across the majority of Indigenous communities, where suffering is present (Lawson Te-Aho, 2017). The care and protection of Mātauranga is paramount which is why there are frameworks such as 'Vision Mātauranga' (Ministry of Research, Science and Technology, 2007). In addition, the 'Vision Mātauranga' project aims to enhance the revitalisation of Rongoā and rebuild parts of and Indigenous worldview to reduce the risks of isolating traditional knowledge.

Transformative social work is a Western ideology which has been rather productive in terms of enhancing multicultural education into regular classroom courses. However, Indigenous theorists have written widely about change through our own philosophical and pedagogical approaches (Cajete, 2000; Gorlewski & Tuck, 2019; Smith, 1999; Yang,

2006). To think about transformative social work in another way, if social workers practice in isolation, then it can be argued that one is not afforded the wisdom of differing perspectives. Thus, newly appointed social workers might like to ask themselves: What is my own story and am I comfortable working in a cultural space? Transformation is about empowering peoples so that change can occur (Smith, 1999). In terms of Kaupapa Māori research and the origins of Indigenist research, the education system not only plays a critical role in reinstating Māori healing knowledge in mainstream health settings, but also the revitalisation of Te Reo across multiple sites within the helping professions.

Te Reo Māori has historically been banned which effectively resulted in the suppression of Mātauranga through the criminalising of healing practices and removing opportunities to speak the language (Walker 1990). Research participant -Paora, documented that Pākehā feed off controlling Māori misery to the point that the Ministry for Children [Aotearoa] ultimately 'bastardise' the Māori language for example the name 'Oranga Tamariki' which translates to child wellbeing. At least 6 participants felt very strongly that Whakapapa knowledge has been "…dismissed and erased…as being worthless. Past legislative actions of the government have effectively resulted in a raupatu (confiscation) over Mātauranga Māori' (Waitangi Tribunal 1999, pp. 47–48). The literature provided in this Chapter gives some further evidence into how colonial division tactics have separated community. As such, the Aka Matua (7) finding that social work is at risk of isolating traditional knowledge from practice, adds more context and justification for the importance of enhancing one's awareness of spirituality, Matakitetanga and why Indigenous languages should be appropriately used at all times in the helping professions. That includes the lexicon of Māori terms for example, the notion of Whakamomori as described in Chapter 2 which describes the deep-seated suffering as opposed to 'suicide'. This concludes another discussion on research theme number four. The next section considers the finding that traditional healing knowledge can only be actualised in social work, when it is truly accepted by mainstream systems.

Aka Matua (8)

Traditional healing knowledge can only be actualised in social work, when it is truly accepted by mainstream systems

The research finding that healing knowledge can only be actualised in social work, when it is truly accepted by mainstream systems, contributes to existing literature where Indigenist research practice and decoloniality are concerned (Hollis-English, 2015; Bennett et al., 2018; Eketone & Walker, 2015; Mattison, 2003; Reamer 2013). However, research participants in this study, have argued that there must be a solid base for Māori social workers within the mainstream system, to contribute to positive outcomes. An example from the excerpts is from research participant – Harata, who spoke about remand programs for children, citing that a 'Teina plan' mobilises practical healing concepts such as culture, identity, connection, outdoor living skills, education, vocation, employment. A key component within this treatment plan, is the Āta approach which was described by Pōhatu (2005) as another essential element of Ngā take pū (principles). In relation to Indigenous solution-focused programs informed by Māori healing techniques, the Āta principle is relevant to the analysis of Māori social work practice because it helps us understand "…how these domains function and interconnect, [and] suggest cultural approaches of how they may be safely navigated' (Pōhatu, 2005, p. 2). Māori healing knowledge contains behavioural and theoretical strategies, which are purpose-built for building and maintaining relationships with Whānau as well as mainstream structures (Fox, 2021). Majority of the participants support this sentiment and agreed that promoting healthy lifestyles is part of a holistic approach to the prevention of future illness and further establishes Rangatiratanga (authority) over decision-making which is the ultimate goal of holistic interventions.

Operationalising traditional healing knowledge in social work, requires commitment to explicit wellness outcomes, identification of wellness goals, and consulting with Tohunga about the appropriate healing strategies. Assessment protocols are designed to assist practitioners with spiritual inquiries, as highlighted in Chapter 3 (Rameka, 2017; Waretini-Karena, 2013). However, the 'Ngā Tohu o te ora' research project by Ahuriri-Driscoll (2014) also points out that the application of Māori values and Rongoā knowledge, reflects the significance of local diversity in terms of understanding wellness domains and stages of intervention. This is important information for mainstream

systems with regard to actualising traditional healing knowledge, because local diversity and Mana, have an integral place in social work. In addition, Eruera and Ruwhiu (2016, p. 2) contend that the:

> "Tangata Whenua [People of the land] have ways of knowing through the development of our own critical social and community work theories, practice frameworks, models of engagement with associated skill sets, and practice tools can only be of benefit for the entire profession of social work practice".

Eruera and Ruwhiu (2016) argued why it is important for mainstream to recognise Māori assessment frameworks and healing knowledge while Cook (2006) inferred that being responsive to the spiritual needs of clients, requires receptive approaches because the mystical side needs equal attention. As an example of mainstreams' need to validate and actualise tribal healing traditions, the present research documented that there are more Pākehā entering Kaupapa Māori organisations and are also learning how to comprehend the behaviour and values of Māori. Dobbs (2015, p. 7) supports this claim, saying that using "co-constructed Indigenous and non-indigenous knowledge and frameworks…which combines the knowledge and practice that both Māori and Pākehā bring to social work practice, allows workers to develop culturally sensitive and responsive practice". In addition, this sentiment validates the actualisation of traditional knowledge through the value of teaching and professional development Thus, it is irrefutable that operationalising traditional healing knowledge in social work, requires commitment to wellness goals and developing skills to allow one to work with local diversity, for example, applying specific Tīkanga to individuals' care plans based on approaches and traditions that are unique to that person's Iwi.

The research finding that healing knowledge can only be actualised in social work, when it is truly accepted by mainstream, also provides some evidence for the utility of traditional infrastructures where healing cultural connections can develop. Specifically, five research participants documented the benefits of Papakāinga and associated healing clinics within community. Lawson Te-Aho and others (2019) conducted a research study which found links to Papakāinga and frameworks for guiding Māori/Indigenous homeless problems which incorporate Rangatiratanga, Whānau Ora and housing initiatives. The literature from an Indigenous perspective, shows that relationships to land, water, culture, kinship, and each other are paramount (Thistle, 2012) while Paul

Memmott (2015) indicated that spiritual homelessness, is a phenomenon where people are homeless in the mainstream sense, while also similarly disconnected from kinship, love, and country. The result is a loss of Whakapapa and disconnection from Ahi Kaa (home fires). Waereti and colleagues (2022) outlined a Whānau journey of re-establishing Papakāinga and documented the benefits of resilient Whānau living, based on Tūpuna knowledge. The 21st century Papakāinga model emphasised how Kaumātua find links to multidimensional processes for healing intergenerational Mamae (pain). Therefore, mainstream systems can support the development of such infrastructures to ensure better cultural, environmental, and economic outcomes for people and the land.

Recognising and accepting traditional Māori healing knowledge within the broader helping professions, is allowing Indigenous and Māori practitioners an opportunity to determine how therapeutic alliances with Whānau are fostered and how the Iwi and wider tribal kinships can help. If the potency of the Āta principle is truly relevant to the analysis of Māori social work practice (Pohatu, 2008), then mainstream systems can actualise the use of Papakāinga and traditional healing processes by inspiring Indigenous conceptions of knowledge and also approaches to creating new knowledge. Part of those innovations can include space for Whakatangi (crying) and the release of emotions; Whakapuaki which is the sharing of stories; Whakaratarata whereby individuals set their own healing goals with possible solutions; Whakaora which is taking control of one's wellbeing after and Whakaoti which the celebration of successful healing outcomes and discharge from the service (Ihimaera, 2004). These features position social work practice within a Māori worldview but they also make traditional healing more accessible to the mainstream system because practitioners develop a plan to evaluate outcomes and progress across the physical, mental, emotional, spiritual, social, and cultural domains of health. Therefore, the research finding that healing knowledge can only be actualised in social work when it is truly accepted by mainstream, provides evidence that there must first be a solid base for Māori to contribute to positive outcomes using traditional infrastructures such as Papakāinga and cultural models of engagement with associated skills.

Conclusion

This chapter has discussed the research findings -Aka Matua 5 to 8. I have synthesised an anthology of literature, in support of these results as they relate to the role of traditional Māori healing knowledge in social work. Aka Matua (5) was an important finding as it shone light on the place of Tīkanga Māori theory and why the healing traditions must be included in all levels of social work. Aka Matua (6) found that non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work practice, but they can apply cultural humility. This was also a unique result because there is no identified literature which specifically discusses how healing Mātauranga is incorporated by non-Indigenous practitioners, educators, and researchers. Aka Matua (6) was therefore fruitful in that it provided more evidence for professional identity development, Mātauranga recognition and intrapersonal skills. This chapter also explored Aka Matua (7) which was the finding that social work is at increased risk of isolating traditional healing knowledge from practice. This discussion was an opportunity for participants to highlight their concerns for healing knowledge in social work, alongside modalities to disrupt historical trauma narratives, enhance an awareness of spiritual gifts and authenticate the intergenerational weaving of Mātauranga. The final result, Aka Matua (8) posited that traditional healing will only be actualised in social work, when it is truly accepted by mainstream. This thesis now continues in the search for knowledge in the upper realms.

Chapter Eleven: Tiritiri-O-Matangi

Reaffirming the collective power of Indigenous voices in social work

Me he maonga āwhā

Like a lull in a storm

Whakatauākī (2019, cited in Te Kotahi Research Institute)

Introduction

This chapter discusses the final four Aka Matua research findings of my doctoral thesis. The Whakatauākī above sets the scene because it speaks about making space for calm in a storm and facing adversity. How can one 'weather' the storm and find a positive way forward in the face of adversity? In many ways this Whakatauākī also keeps me focused on an important part of my study's research problem: If governments are struggling with disadvantage among Indigenous communities, to what extent can practitioners mobilise ancestral healing knowledge within social work policy and education? First, I will discuss Aka Matua (9) which is the finding that traditional healing programs require financial support from local governments. This discussion is fruitful in the sense that it challenges the idea that healing may be applied to all members of society including the land and wider environment. The next focus point is Aka Matua (10) The praxis of healing knowledge in social work is a constant process which sustains Whakapapa. A highlight from this particular finding is how the baskets of genealogy preserve the fabric of cultural identity. This discussion is followed by Aka Matua (11) that social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa. This is also an important find because not only do these participants identify a need for reflective processes, but how they can engage in decoloniality as well as collaborative approaches in their daily work. The final research finding Aka Matua (12) documents that social work must advocate for Mana Motuhake and protection of Māori wisdom. Chapter 11 begins with the results from Kaupapa five.

Ara Whā: Tīhei Mauri Ora

Kaupapa Five

Apiti hono tātai hono:

Nuanced understandings of two worlds for collective wellbeing

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Aka Matua (9)

Traditional healing programs require financial support from local governments

The research finding that traditional healing programs require financial support from local governments, has been a point of debate among other studies (Mark et al., 2019, 2022). Dated literature promulgated by international organisations also discussed the ongoing utilisation of traditional healing as a component integrated within mainstream health services (Ahuriri-Driscoll et al., 2008). The early 90s observed more formal movements toward the funding and delivery of Māori healing programs supported by the development of a framework for purchasing traditional healing services (Mason Durie, 1996; Jones, 2000). As a result, the Ministry of Health (MoH) published a set of standards for traditional Māori healing (MoH, 1999). Chapter 3 discussed government support at that time, including financial support to Ngā Ringa Whakahaere o te Iwi Māori and the establishment of Te Paepae Matua. However, this literature does not convey any further details for introducing funding for the social work profession to implement Māori healing projects, nor does it describe how this Mātauranga can strengthen delivery of services or fundamental areas of knowledge transmission for the next generation of social workers. Aka Matua (9) documents five participants' views in support of securing sustainable Māori healing programs and infrastructures. For instance, Hārata documented private sectors truly believe that Māori practitioners add value to the workforce; Heeni advocated for White governments to 'buy-in' to Māori ways of living and healing; and Bonnie discussed service demands and why there is limited productivity and effective outcomes.

Ahuriri-Driscoll and Boulton (2019) noted that Māori healing services are typically challenged by various government criteria on the basis of being accountable for the use of public funds. Services must fulfil administrative and reporting functions, the standardisation of delivery, and the quantification of effectiveness, and prove their effectiveness based on empirical evidence. There have been widespread movements to consolidate an evidence base for traditional healing (World Health Organisation, 2013), beginning with the acknowledgement of existing internal quality standards. However, as the present research study has shown, traditional Māori healing is limited in terms of 'evidence' based outcomes because its practices are based on the informal transmission of knowledge. For example, in Aotearoa, the delivery of state funded health services as 'Kaupapa Māori' came into fruition in 2006 when twelve government funded Rongoa clinics were operating nationwide. It was an important transition to Māori-centred infrastructures, because the Director General of Aotearoa argued, "Māori people have a right to appropriate services funded through our health system" (Salmond cited in Mason Durie, 1998, p. 85). Therefore, the mounting evidence for government funded programs, further reinforces the development of practice across sections of the helping profession.

A question to ask might be – why should the government provide funding for social work to implement Māori healing projects? There are two aspects, one of which relates to the benefits of Mātauranga to social work which has been fully justified in Aka Matua (5) Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes. The other aspect for consideration, is because the New Zealand government has a contractual obligation under Te Tiriti o Waitangi and the principle of Whakamarumarutia which is the active protection of Matauranga (Came & McCreanor; 2018). This sentiment is also supported by research participants who explicitly advocated for fairness and equality. Lawson Te Aho (1998, p. 37) documented the opinion of one healer who asked, "How can healers have two masters – government and Wairua?". Several participants in the present study, postulated that Wairua guides their work and Tīkanga governs the administrative structure of their practice. For example, Bonnie claims that her work is all about Wairua and she would never charge anyone for her services. That is the Tīkanga behind her work and the administrative structure of her particular practice. However, traditional healing projects should also be supported by social work because a Te Tiriti-based framework is premised on principles of self-determination and social justice.

The following diagram [Figure 11. 1] describes the interplay between Tiriti-based social work practice and education, and honouring Te Tiriti partnerships. McNabb (2019) has effectively highlighted Māori ontology and worldviews, as a method for challenging colonialism, racism, and White privilege which can be observed in terms of responsiveness to Māori. Another aspect of this framework is the centring of Mātauranga which essentially emerged from a philosophical view that the future of Māori knowledge must consider Māori worldviews and the diversity of contemporary Māori society (Durie, 1998). The diagram makes clear links to identity, resilience, human rights, and ontology.

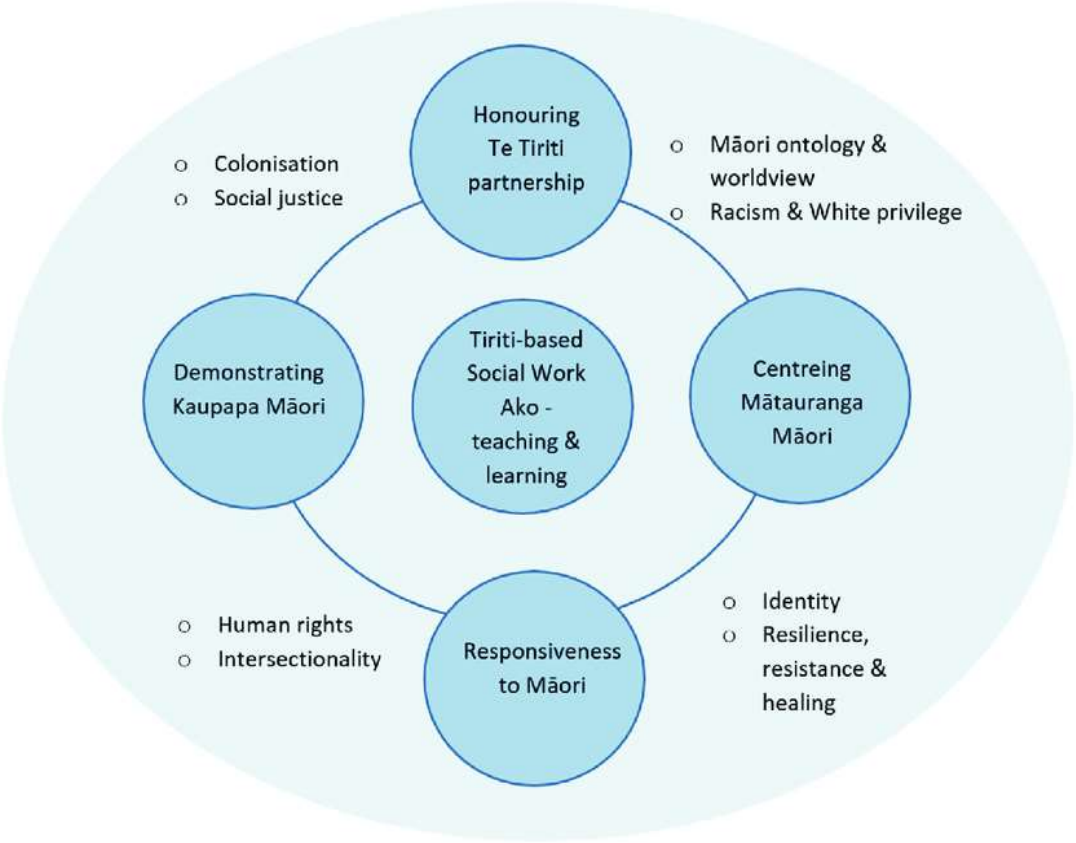


Figure 11.1 Te Tiriti-based framework for social work (adapted from McNabb, 2019)

Biculturalism in the Aotearoa context, means that there is "co-option…promoted by the state in an effort to contain Māori demands for greater autonomy" (Sissons 2005, p. 28; Mason Durie 1998). Biculturalism is also embedded in the ANZASW Social work program at Te Wananga o Aotearoa, which enables two peoples to operate within each other's cultures. Biculturalism has also been written into the Māori Health Directorate's Rongoa project plan. The Directorate conveys the underlying message of Te Tiriti o

Waitangi, that the relationship between Māori and the Crown government must proceed with "Māori participation at all levels; active partnership in service delivery; protection and improvement of Māori health status" (Māori Health Directorate 2004, p. 12; Ministry of Health 2000, p. 8). From a traditional Māori healing perspective, Jones (2000) argued that although this partnership is dominated by Western models of health, there is evidence to support the claim that Māori healing projects and Rongoā can improve Māori wellbeing. It is also worth mentioning that Jones (2000) cited the principle of protection, and that Ministry of Health (2000) similarly affirms that the notion of protection refers to the responsibility of Treaty partners including the Ministry of Health, to protect the intellectual property and rights of Māori. This is reinforced by Heeni who uses her role as a Maramataka practitioner to reaffirm the value of Rongoā. Therefore, the government must make publicly fundable Rongoā practices more accessible and in doing so, this will shine light on the power relationship and concepts related to biculturalism in Aotearoa.

The issues surrounding bicultural ignorance and strict government criteria for the establishment of Māori healing practices, reflects political pressure to put expectations around Rongoā that do not necessarily align with Wairua knowledge and Māori concepts of mental illness outlined in Aka Matua (1) and (2). That is not surprising because Indigenous researchers know that Kaupapa Māori involves a different way of knowing the world which is essentially outside of nature (Kopua et al., 2020). In addition, bicultural ignorance has a tendency to diminishes Wairua knowledge which is why the government should consider the potential to risk to community if traditional healing concepts and practices are not publicly legitimated. Furthermore, there are claims that Māori spirituality is a cultural right and must be acknowledged by New Zealand's parliamentary and judicial authorities (O'Connor, 2007; Jones, 2000). The literature provides additional evidence to support the research finding that Māori healing programs and infrastructures require financial support from local governments to implement specific Māori healing projects. This concludes yet another discussion on some of the issues surrounding financial inequalities when it comes to Māori healing services who are typically challenged by opposing departmental criteria on the basis of being accountable for the use of public funds.

Aka Matua (10)

The praxis of healing knowledge in social work is a constant process which sustains Whakapapa

The finding that traditional Māori healing knowledge within social work practice is a continuous process which sustains Whakapapa, truly reaches into the core of this thesis. The notion of praxis is used in this context to describe the cyclic way in which one interrelates their epistemology and ontology with a sense of Whakapapa. The reason why Aka Matua (10) is profound in this context, is because all sixteen participants agreed that the baskets of genealogy and love, are quintessential to healing Whakapapa and regenerating Whānau lines and lives from suicide. To contextualise, after several generations of sexual abuse, family dysfunction and incest (Royal (2006), the legacy of pain continues in Whakapapa. Fanon (1957) called the phenomenon of imposter identities, as being an 'Indigenous condition whereby spatial and spiritual wounds, are the collective acts of self-destruction through collusion and assimilation. Barlow (1991) goes on to identify how colonised Indigenous Peoples have sought to gain acceptance from Western society, losing Whakapapa in the process.

The present study highlighted how research participant, Hārata insisted that Hapū have a responsibility to care for Whānau unit while Reremoana insisted that mainstream systems have unrealistic expectations of Māori who live in a place of Whakanoa (normalisation) whereas a Pākehā world requires resistance and rebellion. According to Tau (2001) this leads to two choices which are compliance or rebellion against mainstream. Therefore, traditional Māori healing knowledge in social work as a continuous process, is about making conscious choices because an Indigenous condition informs assimilation whereas conscious decision-making, such as the responsibility of Hapū, underpins healing through a commitment to regenerating Whānau lines. The implications for regenerating and renewing Whānau lines are further captured by Tau (2001, p. 148) who answered his own question with the following:

> "What then is the purpose of Whakapapa in the modern and postmodern age? The only purpose can be that for which it was primarily designed as a bonding agent. Whakapapa binds and links people".

The term praxis, as explained elsewhere in this thesis, is the process of "reflection and action upon the world in order to transform it" (Freire, 1972, p. 36). The praxis of

healing knowledge as a continuous process within social work, is a reference to the cyclic use of Whakapapa knowledge for cultural protection and continuity (Te Rito, 2008). Conversely the erosion of Whakapapa practices, similarly erodes the consciousness and spiritual space that anchors individual to Wairua making them vulnerable to trauma and psychic pain (Duran, 2006). Reconnection to identity is liberating for Whānau (Mason Durie, 1998). In that vein, Freire's theory is based on an ontological argument that praxis defines human life and a necessary condition of freedom. The healing aspect of praxis lies in the fact that human historicity enables the realisation of freedom (Freire, 1972). The links between history, soul wounds and Whakapapa analyses for current suffering are clearly outlined by research participant, Nikorima who documented that urbanisation has played a role in Whakapapa loss. Therefore, praxis of healing knowledge within social work, is based on a lived appreciation for cultural connections which are sourced in the Wairua and serve to protect a sense of wholeness for the individual. Indigenous practitioners are in a constant process of thinking, being and doing, giving effect to the obligations enshrined in Whakapapa.

The finding that the praxis of healing knowledge within social work is a continuous process which sustains Whakapapa, also serves to help Whakaorite (balance) what is happening in the spiritual world. Chapter 2 gave a full description of Whatumanawa as a healing concept, whereas Whakaorite is balancing emotional states such as Mamae (pain) and Hinengaro (consciousness). Te Oo Mai Reia is a practice of healing developed by Hohepa Delemare which requires a rested state for spiritual inspiration (O'Connor, 2007). The praxis of theory into social work practice is therefore in line with Kōrero which settles the person and identifies specific issues related to Wairua (Ahuriri-Driscoll & Boulton, 2019). The literature on Whatumanawa also associates total wellbeing with the spirit, and the concept of Mauri Ora and Waiora (life-giving waters) was similarly attached to Wairua as being the supreme domain (Tuakiritetangata & Ibarra-Lemay, 2021; Pere, 1982). As this thesis has pointed out thus far in terms of Mākutu and spiritual restrictions, Whakaorite (balance) is critical for aligning mishaps with Wairua and psychospiritual distress. The role of social work amid this process, is to assist with raising Whakapapa consciousness (Lawson Te-Aho, 2014). Hence, the cyclic praxis of healing knowledge within social work, invokes unconscious healing through that reconnection to Wairua and messages from Tūpuna via the Whatumanawa.

As previously stated in this section, Aka Matua (10) is significant because all participants agreed that Whakapapa holds the key to regenerating Whānau lines and lives from suicide. Social work seeks to have an awareness of trauma and how to address this effectively including the impact of suicide on Whānau (Te Aho-Lawson, 2017). In addition, Māori examine personal experiences of colonial oppression in a process which Turia (2000, p. 28) described as having become "integrated into the psyche and soul of Māori". As an example, the previous chapter spoke about intergenerational weaving which is also applicable since Whakapapa is foundational for all Māori social and kinship relationships (Wirihana & Smith, 2019). As such, social work is a form of 'Whakapapa work' because all sixteen research participants involved in the present study, agreed that Atua knowledge (knowledge of the highest form) contain transformational knowledge from Tūpuna. For instance, the work of Cherrington (2003) shows Whakapapa kōrero is an effective tool within cognitive behavioural therapy while Wirihana and Smith (2019) argue that Whakapapa kōrero is a healing pathway for Māori to honour the sacredness of intimate relationships as well as suicide prevention approaches (Smith, 2012). Thus, the finding that the praxis of healing knowledge in social work, is a continuous process which sustains Whakapapa, adds yet another layer of scholarship to this thesis in terms of how the profession can help preserve the fabric of cultural identity and the lives of Whānau.

This section of Kaupapa five, has been fruitful in the sense that I have analysed relevant literature surrounding nuanced understandings of cultural healing for collective wellbeing. The Ara Whā: Tīhei Mauri Ora stage of analysis is an extremely delicate tool in the research process, because participants' Pūrakāu had to be synthesised with literature while keeping the essence of one's lived experiences. Hence, the Ara Whā: Tīhei Mauri Ora was most beneficial because this particular method allowed me to return to various stages of the Ara Wairua tool such as Kare-pū-toro [Stage 1] where I could make connections to a breadth of knowledge with a neutral mindset. The next section of this chapter will now discuss the final research findings of this thesis which are Aka Matua (11) and Aka Matua (12) followed by a summary of the results. The overall theme of Kaupapa six is 'Ki te whei ao ki te ao marama' Indigenising social work through systemic changes. This expression – 'Ki te whei ao ki te ao marama' means out of the dark and into the world of light (Shirres, 1997). It was a fitting expression which relates to the creative process of manifestation and indigenising the spaces in which we operate.

Ara Whā: Tīhei Mauri Ora

Kaupapa Six

Ki te whei ao ki te ao marama:

Indigenising social work through systemic changes

Aka Matua (11)

Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa

The finding that social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa, is a unique result in the sense that there is no identified literature which has specifically discussed this topic. Māori scholars such as Elkington (2015, p. 3), propose that a viable starting point for bicultural supervision is: "a caucus arrangement to examine values in privacy, re-evaluate the situation and negotiate a relationship built on participation, protection and partnership as exampled by Te Tiriti o Waitangi". The current research documents the stance of Paora who suggested that the ANZASW board needs to consult widely in their discussion around changing the standards as per Te Tiriti o Waitangi and there should be an expectation of Pākehā social workers to advocate for the same. Several participants shone light on the application of key social work tasks such as advocacy, training, cultural supervision. Ruatau and Rauweti both felt that community development prospects can help advance long-term systemic change.

Incorporating traditional healing knowledge into tertiary education and cultural supervision is a sustainable pathway which interacts with Mauri Ora. For example, Eketone (2012, p. 29) suggested that "cultural supervision is an important part of Māori social work practice". Traditional healing knowledge can – and should be part of that, because supervision frameworks are centred on Mana- enhancing approaches to practice (Ruwhiu, 1999). These readings along with participants narratives indicate that the value of Indigenous traditions in contemporary settings cannot be refuted in supervisory

practice and therefore provides evidence in that social work must incorporate traditional healing knowledge into tertiary education and cultural supervision.

Conversely, research participant Ruatau suggested how the masculine energies are becoming less, which is a reference to the dominant way of doing, and more Māori are entering into upper management and positions of power. In terms of statistics, as per a survey of public servants in the late 90s, Māori made up 7% of the senior management group while social workers comprised of 18% of the skill shortage vacancies in June 1998-1999 (State Services Commission, 1999). What does this information have to do with a need for increasing Mātauranga in social work education and supervision? It is because at least two-thirds of the social work field is now currently made up of Pākehā and non-Māori practitioners, therefore, one must deliver ongoing workforce development initiatives to transition to a Mana-enhancing approaches to service delivery (Eruera & Ruwhiu, 2015). The fact that Ruatau mentioned more Māori are entering management roles, highlights how traditional knowledge systems can then be scaffolded by policy and justified using frameworks which are non-ambiguous and have cultural relevance.

Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa, because it provides a more intensive framework for upskilling for new grads. That is, the implications of cultural competence within supervision have been described as a "complexity of cultural discourse" which similarly included how the supervision session can contribute to the "development of practitioners" …and "the cultural competence of practitioners from dominant cultural groups" (O'Donoghue, 2010, p.7). This is important for new grad social workers because some practitioners enter into the field with unconscious bias – and at times cultural destructiveness, critical whiteness and racist ideologies. To combat this phenomenon, the current research study documented Tony's view that, the Social Work Registration Board have ten competencies to practice with Māori. Those competencies ultimately limit the development of new grads and practitioners alike due to mono-cultural positioning. As Wallace (2019, p. 30) concluded, supervision must be Indigenised and "the assumption that Western perspectives can adequately define supervision theory and practice" must be challenged. Hence, a more intensive framework for upskilling is required for new grads to gain a nuanced understanding of how traditional Māori healing can be incorporated as standalone subject in social work curriculum and as protective tool for practitioners' wellbeing in the profession.

Considering how ancestral healing philosophies can act as a protective tool for practitioners' wellbeing in practice, it is interesting to draw comparisons again to Paulo Freire's notion of praxis and linking this transformation. Freire (1972) was interested in cultural learning experiences and the transactions that occur – or do not occur between the relationships of teachers and learners. This is an interesting in the current research context, because reinstating ancestral healing knowledge in tertiary social work education, is a method for making meaning of human existence. The reader is encouraged to reflect on the concepts described in Chapter 2 such as Matakitetanga, the Mauri Ora continuum and why the metaphysical nature of Wairua is critical to healing knowledge. One can also examine Whakapapa consciousness previously discussed in the present chapter, but the key message is that these concepts have an inextricable connection to human life and transformation as per Freire. The role of cultural supervision is to sustain wellbeing and the professional development of practice regardless of culture (Elkington, 2013). In contrast, Kaupapa Māori supervision is based on a system which builds on the values, protocols, and practices of the Māori culture (Walsh-Tapiata & Webber, 2004). Therefore, adequate cultural supervision which reinstates traditional Māori healing knowledge, is a way of providing skills for practitioners to enhance their own Mauri Ora or wellness at work. This segues into the topic of education and training needs.

Social work must incorporate traditional healing knowledge into tertiary education and the social work curriculum as a standalone topic, was identified by research participants such as Lucinda who claimed that practitioners need better education so that Mauri Ora is reached during the process, while Rāniera suggested that Māori scholars must insist on producing substantive work in education because the current curriculum is superficial in terms of meeting Taha Wairua. Chapter 3 has provided a full discussion the Bachelor of Social Work (BSW) (biculturalism in practice (BIP) programme offered at Te Wānanga o Aotearoa (Akhter & Leonard, 2014). This discussion provides insight into broader bicultural practice and how the BSW incorporates a spirituality component to the curriculum. However, the social work profession knows less about traditional healing knowledge as a standalone topic in the BSW because it is not included. Participants have helped address this gap with suggestions on how to meet this need by way of investing in cultural diversity and promoting worldview.

Gray and colleagues (2008, p. 5) challenge the relevancy of Western interventions into local contexts in order to "…generate knowledge and practice from the ground

up…whereby local culture is used as a primary source of knowledge and practice development, social work practice can become culturally appropriate, relevant and authentic…". The ground up approach essentially speaks to those practitioners at the grassroots level, but also the mezzo level where education systems can perhaps authenticate traditional constructs and worldviews. Therefore, the finding that social work must incorporate traditional healing knowledge into tertiary education and cultural supervision, provides evidence for Kaupapa Māori supervision models as a protective tool for practitioners' wellbeing in practice, and for the appropriate development of cultural diversity workshops within training programs, course modules, and curriculum.

This concludes the final discussion pertaining to Aka Matua (11) the research finding that social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa. The final section of this chapter will now synthesise participants' insights with a base of available literature surrounding the topic of Mana Motuhake and the protection of traditional Māori healing knowledge.

Aka Matua (12)

Social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge

The finding that social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge, adds to a wealth of knowledge surrounding Mātauranga and Rongoā development across the wider helping professions. The notion of Mana Motuhake emphasises collective determination Tino Rangatiratanga and the specialness of divine Mana in identifying solutions to problems (Hokowhitu et al., 2020). Mana Motuhake has also been discussed in this thesis in different contexts such as health literacy, reclaiming historical practices and decolonisation toward Māori sovereignty. There is an emphasis on strength-based frameworks situated in the concept of Mana Motuhake alongside steps for building health literacy through Whanaungatanga, sustainable resources, and a commitment to action (Hokowhitu et al., 2020). These aspects of a strengths-based approach can similarly provide an opportunity for social work to advocate for the protection of traditional healing knowledge. The question is: How can one challenge the system and how affective is this current approach? Research participants documented their commitment towards realisation of Mana Motuhake and

Mauri Ora in the lives of Whānau. For instance, Tony revealed that transformation is based on Mana Motuhake while Rauweti suggested that Mana Motuhake prevails in cases where some government systems refuse to relinquish Mana. These narratives are supported by Gray and colleagues (2008) who affirm that the theoretical challenge of developing Indigenous social work demands we make culture explicit in thinking and practice. Mana Motuhake and the protection of traditional healing systems is manifested in relational practices within a framework based on Indigenous control over decision making processes.

In terms of government systems refusing to relinquish Mana, as pointed out by Rauweti, other participants also made reference to the historical Pūao-te-Āta-tū inquiry (Ministry of Social Welfare, 1988) and their views that expected outcomes are no different today. To support these claims, Recommendation 2 of Pūao-te-Āta-tū included "to attack and eliminate deprivation and alienation by a) allocating an equitable share of resources, and b) sharing power and authority over the use of resources" (Māori Perspective Advisory Committee, 1988, p. 9). There is no direct submission of evidence for traditional healing work as such, nor social work interventions specifically, however, Māori experts stressed the review recommendations failed to give tangible effect to the aspirations of Māori for Mana Motuhake. In the present research study, it is clear from five participants who suggested that there is entrenched institutional racism and structural inequity which must be addressed. This sentiment segues into the final part of this discussion which explores Indigenist social work and the role of decoloniality when it comes to advocating for Mana Motuhake.

Aka Matua (6) provided a definition of cultural humility and applied this concept to a social work. However, Māori healing knowledge must be protected and in order to do that, one must recognise the difference between cultural awareness, cultural competency, cultural humility and cultural safety. Wepa (2015) wrote about cultural safety and why it is important for practitioners to be conscious of culturally unsafe relationships within their work and professional environments. To be aware of culturally unsafe environments, requires social worker to understand their own Mana and the value of Mana Motuhake. For example, fostering confidence within social systems to recognise the spiritual dimension, is to emphasise the value of being Māori (Ruwhiu, 1999). In addition, culturally responsive models in social work begs practitioners to help safeguard

Māori epistemology (Wepa, 2015). Cultural safety and Mana Motuhake go hand in hand in social work because the aim is to create a quality space where independence can thrive.

The finding that social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge, requires tenacity and perseverance. Considering the notion of decolonising social work, one must seek to find ways for interrogating and challenging those dominant epistemologies that do not bring healing to Indigenous soul wounds (Duran, 2006; Lawson Te-Aho, 2013). It is a labour of love considering the rich descriptions from research participants who spoke candidly about truth telling and believing in the potency of Wairua knowledge and Whakapapa kinships. That is precisely the meaning of Mana Motuhake, which is a commitment to the achieving ultimate wellbeing in all its manifestations for Whānau, Hapū and Iwi (Hokowhitu et al., 2020). In addition, tenacity and decolonisation go hand-in-hand, especially from a Kaupapa Māori viewpoint which is a direct challenge to the 'taken-for-granted' ways knowledge is created and legitimised (Smith, 2012). Research participant Rāniera affirmed it is a battle to stand in one's own Mana. However, we can learn more about decolonising social work practices from scholars who have already discussed the protection of Matauranga and extension of Māori knowledge. For example, Charles Royal (2002, p. 11) identified the following prerequisites for knowledge development and active engagement:

- The need for Indigenous Peoples to articulate worldviews, both traditional and contemporary, and to create Indigenous epistemologies and theories,
- The need for Indigenous Peoples to be in control of the processes by which indigenous knowledge is taught, preserved and created,
- The need for Indigenous Peoples to embrace an ethos of creativity, to explore and research traditional knowledge bases inspired and motivated by a creativity that will revivify these knowledge bases and traditions in the contemporary and modern world.

These points are important because advocating for Mana Motuhake is enshrined in decoloniality however, practitioners must be aware that decolonising expectations in social work education standards, is not the same as operationalising them in practice (McNabb, 2019). For instance, Royal (2002) affirmed, that creativity that will illuminate Māori traditions in the modern world, however, operationalising decoloniality in social work requires abstracting traditional knowledge and engaging with it in a collaborative

way. As Ruwhiu (1995, p. 24) noted upon encouraging Māori social workers to access a range of conceptual frameworks: “our answers were in our own stories”. That is, the realisation of philosophical healing wisdom is ultimately birthed in a Māori worldview. The unique aspect about Mana Motuhake, is that everyone has Mana regardless of one’s cultural background and we are all members of specific value system which is inspired by an intrinsic worldview. Therefore, the finding that social work must advocate for Mana Motuhake and the protection of traditional healing systems, increases Rongoā development through challenging and decolonising systems within services and creating pathways for effective approaches based on principles of relationality and indeed Aroha.

Conclusion

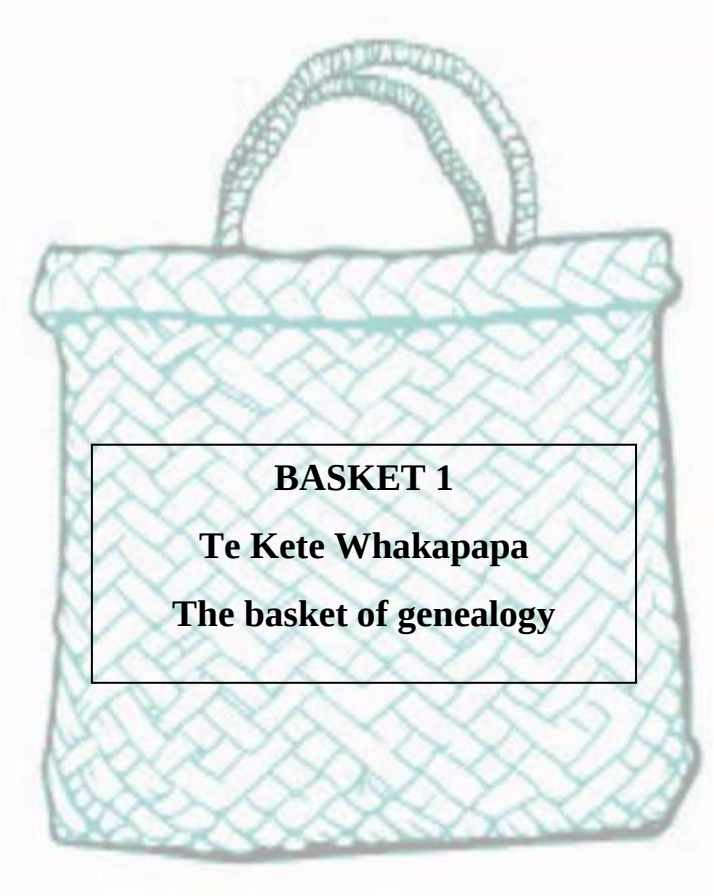
This chapter has discussed the final four Aka Matua research findings of my doctoral thesis - Aka Matua (9) Māori healing programs and infrastructures require financial support from local governments; Aka Matua (10) The praxis of healing knowledge in social work is a continuous process which sustains Whakapapa; Aka Matua (11) Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa, Aka Matua (12) Social work must advocate for Mana Motuhake and the protection of traditional Māori healing knowledge. These four findings have helped address a prime area of my study’s research problem statement: If governments are struggling with widespread disadvantage among Indigenous communities, to what extent can we mobilise ancestral healing knowledge within social work policy and education? In terms of my own personal highlights from this discussion, it was incredibly interesting to find that the role of social work, is a process which raises Whakapapa consciousness, and the various manifestations of Wairua can be and should be part of how practitioners in the field. Aka Matua (10) binds Whakapapa to efforts in advocating for Mana Motuhake and decoloniality. These are the features of traditional Māori healing knowledge which lead to greater outcomes and get to the heart of what this doctoral study has been about. In this chapter, I have also described how the Ara Whā: Tīhei Mauri Ora stage of analysis has woven the literature with each Pūrakāu, while keeping the Mana and essence of each participant’s experience intact. This has been achieved through continuous praxis and the linking of each personal narrative to theory and practice. I now return to the Whakatauākī which is ‘Me he maonga āwhā’ as translated to ‘Like a lull in a storm’. Tāne persevered through the storms of each realm before he reached the house of Io known as Te Toi o Ngā Rangi; the final chapter.

Chapter Twelve: Te Toi O Nga Rangi
Reaching the twelfth dimension of healing knowledge

> Matamohio rawa te Wai-uhi-awa kei te tua-rangi e whata-tauhi nei toona ake tipoua, ka tootoo ia I ngaa motumotu e haehae I te awe-kore whakahua e tinana nei
>
> The expanding realms of the physical world and the mysterious of the spiritual consciousness, shadows the many illusions that would otherwise make the comprehension of knowledge significantly the matrix of mind, body, and spirit.
>
> Whakatauākī by Pāpā Hōhepa Delamere (n.d)

Introduction

I have now reached the final of chapter of this thesis where the three baskets of knowledge alongside several recommendations for the social work profession are presented. What is the role of traditional Māori healing knowledge in social work? This question has guided my study's exploration into an existential world of knowing, ancestral philosophy and the normalisation of Indigenous spiritual concepts. The Whakatauākī above similarly speaks about the physical world and mysterious spiritual consciousness which is poignant because my entire research journey, as I mentioned at the start of this thesis, has been a psycho-spiritual one much like that of our ancestor Tāne in his quest for enlightenment. Writing this Pūrākau has allowed me to learn a great deal about Kapapa Māori research and reflexivity, while engaging with the challenges that come with taking part in an original project like Tāne did. This thesis consolidates and extends on a lifetime of learning. The three baskets of philosophical knowledge presented in this chapter will articulate the role of traditional Māori healing knowledge in social work with a specific focus on key concepts contained within my research findings Aka Matua 1-12. These baskets of knowledge: Te Kete Whakapapa, Te Kete Wairuruatanga and Te Kete Mohiotanga, serve as receptacles to convey specific principled approaches for social work. The research question will be explicitely addressed in this section. This discussion is then followed by an outline of the study's recommendations for social work and its relevance to the broader scholarship. I will then discuss some of the strengths and limitations of this work, my thoughts on disemminating the findings and final reflections.



The basket of geneology weaves concepts such as the value of Whānaungatanga, Whakapapa knowledge, and principles of cultural humility in social work. My study has highlighted how participants not only apply these concepts in everyday life but also illustrate their ability to critically analyse these sometimes intangible principles and knowledge systems to practice. Whakapapa knowledge and Whakapapa Kōrero, are part of the diverse realities which Indigenous social workers and healers bring to practice. This thesis has argued that Whānau connections, social roots and Iwi-led inititiaves such as Papakāinga and physical healing infrustructures serve as practical tools embedded in epistemological frameworks to help support traditional healing in social work. Healing has been described in this work, in terms of intergenerational weaving, addressing soul wounds by restoring balance to the physical and spiritual worlds, and fulfilling the obligations of Tūpuna to raise Whakapapa consciousness.

These practices give the same Mauri to the broader environment and humans, while binding all creation to the cosmic centre. Deep knowing comes from this wisdom as supported by the two key research findings Aka Matua (3) Social workers ought to acquire an understanding of Wairua and Whakapapa and Aka Matua (10) The praxis of

healing knowledge in social work, is a continuous process which sustains Whakapapa At the very heart of these two findings, is the fact that healing knowledge can be digested by practitioners then allowed to act when practitioners constantly engage ideas and experiences with others. Hence, reinvograting Whānau connections and Whakapapa knowledge is a holistic process which is also spiritually tied to the realities of those who seek social work intervention.

This thesis has argued that Whakapapa knowledge is an experiential process of coming to know, however, because Whakapapa is very much an organic process in healing work, some participants insisted that these teachings are not universal and cannot be used by other cultures who do not hold an Indigenous worldview. There is an intrapersonal connection to Whānau when Whakapapa connections are made, but on the other hand, our Māori creation stories also tell us that Whakapapa is a cyclic process of infinite potential where practitioners are engaged in a constant search for becoming and knowing. We might like to refer to two more points based on the research findings Aka Matua (6) that non-Māori practitioners can apply aspects of traditional healing knowledge to practice with cultural humility and Aka Matua (5) where Māori healing knowledge must be included in all levels of social work, within a well-informed framework which is taught in accordance with Tīkanga processes. These findings are significant because participants highlight how key priniciples are applied in everyday life and how Indigenous Peoples can encourage other practitioners to reconstruct the way they work. All sixteen participants shared their experiences with Whakapapa knowledge and why spirituality is important for social workers and educators to understand. The baskets of geneology reitterate the importance of ontology and 'being' in the world, therefore, my research tells us how to engage naturally regardless of one's Whakapapa as long as this is done in accordance with Tīkanga and cultural humility.

One of the issues with social work practice, is that the profession generally tells us how to think, act, and behave within the parameters of Western knowledge and theory, alonside colonial regulations which stipulate how we as practitioners should manage ourselves and the experiences we bring. For Indigenous professionals, a unique worldview and culture is static and embedded in our kinships. The fact that one must be told to think and behave in a certain way, is what I like to call the Taniwha (creature) in the room because it refers to the marginalisation of knowledge, assimilatation to other ways of doing, and using siloed interventions that do not work well for First Nations

groups. As a result of this Taniwha in the room, there is limited information into how social workers should 'manage' themselves and develop our cultural identities within the profession, and even less information about how one aligns their practice with what is true to the essence of social work. Furthermore, the literature presented in Chapter's 2 - 3 highlighted that attempts to 'fix' the status quo is a fruitless endeavour because Māori do not wish or choose to be 'equal' with non- Māori. This is an important concept to note because the intention is to maintain Tino Rangatiratanga and tribal governenace over our own people and needs. In terms addressing the Taniwha in the room, my research has shown that aligning Whakapapa knowledge and practicing Whanaungatanga can, and will, assist with the development of partnerships, collaboration with mainstream entities and encourage inclusivity where ancestral healing knowledge is needed.

Bringing this discussion into the context of "Ko wai au?" (Who am I?) and in particular "What is my Whakapapa?", I have always strived to ensure that I knew exactly what my identity and purpose was prior to becoming a social worker. That is, the healing principles and skills such as Matakitetanga as mentioned in Chapter 1, are something that I have been brought up with. My Kuia and Kaumatua helped me develop these skills and discover a deeper level of intrapersonal knowingness. In my view of social work and as an Indigenous practioner, the notion of critical self-awareness and reflexivity takes us into the future. Without knowledge of one's idenitity, individuals cannot come to know their purpose for the work they do and, in some ways, could even place service users at risk because they are ulitmiately acting unkowingly. Hence, the role of traditional of traditional Māori healing knowledge in social work, is to engage with processes which sustain Whakapapa. If social work is serious about building partnerships with Indigenous Peoples, then the profession must acknolwedge Whakapapa knowledge but also have a desire to accept traditional Māori healing knowledge as being an authentic resource for social workers. The next part of this chapter will now reflect on the contents of Te Kete Wairuatanga: The basket of spirituality.

The basket of spirituality interweaves strengths-based practices, Wairua knowledge and the philosophy of Aroha in social work. One of the highlights of this research is that it normalised the spiritual dimension and conveyed traditional Māori healing knowledge in ways that aspects of it could be transferred interculturally. This does not necessarily mean integrating Māori wisdom with Western social work concepts, but in fact finding common expressions which people can relate to such as love, the sacredness of individuals and their inherent worth. This thesis has argued that the notion of Aroha is an unconditional connection to Creator. Participants analysed their own understandings of Aroha and transferred this concept to trauma informed approaches. As the readings have shown, spiritual suffering requires spiritual healing because physical therapies are ineffective in the treatment of spiritual afflictions. Aka Matua (4) supported this view, with the finding that traditional healing in social work is centred on Mana/Tapu enhancing practices. Aroha and Wairua are themes which participants believe can illuminate the possibilities of person-centred pathways and bring an end to spiritual

suffering. Therefore, Mana/Tapu-enhancing practices are a deliberate act by social workers to reconnect people with culture and the highest form of energy which is Aroha.

The basket of spirituality also informs a critical part of the research problem – "If social work struggles to translate and adapt Indigenous concepts in practice, how might Māori healing knowledge assist with the development of culturally nuanced approaches for the profession?". What my research has indicated, is that social workers must first get a better understanding of Wairua knowledge and how to interpret spiritual experiences which are equally as important in their structure and content. Aka Matua (1) provides strong evidence to support this claim in that, Wairua experiences are often dealt with among a range of symptoms which is problematic due to the misdiagnosis and misinterpretation of spiritual phenomena.

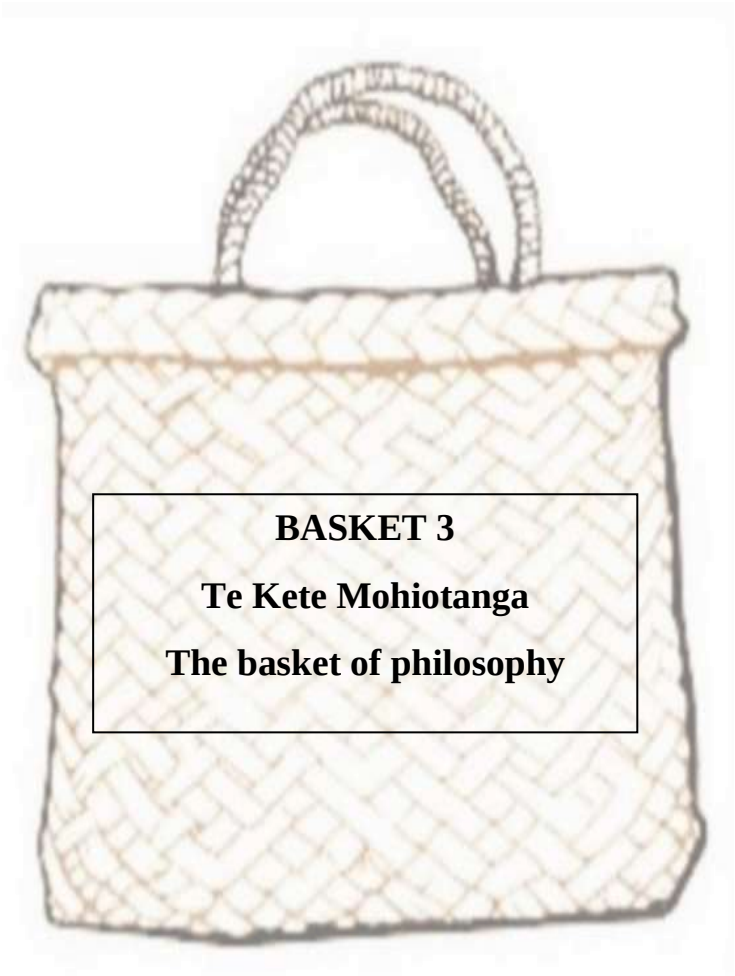
The research shows that there is often a lack of understanding of Tapu and its potential for inner power, however this group of individuals have provided key information with regard to recognising service users strengths, Matakitetanga and gifts. These inherent gifts are equally sacred to the individual, which is why social workers ought to avoid misinterpretation of Wairuatanga. As practitioners, we may ask questions such as 'how can we shield the sanctity of spiritual knowledge?' or 'how can one keep the Tapu of Kōrero if social workers are not talking about it openly?' Unfortunately, much kōrero remains in theory rather than practice which is why these questions are crucial to the development of culturally nuanced approaches in social work but moreover, why social worker should engage with their own understandings of spirituality first.

Engaging with Wairuatanga in all aspects of life is vital because this task demands a commitment to Kauwae Runga (Upper jaw knowledge) and Kauwae Raro (Lower jaw knowledge). These concepts are mentioned elsewhere in the literature review chapters, however, Te Kete Wairuatanga gives recognition to the cognitive [Upper realm] and spiritual [Lower realm] energies which bring about knowledge creation. Many participants described the essence of their worldviews. The creation of knowledge is based on epistemological and ontological ideologies exposed through dialogues with the natural and spiritual worlds. This thesis has argued that social workers must develop their spirituality in practice and create an awareness for what is happening in the spirit world. It is interesting to note how the research findings document the way healing is carried out from individual to individual, thought patterns and interpretations of what healing

means to different people, and how participants adapt to a changing world. With those changes comes a demand for more support and education. Therefore, engaging with Wairuatanga in our lives is crucial because the research highlights a symbolic framework is needed to make sense of Indigenous healing concepts in a meaningful way.

The basket of Wairuatanga finally advocates for Mana Motuhake and the protection of traditional Māori healing knowledge. I have already discussed the normalisation of spiritual concepts in social work, the notion of Aroha as practice of unconditional love and a commitment to being present within Kauwae Runga and Kauwae Raro. However, the present research also documents how social work must also anticipate the protection of Mātauranga. Indigenous peoples have the right to control, protect and develop our intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions. In addition to these rights and native lore, the research finding Aka Matua (7) documents how social work is at increased risk of isolating traditional knowledge from practice.

Participants voiced concern about this problem and spoke of solutions such as how more Māori are needed to combat epistemic injustices in upper management roles and higher education. As a social work practitioner, it is in my view that the principle of Kaitiakitanga (guardianship) is essential in terms of protecting knowledge within policy and using those frameworks in ways which truly emphasises Mana of healing knowledge. Therefore, the role of traditional Māori healing knowledge in social work, is to operationalise spiritual knowledge and Aroha as part of holistic interventions. It is a life-time endeavour, however, these ethical obligations to community must be informed by Tīkanga and protected at all times from a system that sometimes fails to include spirituality in broader conversations of health and wellbeing. The next section outlines the content of Te Kete Mohiotanga: The basket of philosophy.



The basket of philosophy interconnects diverse understandings of theory to practice; the capacity to identify who we are and where we fit in society, our resistance to colonial policies and the importance of Rangatiratanga in social work. The basket of Mohiotanga has a lot of Mana because 'Mohiotanga' is the knowledge derived from Io (Creator) and is the final basket which was acquired upon reaching the summit of Te Toi o Ngā Rangi [Chapter 12]. My research has indicated that traditional Māori healing knowledge has a place in social work both locally and internationally. That is, Indigenous Peoples often seek resolutions to issues and promote restorative processes by reimagining the future and enacting Mana Motuhake. This restoration of knowledge and how Indigenous Peoples can contribute to Indigenous sovereignty was highlighted in Aka Matua (8) Traditional healing knowledge can only be actualised in social work, when it is truly accepted by mainstream systems. This finding also points to the fact that Māori healing knowledge provides possible solutions for mental health, spiritual and planetary wellbeing. For these reseaons, Te Kete Mohiotanga has idenitifed ways for developing a better understanding of theory to practice, but also why we should critique and listen to

ourselves as social workers and not as experts. This sentiment is at the heart of cultural humility and being responsivness to the needs of marginlised communities.

Kaupapa Māori supervision shifts the definition of cultural supervision to specialised professional supervision, which can also involve traditionals healers as being useful allies in terms of providing this service to social workers. This is particualrly true because the research has idenitifed that supervision must reflect the values and beliefs of all involved in the supervision process and education. For example, Kaumātua and Tohunga play an important role in the personal and professional life of Māori practitioners due to their nous for universal knowledge of life and death. In a supervision setting, there is a focus on our development as practitioners and human beings, hence, one must recognise the role of Kaumātua and Tohunga as external supervisors. Moreover, the implications of Kaumātua supervision is a valuable source of Whānau support. This is important because supervision can be guided by knowledge that is localised and direct perception of reality or real practice wisdom. The notion of Kaupapa Māori supervision rejects the idea that practitioners views are only partial perceptions of practice which reflect vested interests but instead call into action, an open and honest dialogue. This is supported by the research finding Aka Matua (11) which documents how social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa. Therefore, Te Kete Mohiotanga positions Māori healing knowledge as an effective source for supervision based on affirming Tohunga and Kaumātua for guidance and the agency to supervise ourselves in longer term practice.

The final point of Te Kete Mohiotanga, is the fact that Māori healing knowledge must be actualised in order to privilege and affirm the Mana of Indigenous voices in social work. My thesis has expanded and elucidated multiple understandings of Mana-enhancing practice, Whakapapa knowledge, mental conceptualisations in the context of healing, the antithesis to Whakapapa disruptions and the goals of Mauri Ora. These dimensions have all been identified as a local expression of experience, yet many other cultures around the world resonate with similar meanings which are unqiuely filtered through worldview. Affirming the Indigenous voice and reclaiming Wairuatanga in social work, combats cultural dissonance and disservice of our communities by reframing a critical gaze of traditional knowing.

In addition, Te Kete Mohiotanga supports the research problem by drawing our attention to the social structures which hinder transmission of this knowledge. It has been my intention from the start of this project, to develop a better understanding of Māori healing philosophy and apply this knowledge to social work to including a range of assessment tools and community development practice. Therein, the role of traditional Māori healing knowledge in social work, is to also provide a consistent support for the profession and to mobilise possible solutions for spiritual and planetary wellbeing. Traditional concepts and epistemology are associated with specific principled approaches so one can critique their practice and professional skillsets.

The three baskets of knowledge presented in this section have explicitly addressed the research question 'What is the role of traditional Māori healing knowledge in social work?' This thesis further argues that social work education must transcend beyond cultural competence but engage practitioners at an emotional and existential level in order to create a paradigm shift. There is substantial literature which shows the multidimensional approach of social work but there is limited cultural imperatives for the role of Māori healing knowledge and spirituality in the profession. This research project offers new and old knowledge to help create a paradigm shift and provides a base for cultural imperatives to develop in practice. The next section will now outline six key recommendations from this study followed by an outline of the strengths and challenges of this work. I will then attempt to illuminate some of the possibilities of future research and the present study's contributions to social work. The final section of Chapter 12 will revisit the research process and some of the life long connections I have made with participants and Iwi partnerships followed by a reflection piece on my doctoral journey.

Ngā Hua: The fruits

Recommendations for social work

This study has identified the following several recommendations for social work.

1	**Whakarongo: Active listening** Social work must consciously and actively listen to the concerns of Indigenous practitioners, healers, and community leaders by critically appraising processes and policies which tend to favour a one-size fits all paradigm. At a minimum, social workers must promote the value of traditional healing knowledge as being part of the interventions required when working with tribal groups, kinships, and community.
2	**Whakamanawatia: Empowerment** Social work should empower practitioners and social work educators, to develop the application of traditional healing knowledge in practice by prioritising and coordinating effective programs which can enhance cultural initiatives and meaningful engagement across government sectors.
3	**Whakapono: Belief** Social work must seek to maintain cultural humility and create spiritually responsive practices. If traditional healing Māori knowledge is not part of assessment processes involving basic human survival, then there is critical problem with spiritual diversity and inclusion in social work. Social work must identify and address these challenges and seek to implement Wairuatanga (spirituality) in the lives of service users.
4	**Whakahonohono: Connection** Social work should aim to reconnect people with their worldviews and ways of being by contributing to piloting work and establishing initiatives which connect service users to their cultural identity, Whakapapa and Mana Motuhake. Reconnecting people to worldview does not necessarily mean integrating with Western epistemologies but instead being Indigenist in the efforts towards reinstating traditional Māori healing knowledge in social work.

5	**Whakamarumarutia: Protection** Social work ought to commit to the ongoing protection of traditional Māori healing knowledge in practice and education by critically analysing how the sector enables Tino Rangatiratanga (sovereignty) and shields Mātauranga (knowledge) the harms of cultural misappropriation. The protection of Māori healing practices must also be founded on principles of Tīkanga (cultural protocols) as a way of repositioning and authenticating the Indigenous voice at all levels of social work.
6	**Whakatumatuma: Advocacy** Social work must advocate for the utility of traditional healing knowledge in health care, justice, education systems through ongoing consultation with local government bodies and find ways to enhance biculturalism with the broader community. Advocacy in social work can help increase practitioners' awareness of cultural healing knowledge and its value to the profession.
7	**Whakawhitingia: Interconnectedness** Social work must ensure that the intergenerational weaving of knowledge, genealogy, experience, and culturally nuanced strategies are part of the movements towards creating healthier relationships between service users and Indigenous Peoples globally, locally, and rurally.

Strengths and challenges of the research

The Pūrākau methodology and Ara Wairua data analysis tool were particular strengths of this study. I was able to embrace my epistemology using the Pūrākau approach in terms of truth telling, interpreting knowledge, and personalising the narrative so it would be meaningful to the reader. As mentioned elsewhere in this thesis, my epistemology has been shaped by the teachings of my Kuia, Kaumātua and Mātauranga-ā-whānau (family specific knowledge). I integrated many of these lessons into the Ara Wairua framework and effectively developed my understandings of the Pūrākau by applying traditional healing concepts to each stage of analysis. The layering of each story allowed for a structural analysis of six key themes which emerged during the research process and sought to convey a true representation of participants' lived experiences. As

such, the Ara Wairua framework and Pūrākau methodology emphasised the praxis of Kaupapa Māori Theory by processes of reframing and realising Māori ways of knowing. Moreover, the Pūrākau methodology introduced key Kaupapa Māori research principles such as Aroha ki te tangata (Love for others) and Whanaungatanga. These values shone through in the sense that participants felt comfortable sharing their Pūrākau, worldview and expressions of wisdom. We listened to each other in Wānanga and acknowledged our stories while adding to them from our own perspective. This technique enrichened the Kōrero. Therefore, the Ara Wairua data analysis and Pūrākau methodology were significant strengths of my study authenticated by Kaupapa Māori Theory.

Although the Pūrākau methodology and research design was a strength of this PhD., it was also heavily scrutinised during research proposal review by a predominantly White panel. The review process is an important part of one's candidature because it is used to help the student develop their project. However, I realised at this point that committing to a Kaupapa Māori project in a mainstream Australian University would be a challenge in terms of clarifying, articulating, and defending a research design based on Kaupapa Māori principle and tactics. The panel of reviewers struggled to grasp the way in which my Pūrākau methodology was going to inform the study. They wanted justification for using only one approach and recommended a co-design, because they felt the interviews would not be sufficient enough to answer the research question.

I was at odds with this feedback but also encouraged for two reasons: First, is that my supervisors and I had to play an active role in advocating for Kaupapa Māori research methodology by explaining the essence of Pūrākau approach and how this was sufficient in its own right to capture the salience of Indigenous experiences. The second reason is that we felt compelled to decolonise aspects of the research proposal review process and advocate for an Indigenous academic to sit on the panel in future proposal reviews. This is a crucial need for the first year of candidature because the University has an obligation to keep students culturally safe within higher education. However, my supervisors and I were not prepared to change the Pūrākau methodology and replace this with a Western co-design as suggested by the panel, because we believed that the Mana of participants' voices were sufficient enough to support the study. Therefore, what would be our biggest challenge in terms of defending my Pūrākau methodology, would also become this study's greatest strength and most valued source of knowledge.

Illuminating the possibilities

The purpose of this discussion is to revisit the academic positioning of my study and the contributions of this thesis to social work. I have located twelve Aka Matua and several key recommendations from the research findings within an Indigenist social work context. The literature shows enthusiasts insist upon cultural epistemology and practices which may or may not be universal, however, universal - and unilateral colonial processes in social work have a tendency to perpetuate internationalisation. One of the key messages in terms of locating my research in an Indigenist social work context, is that a paradigm shift was required for us to combat internationalisation and develop Indigenous theory and practice in social work. The concept of internationalisation and the idea that social work can solve social problems in any place and context, is at odds with Indigenist social work which is why my study has been an attempt to diversify and contextualise the role of culturally nuanced approaches for the broader community and indeed service provision.

Looking back at the insights and wisdom of participants, there is a clear motive behind their healing work which is to show the comprehensiveness of traditional Māori concepts and how they connect with anyone, anywhere. However, positioning this work in an Indigenist context, has naturally emphasised holistic social work interventions and unique worldviews as seen with the key recommendations and research findings. Each aspect is based on transformation as opposed to internationalisation and therefore created a paradigm shift away from colonial social work practices and more towards Whanaungatanga, reciprocity and relationality. In speaking to the need for collegiality and collaboration, this discussion provides a segue way into how my study has contributed original knowledge to social work.

This thesis has contributed knowledge to social work in very important ways. I have addressed gaps in the literature where traditional Māori healing concepts have not been definitively explained let alone slotted into day-to-day practice. This research has provided substantial evidence for the actualisation of psychospiritual interventions which are characterised by concepts linked to Māori healing and how this knowledge can be transferred to non-Māori practitioners, mainstream services, and social work education and training. The three baskets of knowledge have created space for non-Māori practitioners to critique and re-define Western perspectives of healing, intervention, and

therapy when working with Whānau seeking social work input and advocacy. Additionally, the findings have interwoven the experiences of both Māori healers and social workers and made connections to epistemology and worldviews centred on Whakapapa knowledge and the wisdom of Tohunga. Each of the six recommendations, aligns with the research inputs and have addressed the research problem statement. The study has provided some scope for policy makers to review and critique current legislations in mental health and family intervention for instance, as well as provided relevant information for suicide prevention and agency programming. My thesis has therefore made significant contributions to social works' epistemology and has argued for the actualisation of traditional Māori healing knowledge in practice, policy, and education. This discussion leads into the importance of disseminating the research findings and my hopes for ongoing work in the future.

Sharing the baskets of knowledge

It is hoped that my research findings will be shared, heard and respected by the broader scholarship and helping professions locally, rurally and globally. This thesis has been born out of a problem where there has been virtually no research surrounding the essence of Wairuatanga and Whakapapa healing knowledge in social work. The limitation of knowledge in this context is interesting because the helping professions typically work to provide strategic coping mechanisms for individuals in distress and emphasise the value of autonomy as a tool to enhance wellbeing. For these reasons, I took an opportunity to present some of the key concepts gathered from my literature review, at the 3rd Lowitja Institute International Indigenous Health and Wellbeing Conference in June, 2023. Because of time constraints, I was not able to present my study's actual findings however, I provided an in-depth discussion into the role of Tapu o te tangata in social work.

This opportunity afforded me with a chance to articulate key aspects of my PhD topic to leaders in the field of mental health and education, and also provoke further knowledge-building concepts for social work. Academics and services who attended my presentation, wanted to know more about how and when my research was going to be disseminated for future reference. The ultimate goal is to publish the findings of my work as part of a book and possibly other academic journals in the future. I am also keen to operationalise the six key recommendations from my study by providing evidence to the

reviewers of the Pae Tū: Hauora Māori Strategy and Whakamaua: Māori Health Action Plan 2020-2025. The dissemination of my study's results in this way, will ensure that accurate representations of Wairua are effectively translated across agency programming and the implications of spiritually responsive practices are readily available to the wider helping professions.

Taku whakaaro: My final reflections

I started this journey from a Moemoeā (dream) of a tribal guardian who came to visit me on my return to our homelands in Ngāti Porou. My Kuia interpreted this dream as being a sign that the Ruru (Owl) was offering spiritual protection and a golden thread which would emanate from my Wairua and Matakitetanga. There was a curiosity the ensued following that visit which ultimately led to the research question: "What is the role of traditional Māori healing knowledge in social work?". I found that spiritual knowledge is ultimately something that comes from the essence of a person's Wairua and the healing aspect is part of the skills that derive from their intuitive nature. Moreover, social work is heart work, which is why the recommendations consistently build on Aroha, Whakapapa knowledge and Mana Motuhake. Practitioners utilise these strategies and tools as effective resources to develop a better understanding of what 'heart work' truly means, which is profound especially if soul wounds and injustices are often found at the intersection of social work and dealing with Indigenous communities. However, implementing transformative and spiritually responsive practices in social work will take time and will require further support from the wider helping professions. Finally, this thesis has been a healing journey for me after many years of living abroad and it is hoped that the reader has also felt the same Aroha and connection to Wairua that I have experienced in doing this work. I believe our Indigenous knowledge systems and voices can never be oppressed because they are celestial and divine. The thesis title "Mā te Ara Wairua, ka kite he oranga" means "by the spiritual pathway, we can see wellness". The baskets of knowledge are key to healing Mokopuna and people of tomorrow. When Tāne reached the Taumata (summit) of the 12th heaven, our heavenly Creator provided him with the eternal spirit and wisdom for humankind before reciting a powerful Karakia to symbolise the ending of one journey and mark beginning of the next…

Tenei au, tenei au
Te hokai nei i taku tapuwae
Ko te hokai-nuku

Ko te hokai-rangi
Ko te hokai o to tipuna
A Tane-nui-a-rangi
I pikitia ai
Ki te Rangi-tuhaha
Ki Tihi-i-manono
I rokohina atu ra
Ko Io-Matua-Kore anake
I riro iho ai
Nga kete o te wananga
ko te Kete Tuauri
ko te Kete Tuatea
ko te Kete Aronui
Ka tiritiria, ka poupoua
Ki a Papatuanuku
Ka puta te Ira-tangata
Ki te whai-ao
Ki te ao marama
Tihei mauri ora!

Here am I, here am I
here am I swiftly moving by
the power of my karakia for swift movement
Swiftly moving over the earth
Swiftly moving through the heavens
The swift movement of your ancestor
Tane-nui-a-rangi
who climbed up
to the isolated realms
to the summit of Manono
and there found
Io-the-Parentless alone
He brought back down
the Baskets of Knowledge
the Basket called Tuauri
the Basket called Tuatea
the Basket called Aronui.
Portioned out, planted
in Mother Earth
the life principle of humankind
comes forth into the dawn
into the world of light
I sneeze, there is life!

Appendix 1: Ethics modification

THE UNIVERSITY OF SYDNEY

Research Integrity & Ethics Administration
HUMAN RESEARCH ETHICS COMMITTEE

Wednesday, 21 December 2022

Prof Jioji Ravulo
School of Education and Social Work Academic Operations; Faculty of Arts and Social Sciences
Email: jioji.ravulo@sydney.edu.au

Dear Jioji,

Your request to modify this project, which was submitted on 14/09/2022, has been considered.

After consideration of your response to the comments raised, this project has been approved to proceed with the proposed amendments.

Protocol Number: **2022/204**

Protocol Title: **Talking with Tupuna: An exploratory study into the development of Maori healing knowledge in social work practice.**

Addition of Authorised Persons:

Removal of Authorised Persons:

New Completion Date:

Annual Report Due: **28/04/2023**

Documents Approved:

Date Uploaded	Version Number	Document Name
08/12/2022	Version 3	Participant Information Sheet
08/12/2022	Version 2	Verbal consent schedule
17/10/2022		Email letter sample
17/10/2022	Version 1	Consent form

Please contact the ethics office should you require further information.

Sincerely,

[redacted]

Dr Marinda Taha
Chair
Modification Review Committee Chair (MRC 1)

The University of Sydney of Sydney HRECs are constituted and operate in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2018) and the NHMRC's Australian Code for the Responsible Conduct of Research (2018)

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CRICOS 00026A

Appendix 2: Verbal consent script

Levi Fox

SID 510619826

THE UNIVERSITY OF SYDNEY

Participant verbal consent script

(Name) for the purposes of recording your verbal consent, would you please acknowledge the following questions with a yes or no answer:

- Do you confirm that the details of your involvement have been explained to you, and you have been provided with a written Participant Information Statement to keep?
- Do you understand the purpose of the study is to investigate the experiences of individuals and how they develop and understand Māori healing philosophies in their practices?
- Do you acknowledge that the risks and benefits of participating in this study have been explained to you to your satisfaction?
- Do you understand that in this study I will be required to participate in this interview, which may be up to an hour long or more, and that your participation will be audio recorded for the purposes of gathering data for this doctoral study?
- Do you understand that my information may be used in future research in journal articles and publications?
- Do you understand that being in this study is completely voluntary?
- Have you been assured that your decision to participate will not have any impact on your relationship with the research team or the University of Sydney?
- Do you understand that you are free to withdraw from this study at any time and that you can choose to withdraw any information you have already provided?
- Have you been informed that the confidentiality of the information you provide will be protected and will only be used for purposes that you have agreed to?
- Do you understand that information about me will only be told to others with my permission, except as required by law?
- Do you understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me?
- Do you understand that this verbal consent will be retained by the researcher, and that you may request a copy at any time?

Appendix 3: Ethics application

THE UNIVERSITY OF SYDNEY

Research Integrity & Ethics Administration
HUMAN RESEARCH ETHICS COMMITTEE

Thursday, 28 April 2022

Prof Jioji Ravulo
School of Education and Social Work Academic Operations, Faculty of Arts and Social Sciences
Email: jioji.ravulo@sydney.edu.au

Dear Jioji,

The University of Sydney Human Research Ethics Committee (HREC) has considered your application.

I am pleased to inform you that after consideration of your response, your project has been approved.

Details of the approval are as follows:

Project No.:	**2022/204**
Project Title:	**Talking with Tupuna: An exploratory study into the development of Maori healing knowledge in social work practice.**
Authorised Personnel:	**Ravulo Jioji; Fox Levi; Riley Lynette; Terare Mareese;**
Approval Period:	**28/04/2022 to 28/04/2026**
First Annual Report Due:	**28/04/2023**

Documents Approved:

Date Uploaded	Version Number	Document Name
20/04/2022	Version 2	Interview schedule clean copy
20/04/2022	Version 2	PIS clean copy
20/04/2022	Version 1	Sample participant invitation email
20/04/2022	Version 2	Verbal consent schedule clean copy

Special Condition/s of Approval

It is noted that you will be consulting the cultural supervisor Dr Micek regarding interview questions. It will be a condition of approval that you submit a Modification for any changes to interview questions if required.

Condition/s of Approval

- Research must be conducted according to the approved proposal.
- An annual progress report must be submitted to the Ethics Office on or before the anniversary of approval and on completion of the project.
- You must report as soon as practicable anything that might warrant review of ethical approval of the project including:
  - Serious or unexpected adverse events (which should be reported within 72 hours).
  - Unforeseen events that might affect continued ethical acceptability of the project.
- Any changes to the proposal must be approved prior to their implementation (except where an amendment is undertaken to eliminate immediate risk to participants).
- Personnel working on this project must be sufficiently qualified by education, training and experience for their role, or adequately supervised. Changes to personnel must be reported and approved.
- Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, as relevant to this project.

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- Data and primary materials must be retained and stored in accordance with the relevant legislation and University guidelines.
- Ethics approval is dependent upon ongoing compliance of the research with the *National Statement on Ethical Conduct in Human Research*, the *Australian Code for the Responsible Conduct of Research*, applicable legal requirements, and with University policies, procedures and governance requirements.
- The Ethics Office may conduct audits on approved projects.
- The Chief Investigator has ultimate responsibility for the conduct of the research and is responsible for ensuring all others involved will conduct the research in accordance with the above.

This letter constitutes ethical approval only.

Please contact the Ethics Office should you require further information or clarification.

Sincerely,

[redacted]

Associate Professor Helen Mitchell
Chair
Human Research Ethics Committee (HREC 1)

The University of Sydney of Sydney HRECs are constituted and operate in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2018) and the NHMRC's Australian Code for the Responsible Conduct of Research (2018)

Appendix 4: Interview guide

Levi Fox

SID [redacted]

THE UNIVERSITY OF SYDNEY

Participant interview schedule

Focus area 1: What is the role of traditional Māori healing knowledge in social work?

- Would you please share your experiences in your role as a traditional healer or social worker?
- What are your perspectives on mental illness from a *Te Ao Māori* worldview?
- What are the philosophies underpinning ancestral healing knowledge? How can we integrate this knowledge into mental health practice?
- Could you please share a significant experience of working with whānau in psychological distress?
- What interventions or methods did you utilise in that situation? What was the outcome?

Focus 2: How diverse are social work practices?

- Is there a place for traditional Indigenous healing knowledge in social work? If so, how? If not, why?
- What are some of the barriers that you face when it comes to utilising traditional healing knowledge in your work?
- Describe some of the ways in which mainstream mental health services, can actualise the use of traditional healing knowledge?
- To what extent are mental health interventions in Aotearoa and Australia diverse and inclusive?

Focus 3: How can social work be more culturally responsive for Indigenous peoples?

- Can non-Māori practitioners utilise traditional healing knowledge in their practices as well? If so, how? If not, why?
- How can mainstream services improve the way they work with Indigenous populations in Aotearoa and Australia?
- What are your concerns about the mental health and wellbeing of Indigenous people today?
- And finally, what can we learn from experiences of whānau in distress?

Once again, if you feel that you may need some counselling as a result of these interview, please contact Puawaitanga which is a free Telehealth service that is readily available online. Their details are provided on your Participant Information Sheet.

Thank you for participating in my study.

Appendix 5: Participant information sheet

Participant Information Statement

THE UNIVERSITY OF SYDNEY

Talking with Tūpuna

An exploratory study into the development of Māori healing knowledge in social work practice

Kia Ora and warm greetings to you. This participant information sheet will provide you with some further details about my doctoral project and its purpose. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about. This information sheet is for you to keep.

1. What is this study about?

The goal of this study is to explore individuals' experiences into how traditional Māori healing knowledge is developed in practice. The data collection stage will involve conducting semi-structured and in-depth interviews with participants either over Zoom or face to face meetings. The specific details will be explained in a later section. It is hoped the study will provide voice for participants to develop social work interventions.

2. Who is running the study?

The study is being carried out by Mr Levi Fox, as the basis for the degree of Doctor of Philosophy at The University of Sydney.

3. Who can take part in the study?

I am seeking traditional Māori healers and Māori social workers, who are over the age of 18 years old and have experience in mental health practice. Non-Māori participants are excluded due to the richness of the experiences I hope to explore. Participants must also be located in Australia and New Zealand to get a nuanced understanding of wellbeing and issues that are important to them. You do not need to hold a formal qualification, as it is recognised that traditional healing is a cultural tradition passed down through the generations. You may also be asked to identify one other person who might be interested in being

interviewed for this research, inform them about its purpose and invite them to participate.

4. What will the study involve for me?

If you decide to take part in this study, you will be asked to participate in an interview conducted over Zoom which is expected to last around one and a half hours and will be audio recorded with your permission. The interviews will be conducted over Zoom and also face to face. I will send you a Zoom link to arrange an interview date/time or face to face meeting will be sorted and a transcript for your review. You will be asked questions relating to your experiences with traditional healing modalities, Māori perspectives on suicide, psychological distress and mental illnesses, and any future challenges that you identify in terms of social policy, health legislations and/or predicted concerns for mental health.

5. Can I withdraw once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision will not affect your current or future relationship with the researchers or anyone else at The University of Sydney. We do not anticipate your decision will affect your relationship with your employer or others. If you decide to take part in the study and then change your mind you can withdraw by letting the researcher know via email or phone. If you take part in an interview you may refuse to answer any questions that you do not wish to answer. If you choose to withdraw, we will not collect any more information from you. Please let us know at the time you withdraw what you would like us to do with information we have collected about you up to that point.

6. Are there any risks or costs?

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study. There may be unwanted media and social media attention to you if you choose to use your real name in this research study. Here is a list of support services that can help if distress occurs:

Puawaitanga
Phone: 0800 782 999
Lifeline (New Zealand)
Phone: 0800 543 354 (0800 LIFELINE)
Hearts and Mind (New Zealand)
Phone: 0800 787 798
White Cloud Tele-Mental Health (Australia)Phone: 07 3155 3456

7. Are there any benefits?

You will not receive any direct benefits from in the study, a token of appreciation will be provided to you as a Koha for your participation.

8. What will happen to information that is collected?

By providing your consent, you are agreeing to us collecting information about you for the purposes of this study. Any information you provide us will be stored securely and we will only disclose it with your permission, unless we are required by law to release information. We are planning for the study findings to be published.

You may also nominate to remain anonymous, and a pseudonym used in the research, or you may choose to have your real name used in the study's write up as well as future publications. A non-anonymous participant consent form will be provided to you, if you wish to use your real name this study.

The findings will be of immediate practical benefit to social work practitioners and mental health service users in terms of increasing cultural knowledge and support for optimal service provision while meeting the needs of Māori and the wider community. The information that is collected will be written up into a doctoral thesis and may also be published in journal articles. Results will only be reported in ways that ensure the identity of participants and agencies remain confidential.

9. Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study by emailing the researcher for this feedback in the form of a brief lay summary.

10. What if I would like further information?

When you have read this information sheet, you will be available to discuss it with the researcher on the contact details provided below.

11. What if I have a complaint or any concerns?

The ethical aspects of this study have been approved by the Human Research Ethics Committee (HREC) of The University of Sydney (project number 2022/204) according to the *National Statement on Ethical Conduct in Human Research (2007)*.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact:

Human Ethics Manager
human.ethics@sydney.edu.au
+61 2 8627 8176

12. Research team contact details:

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This information sheet is for you to keep

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