Kaupapa Māori Practitioner's Whakaaro (thoughts) of Traditional Practices

(Rongoā, Rāranga, Mirimiri and Pūrākau) Assisting Rangatahi Māori (Māori youth) with

Suicidal Behaviours.

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Abstract

Worldwide, a person dies by suicide every 40 seconds (World Health Organization, 2018). An estimated 793,000 people take their lives by suicide every year, and for every one suicide, 20 more people attempt suicide (World Health Organization, 2018). Internationally, for the younger generation aged 15–29 years, suicide is the second most prominent cause of death (World Health Organization, 2018). In Aotearoa (New Zealand), the Māori (Indigenous people) population has an approximate average age of 22 (Statistics New Zealand, 2017) and we are losing rangatahi Māori (Māori youth) to suicide at almost double the rate than their non-Indigenous counterparts (aged 15–24) (Ministry of Health, 2015; World Health Organization, 2018). Western attempts at suicide prevention lack cultural specificity, while Indigenous suicide prevention methods focus on reconnection back to culture, cultural living and traditional practices. Māori practitioners whakaaro (thoughts) show traditional Māori practices of rāranga, pūrākau, mirimiri and rongoā have beneficial properties that alleviate suicidal behaviours. This project incorporates an overarching Kaupapa Māori methodology while integrating qualitative research and semi-structured interviews offers flexibility, subjectivity and to extract rich whakaaro for an experiential thematic analysis approach. Seven wāhine (female) Māori practitioners were interviewed. Findings show three critical whakaaro that can assist rangatahi Māori wellbeing: i) Healing as a Whole, ii) Protecting with Wairua and iii) Self-Healing. This study offers mental health professional's valuable insight into utilizing Māori practitioners as a viable culturally appropriate method for positively promoting Māori wellbeing and protective factors that may prevent suicide. Future research could explore traditional practices as alternative treatment for whānau (family) who have experienced or supported tāngata (people) with suicidal behaviours.

Acknowledgments

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 (Woodward Ltda, 2003, p. 1)

Ko Mohaka te awa	Mohaka is the river, which provides the sustenance, life
Ko Takitimu te waka	Takitimu is the boat my ancestors arrived on
Ko MaungaHaruru te maunga	Haruru is the mountain
Ko Mohaka te marae	Mohaka is the village
Ko Ngāti Kahungungu te iwi	Ngāti Kahungungu is the tribe
Ko Ngāti Pahauwera te hapū	Ngāti Pahauwera is the subtribe
Ko Gemmell tōku whānau	Gemmell is my family name

This year has been an amazing journey for my healing, a self-discovery, restoration of mātauranga (knowledge), culture, and strengthening of my own identity. The above quote highlights me. This is not the success of myself but many people. Whether it be a person I met for a brief second, or an interview, or the one person who wrote the first article that laid a foundation for me to use. I know there are many, so I thank you all. Although, there are a certain few I would especially like to mention.

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To my friends and whānau, thank you for all the support you have provided me. Thank you for being by my side going through the many ups and down's not just with the study but the hard life challenges that we face in general. Thank you for being my baby sitters, my counselors, and my partners in crime (not actual). You are all my foundation and provided the belief in me that I cannot see. Love you all.

To my babies, thank you for allowing mummy to do her homework. This, my babies, is for you and a better life for your future. I hope this kaupapa provides resolutions so that you, as rangatahi, can get to follow your dreams and aspirations. You are my world.

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Ngā Kupu Hou

Anahera	A herbal remedy
Aotearoa	New Zealand
Aroha	Love
Aroha ki te tangata	Respect to the people
Ātua	Gods
Awa	Riverways
Hā a koro mā, a kui mā	Breath of life
Hākari	Festival
Haka	Wardance
Hara	Wrongdoing leading to sickness
Harakeke	Native flax plant
Hapū	Subtribe
Hine-Ahu-one	First women created
Hineteiwaiwa	Goddess of Arts pursued by women
Hinetitama	Daughter of Tane and Hine-Ahu-one
Hinenui te Pō	Goddess of Death
Houkāinga	Village, home, contemporary, new
Hui	Meeting
Hui Whakaoranga	In 1984, National Health Conference
Ihi	In Mauri Ora model – captured by life
Iwi	Tribe
Kahupō	Spiritual blindness, no purpose of life
Kai	Food
Kaitiaki	Guardian
Kaitiakitanga	Guardianship
Kākahu	Clothing

Kanohi kitea	Present yourself to people face to face
Kanohi ki te kanohi	Face to face
Kānuka	Plant, child of Tawaketoru
Karakia	Prayers
Karanga	Call
Kaua e takahia te mana o te tāngata	Don't trample over the mana of the people
Kaumātua	Elders
Kaupapa	Topic
Kaupapa Māori	Māori approach, principles, ideology
Kaupapa Māori research	Research undertaken by Māori, for Māori
Kete	Basket
Kia Tūpato	Be cautious
Koha	Gift
Kōhanga reo	Preschool
Koraunui Marae	Marae based in Stokes Valley, Lower Hutt
Kōrero	Talk
Kōrero tuku iho	Past cultural history
Korowai	Cloak
Kura Kaupapa	Māori immersion, Primary school
Mahi	Work
Mahi a atua	Tracing ancestral steps
Mahinga kai	Vegetable gardens
Mahi wheua	Bone alignment
Mākutu	A possession
Mamae	Sore, hurt
Mana	Pride
Mana ake	Identity of individuals and whānau
Manaaki	Help
Manaaki ki te tangata	Share and host people, be generous

Mana Māori	Māori authority, Māori rights
Mana whenua	Territorial rights, Indigenous rights
Mānuka	Plant, child of Tawaketoru
Māori	Native people of Aotearoa
Māoritanga	Māori meanings
Māori tāngata	Māori people
Marae	Traditional meeting house
Maramataka	Māori lunar calendar
Mate	Dead
Mātauranga	Knowledge, wisdom, skill
Mātauranga o te wairua	Spiritual knowledge
Matakite	Seeing that pertains to sickness or death
Mātua	Parents
Mauri	Life force
Mauri ora	Complete wellbeing
Mirimiri	Spiritual massage
Moana	Sea
Muka	Strong fibre
Ngahere	Forest
Ngākau	Heart
Ngā Pou Mana	Henare's (1988) Māori wellbeing Model
Noa	Free from the extensions of tapu
Pākehā	English, foreign, European
Papakāinga	Communal village
Papatūānuku	Earth Mother
Pēpē	Baby
Pepeha	Family tree
Pōwhiri	Welcoming ceremony

Poutama	Stages
Pūkenga	Skills and abilities
Pūrākau	Oral traditions
Putiputi	Flower
Rākau	Stick, branches
Rangatahi Māori	Māori youth
Rangatira	Chieftainship
Ranginui	Sky Father
Rāranga	Flax weaving
Rārangi	Categories, list, row
Raruraru	Troubles
Ritenga	Customary practice
Rohe	Area
Rongoā	Herbal remedies
Rongoā Māori	Traditional treatment, natural remedy
Taha hinengaro	The psyche – thoughts and feelings
Taha Māori	Māori side
Taha tinana	The physical side, the body
Taha wairua	Spirituality
Taha whānau	The family, identity
Tāne	Ātua of forest and birds
Tāne Mahuta	Ātua of forest and birds
Tāngata	People
Tāngata whenua	To be natural, at home
Tangihanga	Funeral
Taonga tuku iho	Passed down inherited treasures
Tapu	Sacredness
Tautoko	Support

Tawaketoru	Mother of Kānuka and Mānuka, Wairākau
Te ao	The world
Te ao Māori	The Māori world
Te ao nui o Tāne	God of forest
Te ao Turoa	Land, ngahere, moana
Te ao wairua	Spiritual world
Te Herenga waka	Victoria University Marae
Teina	Younger sibling
Te Rau Matatini	A non-government organization
Te reo Māori	Māori Language
Te rito o te harakeke	Centre shoot of the harakeke
Te Whare Tapu Whā	Durie's (1985) Māori mental health model
Te whare pora	House of weaving
Te Wheke	Pere's (1984) family wellbeing model
Tikanga	Protocols, customs
Tinana	Body
Tino rangatiratanga	Self-determination, sovereignty, control
Tīpuna	Ancestors, grandparents (Western dialect)
Titiro, whakarongo, kōrero	Look, listen then speak
Tōhunga	Expert
Tuakana	Older sibling
Tuakiri-ā-iwi	Secure cultural identity
Tūpuna	Ancestors, grandparents
Tūrangawaewae	A place to stand
Tutu	Plant used to remove toxins
Wāhine	Women
Waiata	Song
Wai	Water

Waikohu	Fragrance
Wai ora	Complete wellbeing
Wai ora	Te Wheke, individual and family wellbeing
Wairākau	Natural remedy, tree waters
Wairua	Spirit, Spirituality
Wairuatanga	Spirituality
Waka	Boat
Waka Hourua	National Māori suicide prevention program
WAKA HOURUA	Durie's (2019) suicide prevention agenda
Waka Hourua hui fono	Māori suicide prevention conference
Wana	Infatuated by life
Wānanga	To meet, discuss
Wehi	Awe of life
Whakaaro	Thoughts
Whakamomori	Suicide
Whakapapa	Genealogy, to layer
Whakataukī	Proverbs
Whakawhanaungatanga	Establishing relationships
Whanaungatanga	Relationship, kinship
Whare mate	House in mourning
Whāriki	Mat
Whatamanawa	Emotions
Whenua	Land
Whitiwhiti kōrero	Greeting the person and their ancestors

Worldwide, a person dies by suicide every 40 seconds (World Health Organization, 2018). An estimated 793,000 people take their lives by suicide every year, and for every one suicide, 20 more people attempt suicide (World Health Organization, 2018). For the younger generation aged 15–29 years, suicide is the second most prominent cause of death (World Health Organization, 2018). Globally, at most risk are people who experience discrimination, often minority groups such as the LGBTQ community or people in incarceration, although at most risk are Indigenous populations (World Health Organization, 2018). In Aotearoa, the Māori population has an approximate average age of 22 (Statistics New Zealand, 2017) and we are losing rangatahi Māori to suicide at almost double the rate than their non-Indigenous counterparts (aged 15–24) (Ministry of Health, 2015; World Health Organization, 2018).

Suicide is not underpinned by one single determinant or stressor, but rather a combination of causal factors to suicidal behaviours (Hawton & Heeringen, 2009). Suicide is typically defined as both suicide ideation (thoughts) and suicide attempts (Hawton & Heeringen, 2009). This project focuses on maladaptive behaviours associated with depression, anxiety, sensations of hopelessness and rumination (recurring contemplation of negative feelings and thoughts) (Hawton & Heeringen, 2009; Matika, 2017; Tucker et al., 2015). As rangatahi Māori tend to experience more adverse experiences and outcomes in life than other youth (Clark et al., 2008; Marie et al., 2008) this project directs attention towards rangatahi Māori with suicidal predispositions characterised by social, educational and economic disadvantages (Beautrais et al., 2007).

Western[1] attempts at suicide prevention are not working for Indigenous populations, likely due to their lack of cultural specificity (Chung-Do et al., 2016; Elliott-Farrelly, 2004; Lopes et al., 2012; Nasir et al., 2016, 2017). Western prevention prioritizes individual elements of health and do not consider subjective multi-level complexities such as family dynamics, colonization or intergenerational trauma (Lawson-Te Aho & Liu, 2010; Wexler et al., 2015). Emerging research (Decou et al., 2013; Whitbeck et al., 2004) suggests that, for Indigenous communities to achieve, progress and succeed in a Western social, academic and professional context, it is necessary to incorporate culture, traditional practices, cultural ways and spirituality (Decou et al., 2013; Whitbeck et al., 2004).

Enculturation is the degree to which an individual is embedded in traditional cultural ways and practices, such as cultural activities, language, spirituality and cultural identity (Whitbeck et al., 2004; Zimmerman et al., 1994). Enculturation is considered a resiliency factor that can mediate distress, lessen negative stressors, assist with alcohol cessation and prosocial behaviours in adolescents and alleviate depression for adults (Decou et al., 2013; Whitbeck et al., 2001, 2002). These are all prominent factors contributing to suicide, especially hopelessness and cultural dissociation amongst rangatahi Māori in Aotearoa New Zealand, and necessary for alleviating suicidal behaviours linked to rumination, depression and anxiety (Hawton & Heeringen, 2009; Matika, 2017; Tucker et al., 2015).

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[1] The term 'Western' is often used to refer to industrialised nations that have Judeo-Christian religions as predominant among their populations, such as those in Europe, Australia and America. In this project however, the term is used in this way, as well as to refer to the numerically dominant population of Aotearoa, which is comprised of 'White' people who are the descendents of colonial Europeans and missionaries. It is generally not used to refer to the native or Indigenous populations of these countries.
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Both international and local research explores traditional cultural activities as methods of Indigenous suicide prevention, reconnecting to environmental elements such as hunting, camping and surfing as a way to build resiliency, strengthen identity, self-regulate emotions and connect with spirituality (Chung-Do et al., 2016; McClintock & McClintock, 2017; Rasmus et al., 2019; Waiti, 2016). However, further exploration is necessary amongst traditional cultural practices mainly used for healing such as Kaupapa Māori practices of mirimiri (spiritual massage) (Ahuriri-Driscoll, 2014; Mark, 2008; Mark & Lyons, 2010), rāranga (flax weaving) (Fletcher et al., 2014; Puketapu-Hetet, 2016), pūrākau (legends) (Lee, 2005, 2009; Rangihuna et al., 2018) and rongoā (herbal remedies) (Jones, 2000; McGowan, 2000, 2009; McLeod, 1999). These practices enable culture to flourish, strengthen identity and build resiliency, all potential practices that can assist rangatahi Māori with preventing suicidal behaviours.

Overall, the main objective of this research is to save lives by reducing suicide rates in Aotearoa New Zealand and address the high-risk concern within Māori communities, especially amongst rangatahi Māori, our future leaders. The current aim is to explore how traditional Māori practices can assist rangatahi Māori during times of adversity in preventing suicidal behaviours associated with hopelessness, rumination, depression and anxiety. With this in mind, the following questions are explored:

a) To what extent do traditional practices of rongoā, rāranga, mirimiri and pūrākau assist rangatahi Māori with alleviating suicidal behaviours?

b) What benefits apply within the practices that can facilitate change to promote positive wellbeing?

The following section provides a brief overview of the current thesis and summarises what each chapter entails.

Overview of Chapters

Chapter Two: Literature Review

The literature review commences by broadly addressing suicide and suicide statistics. Next, I illustrate the diverse range of Māori identity and the impact of colonization, urbanization and unfavourable legislation policies, which led to the Māori renaissance and development of Māori wellbeing models. Following this historical review, I then go on to address current suicide prevention, research on enculturation and resiliency as well as traditional Māori practices that could assist in Māori suicide prevention.

Chapter Three: Methodology

An overarching framework of Kaupapa Māori research guides this project with principles, tikanga, values and aspirations that improve outcomes for Māori (Smith, 2012). Qualitative research allows for flexibility and subjectivity, while in-depth semi-structured interviews support whanaungatanga and uphold the authenticity of practitioners voices. An experiential thematic analysis enables exploration for Māori practitioners whakaaro.

Chapter Four: Findings

The findings will address the research question in three themes: i) *Healing as a Whole* – healing more than just the physical tinana (body) through multi-dimensions with the whenua, ngahere and whakapapa. ii) *Protecting with Wairua* – accentuating the connection of wairua as a protection for one's wellbeing through the mātauranga o te wairuatanga (knowledge of wairua) and as a protection for tāngata (people). iii) *Self-Healing* – a journey of self-discovery that offers skills to enhance wellbeing.

Chapter Five: Discussion

This chapter outlines an overview of the key findings consistent with current literature and a description of significant similarities and differences in relevance to the research question. Following this, limitations, strengths, implications and future research will be addressed.

Chapter Two

Literature Review

"I orea te tuatara ka patu ki waho"

A problem is solved by continuing to find solutions.

(Māori Proverbs, 2018, p. 1).

The literature review provides an overview of the many struggles Māori face in Western society. Government structures, societal factors and a compromised health system impact Māori health and are antecedents to an increased risk of suicidal behaviour. Firstly, the review will discuss global suicide statistics, Indigenous statistics and Māori statistics as well as suicidal behaviours relevant to this project. Secondly, it will address the diverse realities of Māori identity and the impact of colonization, urbanization and unfavourable legislation policies, which led to the Māori renaissance and development of Māori wellbeing models. Following this historical review, suicide prevention, resiliency, enculturation, and traditional Māori practices are discussed.

Suicide

Worldwide, a person dies by suicide every 40 seconds (World Health Organization, 2018). An estimated 793,000 people take their lives by suicide every year, and for every one suicide, 20 more people attempt suicide (World Health Organization, 2018). For the younger generation aged 15–29 years, suicide is the second most prominent cause of death. Globally, at most risk are people who experience discrimination, often minority groups such as the LGBTQ

community or people in incarceration, although at most risk are Indigenous populations (World Health Organization, 2018).

Suicide is typically defined as both suicide ideation (thoughts) and suicide attempts (behaviours) (Hawton & Heeringen, 2009). This project focuses on maladaptive behaviours such as depression, anxiety, sensations of hopelessness and rumination or brooding (recurring contemplation of negative feelings and thoughts) as high-risk suicidal behaviours (Hawton & Heeringen, 2009; Tucker et al., 2015).

Indigenous International Statistics

International statistics illustrate a recurring trend that Indigenous youths are at most risk of suicide. In the United States of America, suicide rates of Indigenous peoples (Native Indians, Native Alaskans and Native Hawai'ians) are nearly triple those of their non–Indigenous counterparts (Goebert et al., 2018; Wexler et al., 2015). Most noticeably, Canadian and Australian Aboriginal youths have suicide rates three to six times higher than their non-Indigenous counterparts (Australian Bureau of Statistics, 2012; Kirmayer, 1994; Kirmayer et al., 2003; Tatz, 1999). In Aotearoa, rangatahi Māori, exclusive of gender, have almost twice the suicide rate than their non-Indigenous counterparts (Ministry of Health, 2015; Tatz, 1999), emphasizing a high demand for suicide prevention tailored to Indigenous populations.

Māori Suicide Statistics

The Māori population consists of approximately 766,000 people (Statistics New Zealand, 2017). In 2015, Māori had 17 more people (36.8 per 100,000) die by suicide than their non-Indigenous counterparts (19.4 per 100,000) (Ministry of Health, 2015). Statistics show that Māori are a relatively younger population with an approximate average age of 22 years (Ministry

of Health, 2008; Statistics New Zealand, 2017). Rangatahi Māori are the future leaders of Aotearoa New Zealand yet are at most risk of suicidal behaviours.

While causality of suicide is not underpinned by one single stressor, a combination of determining factors contribute to suicide risk (Hawton & Heeringen, 2009). Previous research associates suicide with complex historical factors of colonization (Lawson-Te Aho & Liu, 2010), historical trauma (Brave Heart et al., 2011; Evans-Campbell, 2008) and acculturative stress (Beautrais et al., 2007). Potentially, these factors have disadvantaged Māori through negative social, educational, political, economic and health disparities such as institutional racism, adverse mental health of depression and substance abuse (Elliott-Farrelly, 2004; Hatcher, 2016; Hunter & Harvey, 2002; Waretini-Karena, 2019). As a consequence, this has a continual impact disadvantaging young people with suicidal behaviours (Beautrais et al., 2007). Not only does this highlight the array of complexities that need to be addressed for tailoring suicide prevention but also the necessity to direct attention towards rangatahi Māori.

Before discussing suicide prevention, one cannot understand the present without understanding the past (Puketapu-Hetet, 2016). Therefore, the next section outlines a historical review that has affected te ao Māori and potential factors that could indicate why there is a high rate of Māori suicide.

Māori Identity

Identities shape how people experience the world, the challenges and opportunities they will face and their position of social, political and economic power in Western society (Kahu et al., 2007). Part of identity is a sense of belonging and feeling valued as part of the community. For those groups who are marginalized and excluded in Western society, their identity is socially

constructed as less important, negatively impacting on their identity, belonging and resulting in exclusion from the community and any communal decision making (Kahu et al., 2007).

Māori culture is not a homogeneous population, as there is not one reality nor a typical set of emotions or behaviours that defines being Māori (Durie, 1994). Māori identity is fluid, dynamic and interactive, with many Māori experiencing diverse realities (Durie, 1995, 2001; Houkamau & Sibley, 2014, 2018). According to Durie (1994), Māori have three subgroups. One group is fully immersed in te ao Māori (Māori world), speaking te reo Māori (Māori language), following tikanga (protocol), beliefs and values and often being seen to reconnect with iwi (community) and hapū (subtribe). A second group values biculturalism, traverses between both worlds and is accepting of both Māori and Pākehā (European) heritage. A third group is biologically Māori but do not endorse their culture and heritage nor reconnect with iwi and hapū and are culturally disassociated (Durie, 1994; Houkamau & Sibley, 2014, 2018; Tassell et al., 2010). Māori identity is considered a positive pathway for rangatahi Māori development (Simmonds et al., 2014). These differing realities can highlight the complicated internal cognitive processing that contemporary rangatahi Māori face in ascertaining their own identity.

Many researchers suggest a loss of cultural identity, cultural dissociation and cultural disconnection are reasons for health-related concerns primarily associated with suicidal behaviours (Coupe, 2005; Durie, 2001; Gracey & King, 2009; Kingi et al., 2017; Lawson-Te Aho & Liu, 2010). For Māori, the impact of colonization has led to many adverse health outcomes, and the longevity of historical trauma has heightened adverse mental health with repercussion of stressful life events, many coinciding with suicide (Clifford et al., 2013; Lawson-Te Aho, 2014; Waretini-Karena, 2019).

Colonization

The introduction of a dominant Western culture (Pākehā) came with outcomes that had potentially adverse effects, such as muskets, disease, intermarriage, alcohol and Christianity (Gracey & King, 2009; Walker, 1990). The confiscation of land led some Māori families to financial hardship, reliant on income based on seasonal work (Taonui, 2011). In order to find better work opportunities, many Māori families assimilated into urban regions, distancing themselves further from their whenua and ancestral ties, and strained resources lessened their chances to return home (Kingi et al., 2014; Maaka, 1997; Taonui, 2011).

Despite the urban transition, many (although by no means all) Māori remained amongst poverty, living within the lower economic bracket and housed amongst the most deprived sectors in society (Taonui, 2011; Waiti, 2016). These oppressive factors led Māori to fight against inequality. A Pākehā government imposed British laws, exclusive of Māori customs, that were deeply entrenched in racism and discrimination throughout Aotearoa institutions (for example, ethnic profiling) (Jackson, 1987; Taonui, 2011; Walker, 1990; Waretini-Karena, 2019). For Māori, unfavourable legislative policies such as the Tōhunga Suppression Act 1907 and a nationwide ban on using te reo Māori left Māori with no healthcare and a suppressed native language, both detrimental to the epitome of Māori identity and Māori wellbeing (Gilchrist, 2017).

The Tōhunga Suppression Act abolished native tōhunga practices, leading many healers to practice in secret (Durie, 2001; Jones, 2000). Still to this day, Māori are required to assimilate to Western systems – an ongoing issue detrimental to culture identity and Māori wellbeing, especially within mental health (Tiatia-Seath, 2014). Taken together, historical hardship, colonization and cultural dissociation led to mental health factors such as depression, anxiety and

substance abuse (Elliott-Farrelly, 2004). Situational factors of poverty and loneliness (Ministry of Social Development, 2016) led to stressful life events (Clifford et al., 2013) and adversity (Hatcher, 2016), taken together are all aspects associated to suicidal behaviours of rumination and hopelessness (Tucker et al., 2015) – all prominent factors of suicide and detrimental to one's mental wellbeing, emotionally, psychologically and spiritually (Durie, 2001). Addressing socioeconomic and health disparities must be a priority for Indigenous health and future preventions (Gracey & King, 2009).

Māori Renaissance

Nevertheless, Māori had to acculturate their life with societal change coherently within a modern urban environment. New identities were formed with Māori activists and radicalists – at a time known as the 'Māori renaissance'– fighting back for Māori rights (Taonui, 2011) in an act to retain culture. New modern urban maraes were developed, protests were made to reclaim Māori land (such as the 1975 land march) and breaches of the Treaty of Waitangi were negotiated. Renaissance of te reo Māori led to the establishment of Kōhanga Reo (preschools), Kura Kaupapa (primary schools), Māori wellbeing models and Kaupapa Māori research (Taonui, 2011). The movement empowered and restored Māori culture and encouraged resiliency to continually fight for Tino Rangatiratanga (self-determination), control and ownership over Māori affairs (Waiti, 2016; Waiti & Kingi, 2014).

These established Māori wellbeing models offer a culturally appropriate foundation to assist rangatahi Māori with suicidal behaviours linked to depression, anxiety, and sensations of hopelessness and rumination. The next section explores in more depth the Māori wellbeing models which now flourish within our health system and fundamentally ground Māori healthcare.

Māori Wellbeing

In 1984, a national health conference, Hui Whakaoranga, proposed to explore transitioning from a monocultural health system that mainly focused on physical aspects to a holistic approach adopting traditional Māori beliefs and Māori values, inclusive of whānau and wairua (spirituality) (Durie, 1994; Harmsworth & Awatere, 2013; Waiti, 2014). From this hui (meeting), three Māori wellbeing models were developed, known as Durie's (1985) Te Whare Tapa Whā, Pere's (1984) family health model of Te Wheke and Henare's (1988) Ngā Pou Mana model.

The first comprehensive model for Māori health is Durie's (1985) Te Whare Tapa Whā. This model integrates four elements of life: *taha tinana* (the physical side, the body), components of *taha wairua* (spirituality), *taha hinengaro* (the psyche – thoughts and feelings) and *taha whānau* (the family, identity). The four dimensions metaphorically symbolise Māori values through an analogy of a house with four walls (Please refer to Figure A1 in Appendix A). Hence, if one wall was to weaken and falter, the rest of the walls will be compromised. Therefore, suicide prevention needs to offer a holistic approach, maintaining and balancing *wairua, hinengaro*, *tinana* and *whānau*, which are all necessary to promote positive wellbeing.

The component *taha whānau* is a central element of te ao Māori, as traditional communal living and whanaungatanga (kinship networks) are supportive structures offering a secure environment protecting whānau and iwi (Mulholland & Bargh, 2015), thus enabling tāngata capabilities to mahi (work) and manaaki (help) others and give back to the community (for example mahinga kai) (Moon, 2005). When it comes to ill health, including youth suicide preventions, whānau, hapū and iwi are actively obliged to assist (Te Aho Lawson & Liu, 2010).

A second model, Te Wheke (Pere, 1984), depicts a family health model metaphorically illustrated as an octopus with eight tentacles (Please refer to Figure B1 in Appendix B). The octopus head symbolizes whānau, and the eyes represent waiora (both individual and family wellbeing). Each tentacle symbolises elements that give sustenance to the waiora (eyes), and every tentacle sucker signifies many aspects within each scope. Altogether, the overall composition of a person's wellbeing is represented through the waiora and coincides with the interwoven relationships of the tentacles and sustenance from the tentacles (Pere, 1984).

Te Wheke model (Pere, 1984) extends Durie's (1985) four wellbeing components to also include *whanaungatanga* (extended family, kinship), *mauri* (life principles, life force in people and objects), *mana ake* (the identity of individuals and whānau), *hā a koro mā, a kui mā* (breath of life) and *whatumanawa* (emotions) (Harmsworth & Awatere, 2013; Ministry of Health, 2017b; Pere, 1984; Waiti, 2014). In more depth, whanaungatanga enables relationship building, creating strong bonds influencing the way one lives and the ability to get along with others and their kinship groups (Pere & Nicholson, 1991, p. 26). Whanaungatanga is a supportive structure that strengthens an individual's sense of identity, value and belonging (Jones, 2017; Pere & Nicholson, 1991; Tassell et al., 2010). However, negative societal influences can be detrimental to identity, hindering one's sense of belonging and inclusion within the community (Kahu et al., 2007).

Henare's (1988) Ngā Pou Mana model sought to enhance mana Māori and social policy by exploring wellbeing inclusive of ecological factors (sea, land, forest) and other elements such as: i) *whanaungatanga* – hapū, whānau, waka, whakapapa, ii) *tūrangawaewae* – marae, papakāinga (village), tāngata whenua (people of the land), koha (gift), iii) *te ao turoa* – whenua (land), moana (sea), ngahere (forest), awa (riverways) and iv) *taonga tuku iho* – inherited

treasures that have been passed down from generations such as prized mātauranga (weaving arts, carvings), tikanga (customs) and ritenga (customary practices).

Māori identity can be an intimate synergy with the land, connecting past ancestors with the present (Durie, 2001). Māori elders would advocate that a loss of spiritual connection or ties to the land lacks wairua, which could result in misfortune, disability or ill health (Durie, 1985, 2001). Therefore, reconnecting rangatahi Māori to ecological factors of whenua, ngahere and moana, can serve as ways for enhancing Māori vitality and are prominent aspects of suicide prevention.

According to Henare's (1988) model, whanaungatanga also incorporates the aspect of whakapapa (genealogy) – another core component of wellbeing. The word itself is relevant to "the continual layering of connection between past, present, and future generations" (Gilchrist, 2017, p. 7) or more spiritually defined as an expansion from the gods to the present time, a genealogical descent of all living things (Barlow & Wineti, 1991). Whakapapa (genealogy) is a common introduction mainly utilised to address ko wai koe? (who are you?) or no hea koe? (where are you from?)

For example, whakapapa will acknowledge a person's mountain, a traditional navigational marker, as well as identification of their waka (boat), the arrival of past ancestors, and also the awa (local waterways) that provide the tāngata with sustenance (Harmsworth & Awatere, 2013; Moeke-Pickering, 1996). Notably, announcing your iwi, hapū and marae (meeting house) obtains the genealogical tie that spiritually connects the living with the whenua, the people who have walked before us, continually layering that connection.

Ultimately, to know oneself and recite one's whakapapa provides a tūrangawaewae (a place to stand) and a sense of belonging (Harmsworth, & Awatere, 2013; Moeke-Pickering, 1996), which are instrumental in promoting positive mental health and psychological outcomes (Te Aho Lawson & Liu, 2010). On the other hand, not knowing one's whakapapa can lead to adverse outcomes, including mental health and cultural disconnection, which are potential underlying factors influencing suicidal behaviours (Coupe, 2005; Durie, 2001; Gracey & King, 2009; Kingi et al., 2017; Lawson-Te Aho , 2016; Lawson-Te Aho & Liu, 2010). Therefore, Māori wellbeing models offer a culturally appropriate foundation incorporating components of hinengaro, wairua, whānau, whanaungatanga, whenua and whakapapa – all key aspects that enhance vitality, strengthen cultural identity and are protective factors for suicide. All of these elements should serve as fundamental principles in developing suicide prevention approaches.

Although these models are widely distributed within education and amongst the mental health system (Harmsworth & Awatere, 2013; Waiti, 2014), many policies remain that are detrimental to Māori wellbeing and break down Māori structures, especially supportive whānau dynamics (for example, the Privacy Act) (Pere, 2009). Commercial waste released into riverways not only opposes Māori beliefs, it is also destructive to Māori sustenance and health (Stewart et al., 2011). Disputes related to commercial marketing of rongoā (for example, Wai 262) and breaches of Treaty negotiations (McGowan, 2000) hinder the potential for these models to flourish and accommodate Māori wellbeing adequately.

Therefore, in order to establish viable suicide prevention tailored for Māori, it is critical to acknowledge essential aspects of Māori identity, the Māori renaissance movement and the foundation of Māori wellbeing models. The following section highlights common suicide prevention approaches utilized worldwide, only to find that one size does not fit all.

Suicide Prevention

International Suicide Prevention

Gatekeepers, an American suicide prevention programme, offers a worldwide ecological model and has been successful in producing community-wide change, promoting school-based interventions and reaching out to the community (Chung-Do et al., 2016). Gatekeepers is known to increase knowledge, alleviate mental health and reduce suicidal behaviours (Beautrais et al., 2007). However, the programme lacks theory, outcome evaluation, longevity and, more importantly, cultural specificity (Chung-Do et al., 2016; Nasir et al., 2017).

Gatekeepers was explored with Indigenous communities within Australia and Hawai'i (Bean & Baber, 2011; Nasir et al., 2016; Nasir et al., 2017). Aboriginal communities felt Gatekeepers was culturally irrelevant and lacked local examples, and resources were sparse in rural communities (Nasir et al., 2017). Similarly, Native Hawai'ians, felt the programme needed to be inclusive of extended family and have a more hands-on kinetic approach (such as through surfing and ukelele) (Chung-Do et al., 2016).

Although Gatekeepers is considered to reassure belief in the mental health system (Chung-Do et al., 2016), this may pose a challenge for Pasifika population as dichotomy already exists for their beliefs in and engagement with the mental health system (Tiatia-Seath, 2014). Pasifika people may withhold knowledge of spiritual experiences that are deemed normal within a Samoan culture but conceptualised as abnormal within a Western framework (Tiatia-Seath, 2014). Within a clinical setting, Pasifika clients often prefer practitioners of similar background who can demonstrate talanoa (rapport) and embrace the role family plays within mental wellbeing (Tiatia-Seath, 2014). This highlights the need for culturally appropriate methods specifically amongst Indigenous cultures.

Nowadays, the role of culture plays a significant factor in the success and effectiveness of Indigenous youth suicide prevention (Rasmus et al., 2019; Wexler et al., 2015). Previous research suggests resiliency skills (Waiti & Kingi, 2014) can assist overcoming adversity – an ability to be knocked down by life and come back stronger (Aten et al., 2019). Māori culture has demonstrated endured resilience throughout historical changes of social, cultural, structural and economic conditions (Waiti & Kingi, 2014).

As rangatahi Māori wellbeing is interconnected with whānau wellbeing, for rangatahi Māori to overcome and endure the daily struggles of adverse outcomes, whānau resiliency also needs to be maintained (Clark et al., 2008; Marie et al., 2008; Waiti & Kingi, 2014). Four key components of whānau resiliency are: i) whanaungatanga, ii) pūkenga factors – skills and abilities (intellectual, practical, temperament), iii) tikanga factors (protocols) and iv) tuakiri-ā-iwi factors – securing a cultural identity (whakapapa). These four aspects secure identity, build relationships, offer tikanga and utilise traditional skills – all protective factors for suicide. In addition, resiliency skills aid rangatahi Māori facing hardship and also have a positive impact within a supportive living environment for their whānau.

Traditional ways of living, cultural structures and cultural practices have has also shown meaningful long-life benefits to youth with suicidal behaviours (Goebert et al., 2018; Rasmus et al., 2019). However, according to Decou and colleagues (2013), for Indigenous to achieve, progress and succeed in a Western social, academic and professional context, enculturation is required. Enculturation is the degree an individual is embedded in cultural identity, spirituality and traditional cultural practices (Decou et al., 2013; Whitbeck et al., 2004). Thereby, building an appropriate cultural foundation looking at traditional cultural activities incorporates resiliency and establishes cultural efficacy, which are protective factors that alleviate suicidal behaviours

and so should be considered a viable option for improving Māori suicide rates. The next section will discuss suicide prevention programmes within Aotearoa New Zealand, specifically focused on Māori communities due to their high suicide rates.

Aotearoa Suicide Prevention

To combat the high prevalence rates of suicide in Aotearoa New Zealand, the government developed a New Zealand suicide prevention strategy with a focus on decreasing suicide rates through reducing suicidal behaviour for Māori and Pasifika (Ministry of Health, 2013, 2017a). The national action plan led to the establishment of Te Rau Matatini, now known as Te Rau Ora, a non-government organization delivering Waka Hourua, the first national Māori suicide prevention programme in partnership with Le Va. This is a dedicated service that ascertains Māori leadership, builds people capacity and capabilities while also offering culturally relevant education and resiliency training, enabling accessibility for whānau and communities. By working alongside Māori communities, this develops evidence-based research that promotes Māori, whānau, hapū and iwi (Baker et al., 2017; McClintock & McClintock, 2017).

Waka Hourua designed 47 community projects with three key goals – inform communities, nurture whānau and engage suicidal rangatahi Māori (Mc Clintock, 2014; McClintock & McClintock, 2017; McClintock et al., 2017). Ultimately, the various projects were tailored towards community demands and dispersed throughout Aotearoa New Zealand. These projects offered community-based initiatives, marae-based alternatives and practical ecological skills aimed at building resilience (McClintock & McClintock, 2017; McClintock et al., 2017). Although, only few projects explored traditional healing practices such as rongoā, pūrākau, mirimiri and rāranga as aspects to alleviate suicidal behaviours.

Most recently (March 2019), Durie (2019, pp. 2–4) presented a suicide prevention agenda at a Waka Hourua hui fono (meeting), based on ten priorities with the acronym of WAKA HOURUA (Please refer to Figure C1 in Appendix C for more information). The first four priorities of WAKA are considered urgent and require immediate attention, supporting people severely affected by suicide who are displaying signs of loss of hope and overwhelming guilt. The last six priorities of HOURUA are associated with promoting wellbeing and building resilience as long-term interventions, removing aspects that disempower wellbeings such as fragmentation, disconnection and exclusion from society (Durie, 2019).

These are the ten priorities that constitute the agenda:

- **W**hanaungatanga (building relationships).

- **A**ukati taniwha – beating the demons, (self-esteem, poverty).

- **K**ake wairua – lifting the spirit for someone who has lost hope (for example, mirimiri).

- **A**hi kā – staying connected to past and future (whakapapa).

- **H**āpori kotahitanga – ensuring communities are protected from any dangers (for example, limiting alcohol outlets).

- **O**ranga whānau – cohesive and nurturing families, leading to resiliency and positivity.

- **U**runga porihanga – inclusion in society, decision making.

- **R**autaki whakaora – policies and strategies by iwi, marae, Māori and Pasifika.

- **U**manga ngaio – integrated approach, reduce fragmentation and confusion.

- **A**ranga mai – standing with pride and confidence – aspiration of rangatahi as future leaders, embracing an environment grounded in their own culture, flourishing with confidence and being able to work through any challenges that are presented to them.

For many of these priorities, both short-term and long-term assistance can be achieved by implementing various traditional practices. The next section will highlight four traditional healing practices of rāranga, pūrākau, mirimiri and rongoā that overlap these priorities and potentially alleviate suicidal behaviours.

Traditional Healing Practices

Previous research has shown reconnecting with traditional practices can provide a positive development pathway for Māori youth (Simmonds et al., 2014), is a factor of whānau resiliency (Waiti & Kingi, 2014) and enables successful navigation in a Western society (Decou et al., 2013). Most importantly, four traditional practices of rāranga, pūrākau, mirimiri and rongoā overlap with the three main Māori wellbeing models of Durie's (1985) Te Whare Tapa Whā, Pere's (1984) Te Wheke and Henare's (1988) Ngā Pou Mana model as well as interlinking with the ten priorities of suicide prevention (Durie, 2019). Taken together, these are all protective factors to prevent suicide.

Rāranga

"Weaving changes the mauri (life force) of the harakeke (flax) by interacting with the life force of the weaver from being a child of Tāne (god of the forest) to becoming a taonga something sacred and special." (Timu-Parata, 2010, p. 1)

Māori society is a woven culture with creative skills and practical expertise (Timu-Parata, 2010). Traditionally, for new weavers, karakia (prayer) and ceremonies initiated the weaver into Te Whare Pora (house of weaving) or a state of being (McRae-Tarei, 2013; Puketapu-Hetet, 2016). This process provided the weaver with a state of optimum readiness to receive and retain knowledge and a relaxed state of being so that the mind, body and spirit are in tune with each other (McRae-Tarei, 2013; Puketapu-Hetet, 2016). To weave, you need to understand the

importance flax holds in the philosophy of Māori. An interrelationship between nature, people, customs (Puketapu-Hetet, 2016) and spiritual values of mana (power), mauri and tapu (sacredness). For the weaver to gain mana and respect, this depends on the quality of the weaving (Puketapu-Hetet, 2016).

Te rito o te harakeke metaphorically symbolises whānau. Every whānau member plays a pivotal role to protect and nurture the rito (baby, centre shoot) (Please refer to Figure D1 in Appendix D) (Bidois et al., 2015). The outer leaves are tūpuna (ancestors, grandparents) protecting the inner leaves of awhi-rito, mātua (parents), and the most inner leaves of rito guard the pēpē (baby) (Arts Access Aotearoa, 2013; Bidois et al., 2015). This analogy highlights the importance of a secure foundation for the young to flourish and grow, also to acknowledge the central role of the pepe and the protection with the group dynamic.

Rāranga has therapeutic properties, enabling an open space for communication, self-expression, and redirecting attention (Arts Access Aotearoa, 2013; Fletcher et al., 2014). Rāranga is a competent tool for enhancing psychological and spiritual wellbeing by building self-esteem, confidence, a sense of achievement and a connection to ngā tūpuna (ancestors), something greater than oneself (Kirkwood, 2015; Puketapu-Hetet, 2016). Many young weavers experience an increase in confidence and a sense of accomplishment (Fletcher et al., 2014). Young people who have self-harmed and learnt weaving were able to redirect their attention, providing a distraction from self-harm. Thereby, for rangatahi Māori who portray suicidal behaviours, weaving may offer a positive environment that redirects attention (Puketapu-Hetet, 2016), distracting from negative reoccurring thoughts, building hope, distancing further from hopelessness and rumination, alleviating suicidal behaviours (Durie, 2019). The next section will

highlight the essence of pūrākau as an oral tradition, assisting healing and evident amongst suicide research.

Pūrākau

Pūrākau is a traditional form of Māori narrative based on oral traditions and legends (Rangihuna et al., 2018). Pūrākau (narratives) can be a powerful tool to engage, entertain, captivate and teach audiences of all ages (Lee, 2005). For centuries, Māori creation narratives provided Māori a realm to contextualise and find meaning in everyday life events (Rangihuna et al., 2018). These narratives can explore infinite depth, ranging from romance and politics to stories of caution (Lee, 2005). Mahi a atua (tracing ancestral steps) is a method of pūrākau that engages, assesses and treats distressed people who present with mental health problems, offering clients a culturally appropriate and spiritual resolution (Rangihuna et al., 2018).

Pūrākau for research has not only aided people with non-suicidal self-injury (Kingi et al., 2017), it has also facilitated postvention intervention of suicide research among whānau who have lost loved ones to suicide (Emery et al., 2015). A common pūrākau underlying suicide and passed down from generations is the story of Hinetitama (Kahukiwa, 2018). Hinetitama was the Dawn Maiden, daughter of Tāne and Hine-Ahu-one, and the first human created in te ao (the world). After discovering that her husband was also her father, Hinetitama felt ashamed and turned to the dark world, becoming the Goddess of Death, Hinenui te Pō (Kahukiwa, 2018). Pūrākau offers a space that allows whānau to process psychologically, spiritually and emotionally and release raruraru (troubles), providing the capability for one to heal and rewrite one's own story, a restoration of mana (power) and a sense of peace for whānau (Emery et al., 2015). Therefore, pūrākau offers a space to discuss the sensitive nature of suicide, discover new learnings, and release any pent-up energy. Likewise, rongoā Māori (traditional healing

techniques) is another healing technique passed down through oral traditions and genealogy that is also able to assist rangatahi Māori and their wellbeing (Mark et al., 2017; Ministry of Health, 2018).

Rongoā Māori

Rongoā Māori are traditional Māori healing techniques and can be in the form of karakia, mirimiri, wai (water), ritenga (rituals) and rongoā (natural herbal remedies) (Ahuriri-Driscoll, 2014; Durie, 1994). Historically, rongoā Māori was the primary treatment for healthcare. Rongoā Māori underpins Māori values and beliefs of wairuatanga (spirituality) and secures a connection with the whenua and ngahere (Mark et al., 2017). Rongoā utilises native plants as natural remedies or wairākau (water from trees, remedies) (Riley, 1994). Rongoā healers require substantial knowledge to understand the properties of the plants that aid healing (Kremer, 2006; Riley, 1994). Many plants are selected for their healing properties such as releasing toxins, healing sprains and bruises (tutu, tūpākihi), as well as psychological characteristics of stress and anxiety (Riley, 1994; Sayer, 2012; Tuiora, 2019).

Rongoā complements mirimiri, offering treatment to heal the tinana. Mirimiri assists injuries and releases muscle tension and emotional blockages (O'Connor, 2008). Mirimiri practitioners are spiritual mediators, seen as a vessel for communication between client and tūpuna and known as spiritual guides or protectors who guide the healing process (Mark & Lyons, 2010). Many healers connect healing to three components – mind, body, and soul (Mark, 2008). Mark and Lyons (2010) extend this further to include healing of whānau and whenua (Durie, 1985; Henare, 1988; Huirama, 2019; Pere, 1984).

Rongoā Māori has beneficial properties that promote vitality and can alleviate suicidal behaviours, although constraints of the Tōhunga Suppression Act and sustainability of rongoā

remain problematic (Ahuriri-Driscoll et al., 2008). The Tōhunga Suppression Act has been detrimental to mātauranga Māori through loss of intergenerational knowledge and detrimental to the sustainability and future of rongoā Māori (Ahuriri-Driscoll et al., 2008). For rangatahi Māori, this needs to change so they have choice to control their own decision making in healthcare and their rights for tino rangatiratanga and provide a viable culturally appropriate pathway to heal Māori wellbeing.

Wairua

Underlying all these practices is the essence of wairua. Controversially, spirituality is a topical phenomenon within the field of psychology. Western science discipline represents logic, empiricism and universality, and this narrowed approach subsequently isolates and delegitimises, world views through an Indigenous lens (Valentine et al., 2017). Traditionally, many Indigenous cultures (Fijian, Māori) deem spirituality as an accepted realm for guidance, healing and communication. Katz (1993) suggests a spiritual healer's abilities can traverse between the Earth and the spiritual world, relaying messages from tūpuna (Tomlinson, 2004; Mark et al., 2017).

Although wairua can also come with many negative influences on wellbeing (for example, entities), wairua can also be utilised for good in the form of protection, a haka (war dance), karakia or spiritual healing (Huirama, 2019). Both Niania (2016) and colleagues as well as Huirama (2019) describe positive experiences working within the realm of wairua and offer resolutions towards removing both wanted wairua (such as family members) or unwanted entities. This capability could assist rangatahi Māori by correctly identifying those who experience wairua or often have a psychological diagnosis. For those experiencing wairua, offering this supportive network allows rangatahi Māori to safely explore the realm of wairua, enabling culturally appropriate resolutions.

From a Māori perspective, spirituality is commonly known as wairua, vital for one's health and survival (Durie, 2001). Kruger and colleagues (2004) suggest suicidal ideation is at its strongest during a state of spiritual blindness, called kahupō. This is a place of darkness, a position of no hope and no will to live. To transition from a place of darkness towards a place of light is a process termed mauri ora (complete wellbeing), a desire to live. To sustain and restore mauri ora requires experiences of ihi (captivated with life), wehi (awe of life) and wana (infatuated with life) balancing wairua, hinengaro, ngākau (heart) and tinana. Thereby, redirecting thought and attention towards desire to live, and maintaining experiences that captivate, awe and infatuate life, can distance further from hopelessness. Lastly, in relation with wairuatanga an integral aspect interconnecting the essence of life is the component of mauri (lifelorce).

Mauri

According to Barlow and Wineti (1991), every living object has an existence, a life force, including soil, plants, animals and people. Mauri is the essence that binds the body and spirit together. On the presence of death, the mauri is separate and no longer able to tie the physical and the spiritual together (Ahuriri Driscoll, 2014; Henare, 2001). Mauri is not often controlled by oneself. It is more so established in a realm of creation (Barlow & Wineti, 1991), a vital component in the preparation of rongoā or wairākau. The creation of wairākau is empowered through the mauri that a healer brings forward within the karakia that enables the wairākau (McGowan, 2000, 2009). Likewise, when preparing natural remedies to heal tāngata who are ill, positive mauri must enter the wairākau to combat the client's illness, not an abundance of negative mauri. For rangatahi Māori maintaining a positive mauri is a crucial element to balance spiritual wellbeing.

To conclude the review, suicide is a growing epidemic, most prominent in Indigenous groups worldwide, inclusive of Aotearoa. Māori are at most risk of suicide, especially rangatahi Māori. Although suicide has many causal factors, this project pays attention to suicidal behaviours of a sense of hopelessness, rumination and kahupō and acknowledges the impact by historical events of colonization, hardship, marginalization and loss of cultural connection. The primary suicide prevention methods utilised worldwide lack cultural specificity and should turn to culturally appropriate methodologies.

Reconnecting with traditional practices can provide a positive development pathway for Māori youth (Simmonds et al., 2014), are factors of whānau resiliency (Waiti & Kingi, 2014) and enables successful navigation in a Western society (Decou et al., 2013). Traditional methods of pūrākau, rāranga, mirimiri and rongoā balance all four dimensions of Māori wellbeing and also reconnect to the whenua and ngahere, which is important for change of state and acknowledgement of whakapapa. These practices build self-esteem, create a sense of achievement and sense of belonging, strengthen identity and facilitate a reconnection to taha Māori, all aspects overlapping the ten priorities that Durie (2019) proposes as an agenda to prevent suicide for rangatahi Māori.

Chapter Three

Methodology

"Naku te rourou nau te rourou ka ora ai te iwi"

With your basket and my basket the people will live

co-operation and the combination of resources to get ahead (Woodward Ltda, 2003, p. 1)

The research aims to understand practitioners whakaaro (thoughts) of whether their practice's of rongoā (natural remedies), mirimiri (massage), pūrākau (oral traditions), and rāranga (weaving) are beneficial for rangatahi Māori (Māori youth) who have suicidal behaviour. An overarching framework of Kaupapa Māori research guides this project with principles, tikanga (protocols), values, and aspirations for the betterment of Māori (Smith, 2012). Qualitative research allows the researcher subjectivity, flexibility, and enables interviewing participants. An experiential thematic analysis overarched by Kaupapa Māori research provides for the expression of the practitioner's whakaaro. While, in-depth semi-structured interviews support whanaungatanga (relationships), a process that can uphold the authenticity of practitioner's voices. In doing so, enables me to answer the research question.

Kaupapa Māori

Kaupapa Māori emerged from the struggles of colonization, a movement that transformed Māori history, known as Māori renaissance (Taonui, 2012; Walker, 1990). These movements fought for Tino Rangatiratanga (self-determination, sovereignty, autonomy, governance, and independence), to control all Māori possessions (Pihama, et al., 2002). Māori academics (Bishop,

1996; Powick, 2003) challenged the way Western research portrayed Māori. Often Māori was compared against non-Māori, directing attention towards deficit-based approaches while limiting positive outcomes (Bishop, 1996; Powick, 2003). Kaupapa Māori deters from mainstream and challenges any political context, social injustice, unequal power relations as well as racial structural impediments that disadvantage Māori (Durie, 2001; Hoskins & Jones, 2017; Smith, 2012; Walker et al., 2006).

Fundamentally, Kaupapa Māori methodology is a philosophy that abides by a Māori worldview, uniquely intended for Māori, by Māori, for the betterment of Māori (Smith, 2012). The strategy applies Māori practices, beliefs, tikanga (protocols), and revitalizes Māori language. (Bishop, 1996; Smith, 1997; Walker et al., 2006). Generally, Māori researchers hold a primary role within Kaupapa Māori research, and as Smith (2012) articulates, when Indigenous people become the researcher, research is transformed, "Questions are framed differently, priorities are ranked differently, problems are defined differently, and people participate on different terms." (Smith, 2012, p. 196) With this in mind, non-Māori researchers maintain a supportive, partnered role within Kaupapa Māori research (Powick, 2003).

According to Te Awekotuku (1991) and Smith (2012), there are six critical steps to cultural appropriateness, steps that respect and protect the rights, interests, and sensitivities of tāngata (people), these are as follows:

1. Aroha ki te tāngata (respect to the people)

2. Kanohi kitea (present yourself to people face to face)

3. Titiro….whakarongo….kōrero (look, listen then speak)

4. Manaaki ki te tāngata (share and host people, be generous)

5. Kia tūpato (be cautious)

6. Kaua e takahia te mana o te tāngata (don't trample over the mana of the people)

Despite Te Awekotuku's (1991) and Smith's (2012) framework being established from the New Zealand Association of Social Anthropologists' code of conduct, Māori researchers tend to adhere to these cultural terms and cultural ideas as a reflection of Māori behaviour that underpins Kaupapa Māori practices. The current project followed the above instructions for the interview process.

Furthermore, a vital component of Kaupapa Māori research is whanaungatanga (networks), relationships that form the basis to build trust (Walsh-Tapiata, 2003). Whanaungatanga, within this project, enhanced recruitment. For instance, as the researcher, through whanaungatanga, a family friend who is a Hauora, Māori practitioner, opened her networks, to offer further recruitment opportunities and gain acceptance from other practitioners.

As a person of Māori descent from Ngāti Kahungungu, I am fortunate to be in a position as the researcher, able to highlight questions, priorities, and problems while influenced by my upbringing, mātauranga (knowledge), whakaaro (thoughts), experiences of life, and my lens of being Māori. I offer experiences of an upbringing both entwined rurally and urbanized. A biologically Māori mother adopted into a Pākehā family, denied acceptance into taha Māori (Māori side). Also, a Māori father with elder siblings who fluently speak Te Reo Māori, although for my father's generation, denied the rights to speak his native language. As a consequence, Te reo Māori was not a strong presence in my household. Throughout my schooling, being a minority was the norm. I was always one of the smaller numbers of Māori in my school. At this time, a presence that diminished further at university. Although this reality is complex, in reflection, I was always brought up proud to be Māori, even when my societal surroundings suggested otherwise (e.g., media, negative stereotypical Māori). I also come from a strong

background determined to change the mental health system. Family experiences of mental health and the lack of support not just for the individual but also the impact for supporting whānau, left me questioning our prevention mental health services as reacting to emergency cases, not preventing emergency cases. So as a researcher, my intentions arise from a perspective to protect and advance Māori culture, all with the underlying values to empower tāngata Māori (Māori people) and contribute towards Māori research positively and preventions for Māori health.

Research Design

This research project is fundamentally grounded in a Kaupapa Māori approach.The study incorporated the kaumātua (elders) of Koraunui Marae, and their whakaaro guided the project with mātauranga of tikanga, kawa (protocols), and beliefs. The kaumātua also raised concerns about the increasing statistics of Māori suicide. For those whānau who have lost members from suicide, further interest was understanding what solutions were out there to prevent suicide. The exploration encompasses mātauranga (knowledge) Māori by encapsulating whakaaro of traditional Māori practitioners and how their mahi of mirimiri, pūrākau (oral traditions), rāranga (weaving), and rongoā (herbal remedies), could benefit rangatahi Māori struggling with suicidal behaviours. By doing so, this will offer further acceptance towards continuing research within traditional practices, especially concerning suicidal preventions for rangatahi Māori.

Qualitative Research

Indigenous research prioritizes a need to decolonize practices, move away from Western methodologies and direct attention towards revitalizing traditional native techniques (Smith, 2012). A Māori qualitative method would be preferred for data collection and analysis, however, due to the limited selection of qualitative Māori methodologies, the project requires tailoring to

alternative approaches that can accommodate Māori needs. According to Powick (2003), a dual approach combining Western and Indigenous methods suffice for data collection and analysis. A qualitative research can capture descriptions of an interviewee's life with the intent to interpret meaning or describe phenomena (Brinkmann & Kvale, 2015), rather pertinent for understanding the mahi (work) and whakaaro of Māori practitioners, especially working in the phenomena of wairua (spirituality).

Qualitative research is argued as the rejection of values, assumptions, and practices of quantitative analysis (Braun & Clark, 2013). A qualitative approach offers flexibility, values subjectivity, reflexivity, and creates rich data. Ideal when making sense of one's world and exploring cultural aspects (Braun & Clark, 2013). Braun and Clark (2013) state people have many versions of realities which attribute to the context they occur in. Qualitative research could highlight Kaupapa Māori practitioner's experiences, and uphold the authenticity of the practitioner's whakaaro (Braun & Clark, 2013).

In-depth Semi Structured Interview

The following quote by Spradley (1979) illustrates the characteristics of semistructured interviews and reflects the position I would like to uphold as a researcher within this project.

> "I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. Will you become my teacher and help me understand? (Spradley, 1979, as cited in Brinkmann & Kvale, 2015, p. 34)

Bishop and Glynn (1999) suggest an in-depth semi-structured interview provides flexibility and authenticity of conversational flow (Bishop & Glynn, 1999). Obtaining rapport is

a core cultural value, fundamental within the interviewing process (Brinkmann & Kvale, 2015) and embracing whanaungatanga (relationships), retains the undeniable bond and connectedness between the researcher and the participants (Bishop, 1996). In doing so, participants can generate connectedness, trust the researcher, relaying detailed descriptive rich data (Braun & Clark, 2013).

Data Analysis

Thematic Analysis

The most suitable widely used data analysis equipped for semi-structured interviews and can analyze small data sets (seven participants), while allowing for practitioners whakaaro and offering flexibility to adapt to cultural appropriateness is Braun and Clarke's (2013) experiential thematic analysis. As the researcher, I would like to have an insider perspective, be inclusive as a learner, and positioned to gain trust and rapport, enabling Māori practitioners to uphold a teacher role. My obligations are to relay the practitioners whaakaro and protect the authenticity of the mātauranga that was passed onto me, a taonga (gift) given to tāngata (people), rather than a reinterpretation, construction or a critical lens.

Although not utilized in this project, a similar method to a thematic analysis that is viable for a small dataset (< six), and interprets phenomena is an Interpretive Phenomenological Analysis (IPA) (Braun & Clarke's, 2013). IPA explores how people perceive and describe objects, events, lived experiences, as well as conscious meanings attached to those experiences. IPA has a dual interpretation process, conveying participant meaning to their world, and a second interpretation from a researcher, analyzing the participant's world with a critical lens (Braun & Clarke's, 2013). Although, I am not wanting to critique a particular phenomena, nor interpret hidden meanings, symbolism or myths (hermeneutics of suspicion), nor whether the whakaaro of

the practitioners originate from a place of awareness or consciousness? (Davidsen, 2013). Experiences of wairua may not be conscious nor a presence of awareness, and although some practitioners can apply other sense's (e.g., taste, touch) for the existence of wairua, others practitioners may not. Therefore, for this project a thematic analysis allows for a broader range of exploration, inclusive of all practices, that uphold an inclusive insider position, while protecting whakaaro and authenticity.

Furthermore, this research does not analyze language (Discourse Analysis), nor concerned with building theories (Grounded theory)(Braun & Clarke's, 2013). This project has similarities with social constructionism, as "people construct their own and other identities through everyday social interactions" (Burr, 2015, p. 15), rather relevant to Māori experiencing diverse realities and struggles of identity (Durie, 2001; Houkamau & Sibley, 2014). Also, a criticialist approach, opposes mainstream, acknowledges oppression, fight for emancipation, social justice, and addresses concern of social change (Burr, 2015) rather relevant to the societal struggles of Māori. However, the constructing or critiquing whakaaro may be detrimental to the authenticity of the Māori practitioner's voices.

These criticisms support the use of experiential thematic analysis, utilizing a semi-structured approach, supported by an overarching framework of Kaupapa Māori. By doing so, this allows me to answer the following research questions:

1. Whether the whakaaro of Kaupapa Māori practitioners suggest traditional practices of rongoā, rāranga, mirimiri and pūrākau can assist rangatahi Māori who may be suicidal, and if so

    a. What benefits are there within the exercises that can facilitate change to desist suicide.

Procedure

Participants

The seven selected practitioners work amongst the four modalities of pūrākau, rāranga, rongoā, and mirimiri. Five practitioners are based within the Hutt Valley region, and two practitioners live within the North Island. The practitioner's expertise working in the field ranged from five years to over 20 years. Many of the practitioners have overlapping experiences amongst the practices, the lesser years applies to a secondary or third practice (e.g., ten years practicing mirimiri, five years learning rongoā).

Privacy and Confidentiality

Māori practitioners were advised that the interviews were voluntary, and they could withdraw at any time with no obligation. Consent forms were obtained before the commencement of interviews. The interviews were recorded with an audio tape and consented by all participants. Māori practitioners were reassured that all discussions remain private and confidential, and if the information provided was utilized for analysis, then pseudo names was implemented (Please refer to Table 1). Due to the sensitive nature of the topic, if the kōrero evoked distress to participants, the interview would cease, and support was offered. All participants were presented the option to be sent a summary of the research.

Table 1

Practitioners Pseudo Names and their Expertise

Practitioners	Mahi
Ariana	Rongoā, Mirimiri
Tamara	Rongoā
Ripeka	Rāranga, Mirimiri, Rongoā
Nataahia	Rāranga
Kiriana	Mirimiri, Rongoā, Pūrākau, Mahi Wairua
Wikitoria	Mirimiri, Rongoā
Miriama	Rongoā, Mirimiri

Ethical Considerations

This research was approved by the Massey University Human Ethics as a low risk notification (app 4000021275). The ethical considerations were discussed thoroughly in collaboration with both supervisors. The study applies an indirect approach by interviewing Māori practitioners rather than rangatahi Māori, a decision to minimize potential distress or harm. Practitioners discuss their whakaaro and experiences of Māori clients who have suicidal behaviours. Supervisors were on hand to offer support for any unexpected circumstances.

Data Gathering

An information sheet (Please refer to Figure E1 and Figure E2 in Appendix E) and consent form (Please refer to Figure F1 in Appendix F) were sent to selected practitioners. For each practitioner, a prior discussion was held to offer clarity and answer any further questions. If practitioners were willing to participate, a scheduled time was allocated. The interviews were considered more as a kōrero (talk), or an informal discussion and guided by Te Awekotuku

(1991) cultural terms (referred above, p 28). A general question template (Please refer to Figure G1 in Appendix G), was utilized to evoke conversation. I advised practitioners upfront that my position as a researcher was not to control the kōrero but be guided from what the practitioners felt were important, a stance to listen, learn, and understand (*titiro (look)….whakarongo (listen)….kōrero (talk)*).

For those practitioners, where kanohi ki te kanohi (face to face) was an option, the kōrero was accommodated at the practitioner's preferred choice of venue. Before the kōrero commenced, there was a time for whanaungatanga (relationships). A space to welcome, share commonalities, whether this was through whakapapa (genealogy), or understanding my journey as a researcher, or following their journey as a practitioner. This space eased the environment for comfort through engaging in the sharing of kai (food) (*manaaki te tāngata*). After the kōrero concluded a $30 koha (gift) was offered for appreciation, acknowledgment for time, and assistance towards my journey *(roha ki te tāngata).*

Thematic Analysis Process

Braun and Clark's (2013) thematic analysis was used to organize whakaaro into thematic groupings. The procedure outlined as follows:

1. *Transcription:* Firstly, I listened and transcribed the whakaaro. After each transcribed interview, I rechecked both recordings and transcription for accuracy.

2. *Rereading and familiarization:* At the end of each interview, I noted and highlighted essential whakaaro relevant to the research question. Each differing excerpt was coded with various colors (e.g., blue for wairua, pink for healing, green for elementary), then I transferred these essential relevant extracts to a summary page for that interview, as seen in Figure H1 in Appendix H.

3. *Coding:* Once again, I continued to immerse myself within the data by frequently rereading the interview, then further rereading the transcription and relistening to the audio, making myself familiar with the content and further note-taking to see if any new thematic grouping developed.

4. *Searching for themes:* At this stage, all practitioners had a summarized whakaaro with initial data-driven ideas. From here, overseeing all summaries allowed for common whakaaro.

5. *Reviewing themes:* For more depth and a more explicit viewpoint, I created a PowerPoint, transferring the data onto slides by ideas so that I could categorize and organize transcription more easily into commonalities and relevance. The adaptation was a personal preference as I am a visual learner. Each practitioner was given a color so I could distinguish the source of the data (e.g., Practitioner 1: pink, Practitioner 2: purple) (Please refer to Figure I1in Appendix I).

6. *Defining themes:* I reviewed the initial extracted themes (Please refer to Figure J1 in Appendix J) in terms of how the coded transcripts fitted meaningfully within the topics. Then, further editing to depict more precise distinctions between each item.

7. *Finalizing analysis*: Lastly, the ongoing refining of the data ensured that each extract could contribute towards defining the topic without too much overlap with other extracts. Three themes remained *Healing as a Whole, Protecting with Wairua,* and *Self-Healing.*

Chapter Four

Findings

"Kaua e takahia te mana o te tāngata"

Do not trample on the mana of the people

(Smith, 2012, p. 124)

The findings will address the research question in three themes *Healing as a Whole, Protecting with Wairua (spirituality),* and *Self-Healing* (an overview in Table. 2). Firstly, the findings will outline Māori practitioner's definition of suicide and what skillsets their mahi (work) provides rangatahi Māori (Māori youth) with suicidal behaviours. Following this, the first theme *Healing as a Whole* explains healing through acknowledging the ecology of whenua (land), ngahere, and interconnecting values of whakapapa (genealogy). The second theme, *Protecting with Wairua* (spirituality), accentuates how practitioners mātauranga (knowledge) can aid spiritual wellbeing and protect tāngata (people). The third key whakaaro (thoughts) is *Self-Healing.* The creation of life provides the tools and everything we need to heal ourselves and for rangatahi Māori, a journey of self-discovery that offers skills to heal, enhance wellbeing, and prevent suicide.

Table 2

Three Central Themes

Themes	Sub-themes
Healing as a Whole	Ecology- whenua, ngahere
	Whakapapa
Protecting with Wairua	Mātauranga o te Wairuatanga
	Protection for tāngata (people)
Self-Healing	Healing Tools
	Self-Expression
	Healing Restoration

Before exploring the themes, it is crucial to align the context of suicide from a practitioner's perspective and outline the critical skill set Māori practitioners apply to rangatahi Māori with suicidal behaviours.

Defining suicide

The following whakaaro outlines practitioner's interpretations of suicide. Ariana refers to suicide as a loss of hope:

I have a lot of whakaaro around suicide…it doesn't begin with the child that does the suicide…it begins with whole um colonization of that person's ancestors and the the non-

restoration of their mana (power) as rangatira (rights, control) to their resources…. so it's just a big big mash of ….loss of hope. (p. 1)

The above extract extends causality to the impact of historical factors such as colonization, unresolved issues of mana (power), and rangatira (rights, control) to resources, which Ariana proposes creates the loss of hope. Ariana further goes on to address that youth live in a society that devalues Māori, and their disposition in society undervalues who they are, creating another means that lacks hope, "More youth are more likely to suicide….they don't value Māori because they've been taught not to which is the lack of hope… they don't value who they are" (p. 2). These reoccurring negative thoughts, such as lack of hope and feelings of devaluing are likened to Nataahia's description of whakamomori (suicide) "people who are stuck in a position of brooding or whakamomori (p. 6)."

Practitioner's definition of suicide can tailor Māori suicidal treatments, so rangatahi Māori is valued, heard, and equipped with resources to alleviate suicidal behaviours.

Māori Practitioners Role

Māori practitioners play a pivotal role in healing. Many practitioners have inherited their tōhunga (expertise), can spiritually communicate to tūpuna, or have experienced hardship, led rebellious lives, and experienced hurt, many can relate to several rangatahi Māori. Ripeka explains:

When you've led a rebellious life… you know… but you've done a lot of rebellious things you recognize these symptoms you know where these symptoms are coming from.. you know what the mamae (hurt) is …. you know where that's mamae coming from, and

you know how deep it is… because you can hear it in the voice. You know how deep it is. (p. 3)

For rangatahi Māori with an abundance of emotional distress, Māori practitioners can identify the mamae, and thereby can release the pent up energy. For Kirianas experience with past suicidal behaviours rongoā Māori centers supported her healing, which may also offer rangatahi Māori additional support:

So I was just thinking about the places that I went to for healing, which were Māori orientated … um and places that I thought were quite… beneficial like healing or rongoā (traditional healing) centers…..but I know that for me as a teenager, it was beneficial… … it was mirimiri (channeled massage) waiata (song)… and rongoā and so um at the same time I felt my reconnecting with with my my… houkāinga (village). (p. 1)

Māori practitioner's experience of rongoā centers can promote awareness and offer a supportive network. For rangatahi Māori utilizing practices like mirimiri and rongoā, both can reconnect back to iwi, and culture, enhancing suicidal prevention. Māori practitioners offer rangatahi Māori, not only an abundance of generational mātauranga and supportive networks but shared experiences of a rebellious life, to enable identifying the hidden hurt. With this in mind, we can progress to the first opening theme, '*Healing as a Whole,'* understanding healing as a holistic context, not just the physical but refers to multi-dimensions (An overview of *Healing as a Whole* is outlined in Table 3).

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Table 3

Overview of Healing as a Whole

Theme	Subtheme	Whakaaro	Benefits to Rangatahi Māori
Healing as a Whole	Whenua	Whenua tied to wellbeing	Reconnection back to whenua to balance wellbeing, strengthening identity
	Ngahere	Synergy alliance	Mātauranga Māori
		Reciprocal relationships	Strengthening Māori Identity
		Change of environment	Calm emotional distress, peaceful and quiet
		Vibrations from trees	Alter one's state - aid rumination, brooding
	Whakapapa	Whakapapa lines Tāne Mahuta	Knowing one's self has a history, a sense of belonging, strengthening Identity
		Knowing one's pepeha	

Healing as a Whole

Whatungarongaro te Tāngata toitū te whenua

As man disappears from sight, the land remains

This whakatauki demonstrates the holistic values of Māori, and the utmost respect of Papatūānuku, the mother of the earth (Woodward Ltda, 2003, p. 1).

To prevent suicide for rangatahi Māori it is essential to understand what is required to heal Māori wellbeing, especially for rangatahi Māori. Practitioners whakaaro of vitality consistently emphasized multi-dimensions other than usual mainstream of the physical body, associating wellbeing to the whenua (land), ngahere (forest), and whakapapa.

Whenua

Māori wellbeing can be unified through environmental factors of the whenua, and ngahere. Ripeka indicates whenua, be it located locally or overseas, is an essential component to identity.

> Our whole being um is tired up with the whenua and it's not just the whenua in Aotearoa (New Zealand) it's the whenua right around the world… and if we all linked up together which… which is actually starting to happen…. umm it will be.. it will be a massive force to be reckoned with…

For rangatahi Māori, enhancing their 'whole being' is tied up with the whenua and balancing their wellbeing could require reconnecting back to the whenua and frequent visits back to their houkainga (village), strengthening identity and belonging.

Ngahere

For Māori, the relationship with the ngahere is a synergy alliance like a sibling relationship. Tuakana (elder sibling) are the birds, trees, and all creation from Tāne Mahuta (God of Forest), whereas teina (younger sibling) is the tāngata (people). Ariana articulates:

> So the tuakana is always… have to look after the teina and the teina are supposed to look after the tuakana …or do what they're told anyway …. so that's the same with all of the children in creation and we're the teina … of… te ao nui o Tāne (God of Forest) or the

rākau (trees)… so everything that this physical body needs… to be healthy and well …is created in our tuakana, and that's how they look after us…we're suppose to look after them in return and keep them well… we're not doing a very good job…. but um that's on us not on them…. so they continue to look after us. (p. 6)

Rangatahi Māori can reconnect kinship ties to the whenua and ngahere through rāranga and rongoā, strengthening the synergy alliance considered our tuakana, part of 'our whole being.' Not only does this teach mātauranga Māori, but also acknowledges Ātua (Gods), and strengthens Māori identity, protective measures of suicidal behaviours. For rangatahi Māori, who struggle with suicidal behaviours linked by anxiety and depression, then being within the ngahere may provide the necessary environment to calm emotional distress and settle one's being. For Tamara, her own experience of being in the ngahere transforms entirely to a different world where the realm is peaceful and quiet:

It's like being in a different world very respectful and it's really amazing because you're surrounded by all this quietness and peace and it's life ….these plants have all these things that they can provide for you. (p. 5)

Connecting to the ngahere may aid rangatahi Māori in the space of rumination or brooding and possible change their state of energy in a positive direction, settling and calming ones being, alleviating suicidal behaviours. Wikitoria explains being amongst the ngahere alters the frequency in the body through the high vibrations transpiring from the trees:

When you go out into the bush, and you can feel the vibration of the trees around you… and so when someone has a mental illness if you can teach them how to harvest… seeing

that vibration the frequency in their body alters because they need to be in that space to connect. (p. 4)

The above whakaaro suggests people with mental illness should go into the ngahere or harvest as this alters their body frequency, enabling connection with the vibrations of the ngahere, and vital for changing the state of rangatahi Māori stuck in a position of brooding, rumination, or depression. Being amongst the ngahere could change one's state of negative cognitive processing towards aligning synergy with the vibrations of the ngahere. These kinship ties are a distinct connection between tāngata, whenua, and ngahere and an aspect that binds the present with the past linking people who have walked the land before us is often acknowledged through whakapapa.

Whakapapa

Often, rongoā Māori practitioners respects Ātua by naming wairākau (herbal remedies) after the whakapapa lines such as Tāne Mahuta. Ariana describes the spray: "Tawaketoro she's the mother of …Kānuka and Mānuka, one of the wives of Tāne Mahuta" (p. 5). Once again giving the utmost respect for kaitiaki (guardians) connecting wairākau back to whakapapa.

Furthermore, for rangatahi Māori, who have suicidal behaviours associated with cultural disconnection, who also lack a sense of belonging and have no place to stand, then Māori wellbeing can initiate from knowing your whakapapa, understanding the history, thus, embracing taha Māori (Māori world). For Nataahia, relaying your whakapapa is who you are, gives you a history and without whakapapa, no position to stand:

I think ….for Māori … you know to be able to say your pepeha (family tree) gives you a tūrangawaewae (place to stand)… if you can't roll off your tongue...where you're from…

… it helps you to pin point a destination… if you don't know what prominent land… the mountain that you know helped to sustain your people… if you can't articulate the body of water that your people draw life from… cos that's what water does it gives us life…which is all captured in a pepeha.. if you can't articulate who a common ancestor is or your rangatira (chief)… then you don't have a position to stand a tūrangawaewae ….and um in the context of wairua all of that feeds into who you are.. you know gives you strength ….all of that gives you a a history… and everyone comes with a history…you know and so I think from my perspective … that's you know Māori. (p. 5)

For those rangatahi Māori not connected to taha Māori, then knowing your whakapapa gives you strength, a history, belonging, and for Nataahia, this reflects the identity of being Māori. These key factors of whakapapa, identity, and belonging prevent suicide.

Overall, the theme *Healing as a Whole* represents just that, healing through an entirety of many dimensions, not just the physical. Our ' whole being' is 'tied up' with the whenua and interconnected with the ngahere, utilizing rāranga and rongoā practices balance ecological wellbeing of whenua and ngahere, which alleviates suicidal behaviours. Whakapapa represents one's identity, of who you are, offers a sense of belonging, a tūrangawaewae (a place to stand), connects the past with the present, and strengthens identity, all crucial for rangatahi Māori with suicidal behaviours associated to cultural disconnection.

The second theme explores mātauranga of taha wairua (spiritual side) and aiding rangatahi Māori with protective tools in the realm of wairua (An overview of *Protecting with Wairua* is outlined in Table 4).

Table 4

Overview of Protecting with Wairua

Theme	Subtheme	Whakaaro	Benefits to Rangatahi Māori
Protecting with Wairua	Mātauranga o te Wairuatanga	Rangatahi Māori receptive to incoming messages	Knowledge and skills to navigate the realm of wairua safely
		Mirimiri safe practice to spiritually communicate	A layer of protection in the wairua realm
		Healing hinengaro, tinana, wairua	Balancing spiritual wellbeing
		Low disconnection of life force, a state of death linked to suicide rates	Māori practitioners can rectify low energy level, correcting spiritual wellbeing
		Unwanted 'demons' draining mauri, low energy	Mirimiri practitioners can observe emotional, physical and spiritual changes, and can realign energy levels
		Remove unwanted entities, clear through vortexes	Practitioners can identify entities, revitalizing mauri, distancing further from state of death
	Protection for Tāngata	Cleansing in the river	Releases unwanted entities
		Karakia	Protection from uncomfortable presence
		Karakia multi-lingual, right intentions	Protection in wairua realm

Protecting with Wairua

"Whāia te Mātauranga hei oranga mō koutou."

Seek the knowledge for the sake of your wellbeing (Māori Proverbs, 2018, p. 1)

The theme *Protecting with Wairua* explores the mātauranga of wairua as a form of protection to enhance wellbeing. Generally, wairua is referred to in a positivistic manner, by connecting to ancestors or through karakia (prayer). However, at times the realm of wairua can evoke caution, requiring protection. Therefore, it is vital to balance wairua by protecting oneself from disturbances that cause harm. *Protecting with Wairua* encapsulates two subthemes. Firstly, the subtheme of *Mātauranga o te Wairuatanga,* practitioner's whakaaro, and protective measures to work in the realm of wairua to assist rangatahi Māori experiencing wairua. The second subtheme, *Protection for Tāngata,* equips tāngata with knowledge and protective measures to be safe in the realm of wairua such as spiritual cleansing, and karakia. These methods can positively balance the wairua realm, enhancing mauri (lifeforce) and wellbeing.

Mātauranga o te Wairuatanga

For contemporary rangatahi Māori, the revitalization of te reo Māori means many live amongst a stronger presence of te reo Māori. Those speaking the language can be more receptive to incoming messages and open to the existence of te ao wairua (spiritual world). Kiriana articulates:

A lot of it was about working or giving them tools to feel safe because they've experienced a lot things um a wairua….not having the tools to be able to understand what

they were… one.. and or how to protect themselves when they were not ready to receive

the messages. (p. 12)

For rangatahi Māori experiencing wairua, practitioners offer knowledge and skills to

navigate the realm of wairua safely and successfully. For those rangatahi Māori able to receive

messages, then mirimiri is a safe practice that spiritually communicates to 'tūpuna' (ancestors),

or 'spiritual protectors,' or 'healers,' a guided way to receive incoming messages or relay

messages. Ripeka describes:

> Well mirimiri is nothing like massage… mirimiri is channeled through your tūpuna and it
>
> is protected by your guides and your protectors, and I'm talking about spiritual guides and
>
> spiritual protectors …and your healers…. and your tūpuna. (p. 2)

Rangatahi Māori experiencing te ao wairua could find comfort in communicating with

their protectors, their ancestors. This connection and balancing of wairua are what many

practitioners suggest are fundamental components to healing wellbeing encompassing healing

holistically, balancing the hinengaro (mind) tinana (body) and wairua, as Miriama comments

below:

> So it's a it's a balance of um… ummm… the hinengaro and the tinana…. yeah that's
>
> what I call it… yeah so when were doing mirimiri were trying to balance actually there's
>
> three…. there's your tinana your hinengaro and why do I feel like you're missing one…
>
> oh I am.. what is the other one… mind body and soul what is that in…. oh wairua
>
> (laughs) it's a balance of all three of those…(p. 1)

The healing process occurs when all three elements of, hinengaro, tinana, and wairua are

in harmony, balanced. Thereby, for rangatahi Māori to attain complete wellness these three

elements need to be balanced, especially prioritizing and understanding or balancing spiritual wellbeing. The next following whakaaro describes ways to align spiritual wellbeing.

Māori practitioners can promote awareness, and offer rangatahi Māori knowledge to identify wairua, or tools that can enhance rangatahi Māori wellbeing. Practices like mirimiri can assist in balancing spiritual wellbeing by offering a layer of protection through identifying a change in energy levels, and thereby able to rectify and correct spiritual alignment. At times unbalanced spiritual wellbeing sets rangatahi Māori in a vulnerable state, low energy, or a low disconnection of mauri (life force), and Wikitoria likened this low disconnection to a state of death, linked to suicidal rates:

> So when your wairua is low disconnected … and your mauri which is your your life force… that's in a state of death …. you're more vulnerable to be catched lifted which is why the suicide rate is alot higher.. because of that detachment. (p. 2)

For those vulnerable rangatahi Māori with a detached mauri or low energy, then Māori practitioner's can identify and correct these energy levels, distancing rangatahi Māori further from the state of death, thereby, potential to prevent suicide. Similarly, another element that can cause an imbalance of spiritual wellbeing is through entities (spirits) attaching onto one's tinana. Mirimiri practitioners utilize their intuition and guidance from tūpuna as to whether there is an unwanted presence. For instance, if practitioners overlook or avoid cautionary messages from ancestors, then some practitioners have brought home unwanted guests. Miriama articulates her experience of unwanted 'demons:'

> People have turned up to a mirimiri and I've gone to put my hands on them and straight away (bang… clapping of hands) my hands just get spat off…and my hands are freezing

and when I touch them it's freezing and I just don't feel good… that means don't fricken

touch me..get off me now…and so… if I hear my wairua (spiritual guides) say bail bail

jump jump… shit get out of there..cos… when I used to ignore those voices and feelings

I'll bring fricken demons home with me and I wouldn't even know and I'll walk around

for months with um…. these demons upon me… until people that I knew…. that could

see that kinda shit will come up to me…and give me hugs (*Action of a colleague:* hug

then wipe and flick, an action to release the entity). (p. 5)

The above whakaaro highlights the important protective layer from ancestors that

aids spiritual wellbeing and can be provided to those rangatahi Māori experiencing

wairua. Avoiding the guidance given by tūpuna's could consequently lead to 'demons'

attaching onto one's tinana (body), draining one's energy, placing the tinana in a low state

of connection with their mauri (lifeforce). If these symptoms are present amongst

rangatahi Māori, then mirimiri practitioners can observe emotional, physical, and

spiritual changes, rectifying energy levels, balancing spiritual alignment, enhancing

wellbeing, preventing suicidal behaviours. One way, Wikitoria corrects spiritual

alignment is by clearing unwanted energies creating a vortex (metaphysical dimension),

regularly cleaning during mirimiri:

> I feel the emotion and the physical in people, so that's how I know what's going
>
> on … and then I just go in and take care of what it is .. when that's removed… it's
>
> removed from me… I clean as I go…. so the quicker I can deal to it then the
>
> quicker it's it's dealt with…. for meeee I have little vortexes….then I open a
>
> vortex and send it down there then shut it off immediately. (p. 4)

This whakaaro highlights the significant capabilities and tools rangatahi Māori can gain through utilizing Māori practitioners. For rangatahi Māori who are unaware of spiritual attachment, Māori practitioners can release these negative entities, revitalizing energy, heal mauri, as well as teaching rangatahi Māori knowledge and tools to be safe in the realm of wairua. Thereby, continual protection to distance rangatahi Māori further from that vulnerable state linked to suicide.

Protection for Tāngata

The next theme enables tāngata to self-heal through simple processes of spiritual cleansing and karakia. For rangatahi Māori, who experience te ao wairua or whānau that feel a member is in a vulnerable state with low energy. Then, a simple process to cleanse one's body is in the river, an easy solution to release any hara (sins, spirits or wrong doing). Miriama recalls a discussion with her mirimiri teachers about cleansing in the river:

> I used to always say I did go and cleanse… I go for swims all the time… and they're like…. well ….do you dive under?.. hell no…. my hair will get wet.. they're like aahh ….how do you feel when you get into the water…. it hurts… my feet are stinging like it's so cold it's like ice stabbing into my um feet… yeah it's the hara being pulled from you….oh really …and they're like… and so do you go under the water? hell no … Yeah you might of released it from your body but it's still on your head …. you need to actually go under the water. (p. 5)

Following this simple process potentially can release hara (spirits, wrongdoing) any unwanted energies, readjusting energy levels, restoring mauri, and for rangatahi Māori protective measures from suicide. Another form of protection for tāngata is through karakia (prayer). Mainly, karakia is utilized in customary practices such as pōwhiri (welcoming ceremony) or hui

(meeting), often to balance tapu (sacred) and noa (neutral, balancing tapu). For Miriama, karakia is her protection:

> So I'll not touch anyone unless I karakia I've gotta put a bubble around me aye…because you can take some shit home and you don't know what you're dealing with… you don't know what they've gone through in their life… so you don't know what you're pulling off them…so yeah damn right I just karakia straight through….. for me… my entourage ….for them on the table… their tūpuna…their entourage..it just keeps everybody safe. (p. 3).

Rangatahi Māori experiencing wairua of an uncomfortable presence, a karakia can provide that layer of safety. For those rangatahi Māori who cannot speak te reo Māori, karakia can be multi-lingual so can enable a protective layer as long as the intent of the karakia is for the right purpose. Tamara articulates:

> I'm not fluent in te reo….for us um we've been told it doesn't matter what the karakia is….. you can know all these karakia but if you haven't got the intention…you can also do them in english…. and as long as your intention right (p. 10)

Rangatahi Māori can utilize karakia as long as the intent and purpose of the karakia are correct, such as a form of protection. As rangatahi Māori can be more receptive to wairua experiences, then these simple methods could make the difference in revitalizing one's wellbeing, releasing unwanted energies, or protecting one's self around uncomfortable presences.

Overall, it is beneficial for rangatahi Māori to understand and acknowledge the realm of te ao wairua in a safe, culturally appropriate manner, with a supportive network of practitioners,

especially when experiences become confronting. Potentially, *Mātauranga o te Wairuatanga* emphasizes how Māori practitioners can provide rangatahi Māori the knowledge, support, and guidance when dealing in the realm of wairua and often rangatahi Māori may require assistance when cautionary measures suggest unwanted energies. *Protection for Tāngata* describes two simple processes that rangatahi Māori can perform to self-heal wairua, spiritual cleansing and karakia. All these aspects aid rangatahi Māori in aligning spiritual wellbeing, revitalizing energy, healing one's mauri, distancing further from the state of death, preventing suicide. Self-healing spiritual wellbeing, empowers rangatahi Māori their own capabilities and protection to enhance wellbeing, which leads into the next theme of self-healing, an ability to heal one's self (An overview of *Self-Healing* is outlined in Table 5).

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Table 5

Overview of Self-Healing

Theme	Subtheme	Whakaaro	Benefits to Rangatahi Māori
Self-Healing	Healing Tools	Rongoā - waikohu (spray), emotional difficulties, anxiety	Relieve emotional distress, calms, recentre wellbeing
		Rāranga - releases heavy burden, place of chaos to position of calmness, redirect attention	Environment for calmness, redirecting negative thoughts alleviate rumination, depression, anxiety
		Rāranga -space of quietness	Withdraw from an environment of adversity and sit in a quiet space to process emotional grief
		Rāranga – piece of self-reflection	Visual display of resiliency, building resiliency skills
		Pūrākau	Self-discovery-reconnect taha Māori, strengthen identity, belonging
	Self-Expression	Mirimiri - touch releases hidden emotions	Releases implicit emotions, releases heavy burden, opening a realm for healing
		Rāranga – group dynamic	Group dynamic, delving into deep kōrero, releasing pent up energy
		Mirimiri space to gain trust	Aids releasing kōrero clears energy and surrounding energy field

		Practitioners provide a space to listen deeply – for tāngata to discuss suicide	Gives rangatahi Māori a space to be heard, valued, capturing their voice – strengthening identity
	Healing Restoration	Rāranga is an act of salvation	For rangatahi Māori deeply sedated on medication, restored hinengaro, receptive and retentive mind
		Rāranga offers perseverance and determination	Builds resiliency skills, necessary for those rangatahi Māori facing adversity
		Rāranga offers sense of achievement and accomplishment	Builds hope, restores confidence
		Pūrākau restoration of Indigenous knowledge	Restores culture, reconnect taha Māori strengthens voice builds identity

Self-Healing

"Ko ia kāhore nei I rapu, tē kitea"

He who does not seek will not find (Māori Proverbs, 2018, p. 1)

The last theme *Self-Healing* accentuates that the creation of life provides everything we need to heal ourselves, the power is in us, within our capabilities. Many practitioners advise they are not the healers; rather, they aid healing by clearing energies and working on the tinana. Three subsequent themes are within *Self-Healing*, i) *Healing Tools,* utilizing these practices can equip rangatahi Māori with tools to self-heal, and ii) *Self-*

Expression, these practices are a means to express one's self, an ability to release and express emotions. Lastly, iii) *Healing Restoration,* empowers, and restores one's being. The following section will outline how the practices can enable healing and whether this could be applied for rangatahi Māori at risk of suicide.

Healing Tools

Traditional practices equip rangatahi Māori with *Tools* to heal and alleviate suicidal behaviours. Rongoā has medicinal properties coined wairākau (herbal remedies), translated as water from the trees, a natural remedy designed to improve your tinana. Practitioner's who prepare and harvest rongoā follow strict tikanga (protocols). For instance, a karakia (prayer) requests permission to release the plant, and also acknowledges the plant's mauri (lifeforce) as essentially, the plant has given its life to heal another. Māori practitioners in this project highlighted the beneficial properties that many wairākau entails such as, rebalancing hormones, kidneys, leveling chemicals in the brain, calming hyperactivity, and releasing toxins out of the body. A waikohu (spray) known as 'Anahera' (p. 5) was created to assist emotional difficulties such as anxiety. Ariana outlines:

> So this is a spray that we use for those in mental health…(break) this is Anahera (name of spray)…. another waikohu (fragrance)…and that changes…. um… that changes people so addh no no no no…. spectrum…what's the spectrum… ((deep breathe)) haaaa so that works on anxiety. (p. 5)

As explained above, the waikohu can aid people with emotional difficulties, in particular, anxiety, and relieving emotional distress, a process to calm, and recentre one's wellbeing. For rangatahi Māori who have suicidal behaviours linked with behavioural problems, substance use, and anxiety from stressful life events, then these sprays may relieve these behavioural aspects.

Another additional tool that can center wellbeing and position calmness for rangatahi Māori is rāranga. Rāranga empowers hinengaro, through functions of mathematics (e.g., accurately weaving a functional piece), time management (eg., cultivation vs. production of whāriki (mat)), and redirecting attention. Rāranga can transform the mind from a place of chaos to a position of calmness. Ripeka describes her experience of rāranga:

> It's a release for me… so sometimes I can have some real heavy stuff go on and for me when I do rāranga …. because I want to do it well… I just do it slowly cos I'm one of these ones that I tend to…. want to get it done as quick as I can aye and then next minit it all falls apart …. and then I find that I completely focus only on what is going on in my two hands. I don't even notice anybody else in the room …people are talking and having a kai… they're just totally not there… I'm just totally focused on this. (p. 9)

Ripeka describes rāranga as a release during times of heaviness, and ability to adjust the pace to slow down, tuning out distractions, while fully concentrating on the weave at hand. For rangatahi Māori with suicidal behaviours linked to depression, anxiety, or stuck in a place of rumination, then redirecting attention to concentrate on rāranga may provide a distraction from one's constant internal negative thought processing.

Also, rāranga can adapt to a space of quietness that supports whānau or individuals dealing with suicide, grief, or loss. As Kiriana articulates, "so if rāranga can help them develop tools to deal with loss… sit in quiet spaces….um if that's a way to help them to do that then yeah"(p. 13). Therefore, rāranga can provide the potential to withdraw from an environment of adversity to sit in the space of quietness, and taking the time to develop the skills to process emotions through grief. This space will benefit tāngata effected by suicide.

Many stages of rāranga provide valuable lessons, and the creative piece can be a reflective phase of the internal processing of self-work. Kiriana shares the whakaaro of how rāranga can symbolize how she felt each day:

Cos everything you feel will come out in the piece that you're doing ….um yeah so it will either come out in attention so the pattern might be a little bit off or there might be gaps in your kete (basket).. and it's a reflection of one. Sometimes it's technique but also it's where you are in yourself… so I suppose in that way I can see my growth… in terms of my own internal um self-work… in the work that I produce….you know…. so I can look at something and say oh I was having a good day that day and maybe not so much that day. (p. 9)

For rāranga, the completion piece can highlight one's internal self-work, taken from each day of weaving. A piece that reflects one's growth understanding there are good days and not so good days, a tool to visualize their behaviour, continually striving to deliver a functional piece. This completion piece could be beneficial for rangatahi Māori as a visual display of resiliency, offering them skills to overcome hardship, vital for facing adversity.

Another tool for exploration is pūrākau (oral traditions), an emotional tool that can process through the grief. An instrument of knowing one's self, a journey of self-discovery, an understanding of yourself, through connections, through the journey of Māori people and Māori stories. Kiriana articulates:

All of these spaces are knowing yourself in different ways…. so mātauranga Māori knowing yourself in terms of connections, the stories… the kōrero (talk)… being

comfortable… um you know the journey of our people, grieve through the journey of ….

of our people …and then develop the healing tools through that. (p. 10)

For rangatahi Māori, pūrākau can reconnect to taha Māori, strengthen identity, and offer belonging. Exploring oral traditions can equip rangatahi Māori to reflect their behaviours and develop cultural solutions to grow. Overall, as these practices offer rangatahi Māori natural remedies, a tranquil environment, a process to enhance hinengaro, and to discover one's self, the next section outlines how these practices can provide ways for rangatahi Māori also to express one's self.

Self-Expression

For rangatahi Māori, who find difficulty in expressing emotions, then mirimiri can release hidden emotions through physical touch, either through memories, tears, or thoughts, and those hidden emotions are deep within the tinana. Miriama outlines:

The easiest way for me is to physically touch them um because there's certain parts of the body and if you press on them it releases certain emotions that they thought they hid… but we know where things live…so if I press in certain places there's no hiding that shit…it will just come straight out… and sometimes it comes out in tears…other times it can come out in um…memories… thoughts. (p. 4)

Rangatahi Māori utilizing mirimiri to release pent up emotions can elicit kōrero, which alleviates the heavy burden, emotional overload and extracts dark energy, providing a realm for healing. Whereas, for those rangatahi Māori capable to explicitly discuss emotions, then rāranga may be their preferred option, providing an open forum for discussion. Kiriana's most fond

memories of rāranga, are amongst a group dynamic, a space that offers more in-depth

conversations, an event of what Kiriana captured as 'quite beautiful'(p. 11).

> So when you're in a group where there's people and your're talking it's a beautiful space
>
> to actually talk about deeper things… yeah so some of the kōrero that can happen when
>
> you're in a group of weavers is yeah I find that quite beautiful. (p. 11)

The whakaaro above highlights the dynamics of group weaving, delving deep into kōrero,

releasing pent up energy, revitalizing mauri. With this in mind, releasing emotions implicitly or

explicitly originates from a component of trust. The following whakaaro displays how gaining

trust is what provides the tāngata a space to kōrero and initiate the healing process to release,

remove baggage, and clear energy. Ripeka describes:

> If I can get to the point where they can trust me enough to aaahh talk if they need to.. then
>
> that is the job done… everything else is just physical after that ….that's the job done all
>
> of that mamae is that energy aye… it's not a physical things it's an energy and so if you
>
> can release the energy you can clear all this all this energy field that surrounds you you
>
> clear it. (p. 4)

Ripeka discusses how providing a space for kōrero on a one on one situation can release

conversations never heard of before, clearing the energy field surrounding the client. Often, for

some rangatahi Māori trust is given scarcely. It is this trust that can connect to the mamae to

release the energy. Once this is achieved, then it is just the physical. For Ripeka, this time is

where the healing begins, a time where clients need to savour the moment, "you let them bathe in

that.. it been such a long time since they felt that good don't say anything you just let them bathe

it… because now they're healing …now they're healing." (p. 7)

Ultimately, the practice of mirimiri not just provides a space for rangatahi Māori to release kōrero; it also provides a supportive role for one to deeply listen. Tamara articulates:

With suicide … sad thing is they usually come to you too late….. I mean just talking to people and then you get this oh no no no no no no you can't say that because if you say that that may set them off it's….. you know and and and you only make it worst but then sometimes they just need to talk…you need to listen….you need to listen. (p. 9)

The whakaaro above addresses the issue of suicide being 'taboo.' However, Tamara identifies that it is essential to provide a time and space for tāngata to talk, for tāngata to speak out about suicide and as practitioners, the importance to deeply listen. For those rangatahi Māori, distanced from their community, who feel lonely and do not have immediate support, then mirimiri and rāranga may provide the inclusivity and support to be heard, to be listened to and valued. Capturing their voice strengthens their position in the community, reinforcing their sense of belonging.

Self-expression provides rangatahi Māori practices that facilitate emotional processing, aids emotional difficulties, and clears energy, thereby, initiating healing of wellbeing. The next subtheme also initiates healing through restoring wellbeing.

Healing restoration

Ultimately, for rangatahi Māori, utilizing these traditional practices to empower hinengaro, build resiliency, obtain a sense of achievement, and protects culture, offers restoration[2] and heals wellbeing. For rangatahi Māori with suicidal behaviours, skills of

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[2] This project defines the term restoration as a form of empowerment, indicating one of many imposed societal structures, generational hurt, and disassociation placed on Māori as reasons to why empowerment is necessary for rangatahi Māori, rather than a weakness that reflects negatively on the mana of the tāngata.

resiliency are necessary to get through adversity and many imposed societal structures. For rangatahi Māori, deeply sedated on Psychiatric medication, then rāranga offers an alternative solution to enhance hinengaro. Nataahia describes the experience of a woman on the 'brink' of suicide, sedated by medication, which impaired her cognitive functioning. For Nataahia, rāranga was the act of salvation:

> I know one woman in particular when she first started coming she was in that place of suicide… she made a small kono kete (basket).. she said she was really surprised because when she got home she remembered how to do it… and she said she's been on some medication… she finds that she can't remember… she can't function and you know the drugs put her in a state where she actually… she's not able to… you know do anything …and she's been in that state for two years …and what really surprised her about um doing the rāranga was that it helped her to remember how to make something… and she says she hasn't been able to apply herself in that way… … you know bringing someone back from the brink of suicide is … is an act of salvation in some ways. (p. 6)

The whakaaro outlined the impact on tāngata when they endure intense medication, an inability to function and perform daily activities, a state of hopelessness. For this former student, rāranga heightened cognitive functioning through a spiritual process to receive a receptive mind and retentive memory. Nataahia's whakaaro suggests it was the sense of completion, that was the act of salvation.

Similarly, for Ripeka it is the determination and perseverance to improve the weave, gave Ripeka the sense of success. For rangatahi Māori who experience adversity and hardship, rāranga

can teach perseverance and determination. Ripeka shares her experience as a beginner of rāranga, surrounded by prominent weavers;

> If I practice and practice and practice then I will get it looking like that… and knowing that.. that will happen… not going… I'll never be that good… I'll never be able to do that… just knowing if I just persevere persevere, I will get to that point. (p. 10)

Rāranga can assist overcoming one's negative internal thought processing like "I'll never be that good" (p. 10), and enables resiliency skills never to give up, to continue even during hard times, all necessary for rangatahi Māori who face 'a society that devalues Māori.' Once a completed functional weaving piece is achieved, then restoration of confidence, self-esteem, and a sense of achievement and accomplishment is ascertained. Nataahia shared the experience of a student after the workshop:

> You can see from the look on her face that she enjoyed the process and she wants to come back… so I think it makes good connections with um completing something and getting that feeling of satisfaction and accomplishing something in your life. Yeah. (p. 2)

As discussed above, rāranga provides the ability that you can complete something, gains a sense of satisfaction and accomplishes something in your life. For those rangatahi Māori, in a place of hopelessness, and brooding, then restoring a sense of accomplishment, completion and satisfaction could build hope by restoring one's mauri and mana to balance Māori wellbeing, alleviating suicidal behaviours.

Lastly, Kiriana accentuates pūrākau as restoration of Indigenous knowledge, enabling protection of the voice of the land, and it's energy, belonging to the first people. Therefore, forgetting mātauranga destroys where culture originates from:

You know all Indigenous knowledge is um important to um nurture and retain..maintain… um because it is the… it is the voice …it is the whisper of the land you know it is the whisper within in the spaces it is the energy ….it is the it is the first knowledge it is the first peoples knowledge space and if we forget that then we start to destroy… the spaces that that knowledge came from in order to protect those spaces. (p. 5)

Therefore, the central underlying notion above was drawn from a context that restores culture, the whakaaro highlights, we need to nurture, maintain, and retain Indigenous knowledge to protect the voice. For those rangatahi Māori culturally disassociated, pūrākau can reconnect taha Māori, strengthens the connection of culture, retains knowledge, and strengthens one's voice which builds one's identity, inclusivity in society, creating hope and distancing further from hopelessness, all necessary for suicidal prevention.

To conclude overall themes, 'Self-Healing' accentuates that the creator provides everything we need to heal, so we have the capabilities to improve within ourselves. *Healing Tools* such as rongoā, mirimiri, rāranga, pūrākau, strengthen mauri, enhance the connection to whenua and ngahere, and whakapapa builds culture and identity to ground oneself. *Self-expression* comprises of an ability to be able to express one's self through physical touch, and kōrero. In doing so, it releases emotions and clears energy, providing healing, vital for wellbeing. Lastly, *Healing Restoration* utilizes rāranga to restore confidence, build resilience, perseverance, restore mana, self-esteem, and creates a sense of achievement. Ideal for rangatahi Māori in a state of hopelessness, or stuck in rumination, and need guidance to transition into a positive space of wellbeing, all protective factors that will aid suicide prevention.

Chapter Five

Discussion

He aha te mea nui o te ao?

he tāngata (people), he tāngata (people), he tāngata (people)

What is the most important thing in the world?

It is the people, It is the people, It is the people (Māori Proverbs, 2018, p. 1).

In this chapter, I present a summary of the key literature relevant to the three whakaaro of this research. These findings will follow the order as chapter four. Any significant differences and similarities will be highlighted with direct relevance to the research question. From here, I will discuss the implications of the project, address strengths, limitations, and future research.

Defining Suicide

Firstly, it is important to define suicide from the perspective of kaupapa Māori practitioners and the role practitioners can play for suicidal rangatahi Māori (Māori youth). Kaupapa Māori practitioners acknowledged suicide as i) a loss of hope resulting from colonization, non-restoration of mana, and lack of resources ii) the impact of colonization generated a society that devalues Māori. iii) a form of hopelessness and brooding.

The role of colonization and acculturative stress plays an instrumental factor affecting the contemporary lives of young people (Beautrais et al., 2005; Lawson-Te Aho & Liu, 2010). Both international and local research acknowledged the loss of cultural identity, cultural disassociation, and cultural disconnection as reasons for health-related concerns, especially, loss

by suicide, particularly amongst Māori (Coupe, 2005; Durie, 2001; Gracey & King, 2009; Hunter & Harvey, 2002; Kingi et al., 2017; Kirmayer et al., 2003; Lawson-Te Aho & Liu, 2010). According to Tucker and colleagues (2015), Native Americans who have reoccurring thoughts of Indigenous historical losses were more vulnerable to suicidal ideation (suicidal thoughts), due to an increase of negative rumination, rather relevant to Māori culture experiencing historical losses such as land confiscation, and treaty disputes. Rumination or brooding is a reoccurrence of negative thoughts, feelings, and problems associated with negative behaviours such as deep depression and suicidal ideation (Tucker et al., 2015), likened to Nataahia whakaaro of suicide feeling trapped in a position of brooding.

Suicide was defined as a loss of hope and broadly aligned with research of heightened adverse life circumstances for youth, contributing to a sense of hopelessness (Clark et al., 2008; Goebert et al., 2018; Hunter & Harvey, 2002; Lawson Te Aho, 2016; Marie et al., 2008). A different perspective of hopelessness, according to Kruger and colleagues (2004), is a form of spiritual blindness, a disassociation between the physical tinana (body) and wairua. This disassociation forms the sense of despair, no purpose of life, termed kahupō. Thereby, redirecting thought and attention towards desire to live, and maintaining experiences that captivate, awe and infatuate life, can distance further from hopelessness (Kruger et al., 2004). Therefore, many researcher's (Goebert et al., 2018; Lawson Te Aho, 2017) redirected youth suicide preventions towards cultural values that build hope, help, and healing, and most recently addressed within Durie's (2019) ten priorities of suicide prevention.

Māori Practitioners Role

Now that practitioners whakaaro underpinned the mātauranga (knowledge) of Māori suicide, it was vital to acknowledge the active role Māori practitioners offer to heal rangatahi

Māori. Many Māori practitioners offer guidance, clarity, relatedness, and protection in a safe environment so that healing can occur (Ahuriri- Driscoll, 2014). Māori practitioners may have inherited the line of a tōhunga (expert), have generational mātauranga (knowledge), are known specialists in wairuatanga (spiritual), and many have experienced hardship, including suicidal behaviours. These characteristics fit broadly with research involving other Māori healers (traditional healing technique), or matakite, a tōhunga that sees pertaining to sickness or death (Ahuriri-Driscoll, 2014; Mark et al., 2017; Niania et al., 2016). Now underpinning the basis of Māori practitioners whakaaro on suicide and healing capabilities, this aligns the first theme, *Healing as a Whole.*

Healing as a Whole

Traditional kaupapa Māori practices are beneficial for rangatahi Māori as these practices treat holistically. Not only through the main dimensions involved in Te Whare Tapa Whā (Durie,1985), of the tinana (body), hinengaro (mind), whānau (family), and wairua (spirituality), also through multi-dimensions of ecological aspects such as ngahere, whenua, and whakapapa (genealogy).

To begin, an overarching whakaaro of many practitioners in this research continuously acknowledged Ātua (Gods), often referred to as the foundation of Māori creation narratives, an explicit awareness that these elements are the foundations of Māori wellbeing. Many Māori are considered inextricably linked by direct descent to Papatūānuku (Earth Mother), to nature, the universe, and the natural world. According to Harmsworth and Awatere (2013), "Māori world view acknowledges the natural order of the universe, a balance or equilibrium that when part of the system shifts, the entire system is put out of balance" (p. 274). This imbalance of natural order has profound consequences such as hara (wrongdoing leading to sickness). For rangatahi

Māori and balancing their spiritual wellbeing, is it important to learn the natural order to align equilibrium.

Consistent with several researchers (Henare, 2001; McGowan, 2009; Walker, 1990), Ariana describes the natural order as a reciprocal relationship between tāngata, ngahere, and whenua. For Māori healers, the living creatures amongst the forest evolved before humans, upholding seniority to human existence, so positioned as the tuakana (elder sibling) (Henare, 2001; McGowan, 2009; Walker, 1990). The children of Tāne Mahuta (God of Forest), are the tāngata (people), considered the teina (younger sibling) to the trees, birds, and all living creatures of the forest.

For rangatahi Māori disconnected from Māori culture, creation stories (pūrākau, oral traditions) teaches past legacies of traditional behaviours, the origins of the universe, or creation stories of Papatūānuku (Earth Mother) and Ranginui (sky father). Reconnecting culture and teaching mātauranga Māori are all aspects that strengthen cultural identity, and whakapapa, both protective factors of suicide (Barlow & Wineti, 1991; Harmsworth & Awatere, 2013; Henare, 2001; Walker, 1990).

Ngahere

Internationally, native Americans elders suggest learning the secrets of the earth is to sit quietly and observe (La Pena, 1999; as cited in Kremer, 2006). To know the forest on a personal level, by spending long durations in the ngahere (forest) (Mcgowan, 2009). This poutama (stages) was Ariana's guide for rongoā, sitting in the bush for a year, whakarongo (listening), titiro (looking), then mahi (working), also evident in Te Awekotuku (1991) cultural terms for Māori behaviour.

According to Olivero (2015), a process to listen deeply is where the ears hear, the brain listens, attention is directed both acoustically and psychologically, and the body senses vibrations. For Wikitoria sitting in the ngahere, whakarongo (listening), she can sense vibrations from the ngahere (forest), "vibrations transpiring from the trees," and these vibrations "can alter one's state of being" (p. 4). Likened to vibrations that plant's release, a natural energy, a living lifeforce (Valentine, & Tassell–Mataamua, 2018). For those rangatahi Maori with suicidal behaviours of depression, rumination, anxiety, a shift in energy may be necessary, changing environment by reconnecting to the ngahere (forest), or hunting, camping, and surfing may reduce emotional distress, and settle one's being, preventing suicidal behaviours (Chung-Do et al., 2016; McClintock et al., 2017; Morita et al., 2007).

In Japan, empirical evidence shows Forest Therapy (Shinrin-yoku), offers a form of relaxation, promoting health, reducing stress levels, and alleviates depression for people who walk and stay in the forest (Morita et al., 2007). Although this provides promising international empirical data that aligns with the whakaaro of the practitioners, research that tests bodily fluids such as urine may breach cultural customs (Kowal, 2015). Therefore, a reconsideration of the methodological process maybe necessary when applying to Indigenous communities.

Whenua

Remaining connected to the land for successive generations is an immediate priority in suicide prevention (Durie, 2019). Practitioners in this project viewed Māori vitality through a relational link to the whenua. This fits with Henare's (1988) Ngā Pou Mana model, assessing the wellbeing of an individual, whānau, and iwi through Te Ao Tūroa, such as whenua (land), ngahere (forest), and moana (sea). If Te Ao Tūroa is compromised, this then poses a health risk

for whānau (Henare, 1988; Stewart et al., 2011). Contaminated sustenance not only impacts the tinana (body), also psychological aspects such as financial loss, mental health, stress and equally important are the spiritual and emotional connection to whenua. For some rangatahi Māori, external threats to health shows an environment that lacks resources, heightens financial burden, poverty and hardship, requiring immediate attention to assist suicide prevention (Durie, 2019).

Whakapapa

Whenua unifies the past with the present through whakapapa (genealogy) and reconnecting rangatahi Māori to whakapapa is a priority in preventing suicide (Durie, 2019). Many practitioners emphasized the importance of healing by acknowledging whakapapa, and often interconnected through their mahi (work). Rongoā Māori whakapapa's to Tāne Mahuta, and many wairākau are named after Tāne descendants (McGowan, 2009; Riley, 1994). Pūrākau connects whakapapa through narratives of creation stories, portraying Māori world view (Lee, 2005; Rangihuna et al., 2018). Rāranga recognizes Te Whare Pora and the goddess of Hineteiwaiwa (Te Kanawa, 2014), and mirimiri practitioners communicate with ancestors (Mark et al., 2017; Mcleod, 1999). Once again, not only does this connect rangatahi Māori to mātauranga Māori, also aspects of whenua and ngahere, respecting Ātua, acknowledging reciprocity, and intiating healing.

For rangatahi Māori with suicidal behaviours research suggests to turn to solutions that can spiritually heal, such as reconnecting taha Māori, learning whakapapa to understand who you are as a person (Mcleod, 1999). Nataahia stated without a pepeha (family tree), there was no place to stand, therefore no sense of belonging, no secure cultural identity, and cultural disconnection. Whereas, a positive cultural identity is what influences your position in the community, the more belonging, the more influential of community decision making (Kahu et

al., 2007). For rangatahi Māori healing can intiate from knowing your whakapapa, offering a

tūrangawaewae, strengthening the core of Māori identity, inclusion in society and in the

community decision making (Harmsworth, & Awatere, 2013; Lawson-Te Aho, 2014; Moeke-

Pickering, 1996). These aspect enhance connectedness, self-esteem and creates opportunities

(e.g., jobs, wealth), building hope, all vital elements in preventing suicidal behaviours (Durie,

2019).

Protecting with Wairua (spirituality)

Underlying all these practices is the essence of wairua. Controversially, spirituality is a

topical phenomenon within the field of psychology. Western science discipline represents logic,

empiricism and universality, and this narrowed approach subsequently isolates and delegitimises,

world views through an Indigenous lens (Valentine et al., 2017). Generally, researchers capture

spirituality subjectively, as empirical data can be rather difficult and many researchers question

whether wairua (spirituality) should compact into a defined and measurable context (Ripikio,

2015; Valentine et al., 2017). Therefore, in this project the whakaaro of Māori healers provide

new insight into the the realm of wairua (spirituality), and the necessity to safely aid rangatahi

Māori experiencing wairua realm.

Mātauranga o te Wairuatanga

Before introducing the theme *Protecting with Wairua,* it is important to highlight Māori

healers interpretation of wairua, as it varies for each individual. For Ripeka wairua can represent

itself in many forms: taste, visions, smell, and through physical properties of the tinana or hands.

This whakaaro fits well with traditional skillset of matakite (Niania et al., 2016), Niania (2016)

describes from a young age; he could, smell, taste, and hear wairua. His knowledge was passed

down from generations, an inherited gift from a line of descendants. Skillsets like Niania's

(2016) enables spiritual healing and protection for rangatahi Māori, especially in a clinical setting, correctly diagnosing spiritual interaction rather than a mental health aspect.

Rangatahi Māori experiencing te ao wairua (World of spirituality), may feel comforted utilizing matakite and mirimiri practitioner's as both Māori healers are a vessel to relay messages and communicate spiritually (Mark, 2008; Mark & Lyons, 2010; O'Connor, 2007). This aligns with the practitioners whakaaro emphasizing that mirimiri is channeled through ancestors, spiritual guides, and spiritual protectors. The mātauranga of a Māori practitioner allows rangatahi Māori to navigate through the realm of wairua safely, necessary to balance their spiritual wellbeing. In understanding the basis of wairua and its various complexities, we can now explore the second theme.

Protecting with Wairua

Previous researchers (Ahuriri-Driscoll, 2014; Barlow & Wineti, 1991; Henare, 2001), consistently emphasised wairua as intertwined with mauri, a living life force.Wikitoria identifies wairua through varying energy levels, a low energy level suggests a disconnection of mauri, generating a space of vulnerability, linked to suicidal rates. This position of vulnerability and low energy is likened to Solomon (2018) and Boynton's (2018) vulnerable period within maramataka (Māori lunar calendar). During winter season (August), for many tāngata, especially rangatahi Māori (Māori youth), energy levels are low, which Solomon (2018) and Boyton (2018) identified as coinciding with high suicidal rates. A crucial phase to provide additional support, nurturance, and treatments that promote Kaupapa Māori services. Many Māori practitioners are able to identify these, emotional, physical, spiritual changes and therefore, able to rectify rangatahi Māori energy levels, distancing them further from the vulnerable suicidal state.

Furthermore, other researchers (Lambert, 2016; Riley, 2014; Stubbs, 2015) suggest a low disconnection can also correspond to entities draining one's energy, producing a low disconnected state, perceived as mākutu, a possession, or a curse. This fits in with Miriama whakaaro of taking home unwanted guests 'Demons,' especially when practitioner's avoid cautionary signals from tūpuna. Many Māori healers experience negative entities, and follow their intuition, listens to wairua to protect them from adverse health (e.g., hara or wrong doing leading to sickness, or mākutu) (Huirama, 2019; Mcleod, 1999; Ripikoi, 2015). For many rangatahi Māori experiencing wairua, practitioners can provide safe guidance in the wairua realm.

Although healers can come across negative experiences, there are tools, and safety processes to protect and aid healing (Huirama, 2019; Mcleod, 1999). Huirama's (2019) healing process involves acknowledging Ātua, prays to the creator, utilizing rongoā, meditation, quartz crystals and pounamu (greenstone) in order to create harmony within wellbeing. Whereas, Wikitoria, cleans and clears unwanted energies through opening and closing a spiritual vortex (metaphysical dimension). Similarly, Huirama (2019) explains often removing an energy creates a void, a free space, so Huirama (2019) rejuvenates and refills this void by visualizing a liquid gold colour, restoring balance and protecting from further harm. For many rangtahi Māori unaware of spiritual attachment then utilizing Māori practitioners can teach them processes and tools to protect themselves (Huirama, 2019) and also can assist in releasing unwanted entities. Once again, revitalizing energy, healing mauri and distancing rangatahi Māori further from the vulnerable state that is linked to suicide.

Many practitioners in this project encapsulates healing through the hinengaro (mind), tinana (body), and wairua (mind, body, and soul). This reinforces both Māori wellbeing models

of Te Whare Tapa Whā (Durie, 1985) and Te Wheke (Pere, 1984). Although, more recent literature extends the process of mind body and soul to also include whānau and whenua (Huirama, 2019; Mark & Lyons, 2010). Many similarities that coincide with practitioner's whakaaro such as importance of spiritual guides, narration stories, and healing whakapapa of whānau and whenua. Often, spirituality for Māori is not treated in the Western health system, rangatahi Māori experiencing wairua may need to rely on Māori practitioners to offer culturally appropriate solutions tailored for Māori and related to suicidal behaviours that can balance their spiritual wellbeing.

Despite healers being equipped with the tools of protection, there are also steps rangatahi Māori can utilize to protect one's self, as outlined in the second subtheme *Protection for tāngata (people)*. Traditional Māori healing can be in the form of wai (water), ritenga (rituals), and traditional Māori customs (Durie, 2008; Ripikio, 2015). Spiritual cleansing uses wai (water) as a method to cleanse spirits (Huirama, 2019). Miriama cleanses oneself by full emersion in the river, releasing any hara or spirits. Similarly, there is a Māori custom to wash your hands with water when leaving a sacred place such as a cemetery or cleansing of whare mate (house in mourning) (Huirama, 2019; Ripikio, 2015). For those rangatahi Māori where energy levels are low, then cleansing can be a simple process to balance spiritual wellbeing, preventing vulnerable state linked to suicide.

Niania (2016) protects himself from unknown energies, mainly through reciting karakia (prayer). Many practitioners also advised they protect themselves within the spiritual realm utilizing karakia, either within Te Reo Māori or Pākehā. According to McGowan (2009), karakia has spiritual properties that can empower and respond to rongoā giving the healing essence to the wairākau, yet also offering protection for tāngata within the wairua realm (Niania et al., 2016).

Therefore, rangtahi Māori experiencing wairua or uncomfortable presences may utilize simple methods of spiritual cleansing and karakia to self-heal spiritual wellbeing. The importance of self-healing is explored in the next theme.

Self-Healing

Many practitioner's whakaaro described these kaupapa Māori practices as tools to equip rangatahi Māori to heal, express ones-self, enabling restoration of wellbeing.

Healing Tools

These traditional practices can equip rangatahi Māori with tools to heal and alleviate suicidal behaviours. Rāranga, novice weavers were initiated with a ceremony and a karakia endowed the student with a receptive mind and a retentive memory (McRae-Tarei, 2013; Puketapu-Hetet, 2016; Te Kanawa, 2014). Many students may come into rāranga with pressures of life, feeling stressed but leave feeling grounded (Kirkwood, 2015). According to Fletcher and colleagues (2014), former students experiences of rāranga enabled several students to divert attention and distract from self-harm. Rather relevant for rangatahi Māori submersed in adversity and require diversion from reoccuring negative thought processing of rumination or depression and anxiety.

Likewise, many practitioners in this research described their own experiences of rāranga, as coming from a space of chaos, transitioning into a tranquil place of calm. This fits with Kirkwoods (2015), description of rāranga as an activity that assists low-level arousal, calming the space, slowing the pace, building students confidence overtime. For those rangatahi Māori, who face adversity, hardship, and have behaviours of impulsivity (Elliott-Farrelly, 2004),

utilizing rāranga can shift psychological distress as a potential tool to relieve stress and soothe anxiety, necessary to alleviate suicidal behaviours.

Rongoā is a second tool rangatahi Māori can incorporate in healing ones self. Traditional Māori healing is through herbal remedies, ailments that existed before European arrival (Riley, 2014). Often, older Māori medicine interrelated with realms of astrology, astronomy, history, mythology, and witchcraft (Riley, 2014). Many plants are used for medicinal purposes (Riley, 2014) and can potentially assist people with mental health problems. Ariana, suggests the wairākau (tree waters) known as 'Anahera,' has medicinal properties that tends to balance people with ADHD, and relieves anxiety, a prominent aspect linked to depression and suicide (Hawton & Heeringen, 2009; Sayer, 2012; Tuiora, 2019). For rangatahi Māori who have suicidal behaviours linked to substance use and anxiety then these sprays may relieve these behavioural aspects of preventing suicide.

Ariana preferred wairākau (tree waters) for its natural features and capabilities to restore tinana (body) hinengaro and wairua.This also fits with other research (Mcleod, 1999) involving Māori healers criticizing mainstream treatments for lack of spiritual context, holism, and reverting to prescribing drugs rather than focusing on preventative care. For rangatahi Māori, offering awareness of natural herbal remedies and Māori practitioners capabilities, entitles rangatahi Māori to Tino Rangatiratanga (control) over one's health, a choice other than Western medicine.

The next two whakaaro assist rangatahi Māori through a self exploration tool, gaining mātauranga and understanding the importance of self-care. Kiriana articulates, to know one's self in terms of connection with creations narratives, through kōrero, and grieving through the journey of our people, are key aspects for self-discovery to enable healing. This aligns with

research incorporating pūrākau a process of making meaning to their everyday life events and finding a cultural pathway for their resolution (Rangihuna et al., 2018). Pūrākau was offered as a tool for teaching (Lee, 2005), a method that engages, assesses, and treats distressed people who present with mental health problems. Also, for rangatahi Māori as a tool that provides an open forum to process psychological and emotional factors, incorporating more in-depth conversations for releasing raruraru (troubles), and culturally appropriate solutions that transition into new spaces of growth. For rangatahi Māori disconnected from culture this reconnects mātauranga Māori, strengthening identity, belonging, empowering one's voice, building hope, preventing suicidal behaviours.

For Kiriana, rāranga is a tool for self-awareness of one's bodily timing, understanding your own needs emotionally, physically, spiritually and psychologically to perform weaving. When the timing is cohesive, the quality of the weaver is prestige and confidence heightens. Whereas, when the timing is incohesive, for example, the mind is sound, yet your body requires food, this inconsistency can alter the weaving space, detracting the quality of the weave, possibly loss of confidence. This fits with Kirkwood's (2015) research as self-care was also prioritized when learning rāranga, offering refreshments and kai (food) to recharge batteries, even promoting time out to attend to children. This highlights the importance for rangatahi Māori to also be self aware of their bodies demands to function, by doing so can strengthen their confidence and self-esteem both builds hope and detracts from hopelessness (Durie, 2019).

The overall completion weave is a taonga (gift), a reflectional piece, a visual display of resiliency, a process that highlights internal self-work. Kiriana states, "your feelings come out in your work, attention to detail, the pattern might be off, there may be gaps, it's where you are in yourself..it's your internal self-work, in that way I can see my growth." This whakaaro

highlights the importance of reflecting ones behaviour, enabling peseverence and determination to build resiliency and heighten confidence, especially necessary for rangatahi Māori submerged in a society that devalues Māori and a government system imposed of British laws (Taonui, 2011; Walker, 1990; Waretini-Karena, 2019). For rangatahi Māori building their confidence, self-awareness, resiliency, belonging and inclusivity within society, all protective factors of suicide.

Self-Expression

An essential aspect of mental wellbeing for Māori is to be able to positively express one's thoughts and emotions freely (Durie, 2001). Mirimiri is a traditional activity suggested to uplift one's spirit, builds hope for those in a state of loss of hope (Durie, 2019). Mirimiri and romiromi (deep tissue massage), assists injuries, releases muscle tension, and emotional blockages (O'Connor, 2007), while also considered a vessel between ancestors and the tinana (Mark, 2008). Mirimiri provides a mechanism to self-regulate equally emotionally, physically, and spiritually promoting growth (Ahuriri Driscoll, 2014; Mcleod, 1999). Miriama articulates that mirmiri can release kōrero through touch, by pressing parts of the body, releasing hidden emotion. In research, Māori healers are capable to "move cells around the blocked energy, this manipulation pushes people to talk or react, but they might not know that at the time" (Mcleod, 1999, p. 97). For rangatahi Māori who find kōrero (talk) or expressing emotions difficult, or primarily internalize thoughts, feeling and emotions, then mirimiri implicitly releases pent up emotions, promoting the capability for rangatahi Māori to self-express.

According to Mcleod (1999) emotional issues can hinder the potential to grow, so speaking with someone enables healing. For rangatahi Māori capable to explicity discuss emotions, then rāranga maybe a preferred option, offering an open discussion within a group

dynamic. Many practitioners in this project highlighted that the group dynamics of rāranga provides a beautiful space to evoke more in-depth conversation as kōrero can offer the emotional release that changes the physical characteristics of one's wellbeing. This whakaaro aligns with Mcleod's (1999) research, where Māori healers suggest kōrero (talk) has the potential to heal wellbeing, physically, emotionally, and spiritually. A time that Ripeka wants her clients to 'savour the moment' and 'bathe' in the healing process.

Mirimiri is a tool to gain trust to open communication, clear mamae (hurt), and release energy. For Ripeka, once trust was gained and kōrero released, then the rest is just physical. For rangatahi Māori, being able to express one's self this can alleviate emotional distress, aiding anxiety. For those rangatahi Māori distanced from the community, feelings of loneliness (Ministry of Social Development, 2016) and no immediate support, then these practices promote positive group environment. During adverse times and hardship, a safe environment to express your emotions, provide a supportive network as a way to form trust. To capture one's voice can strengthen identity, inclusion in community, reinforcing the sense of belonging (Kahu et al., 2007), aspects preventing suicide (Durie, 2019) and restoring wellbeing.

Healing Restoration

Ultimately for rangatahi Māori the subtheme *Healing Restoration* describes practitioners whakaaro of how these practices can empower hinengaro, build resiliency, obtain a sense of achievement to restore one's wellbeing. For rangatahi Māori with suicidal behaviours and deeply sedated on Psychiatric medicine then rāranga offers an alternative solution to enhance hinengaro. Nataahia emphasized rāranga as an act of salvation, a former rāranga student with a history of suicide sedated on Psychiatric medication impaired her cognitive functioning. Applying rāranga

aided the student to a receptive mind to learn and enhance retention of memory, providing the student a sense of accomplishment (McRae-Tarei, 2013; Puketapu-Hetet, 2016).

Nataahia further highlights former student's experience of rāranga as a joyful process that makes good connections and provides a feeling of completion, satisfaction, and achievement. These factors coincide with recent literature (Kirkwood, 2015; Fletcher et al., 2014) that shows rāranga enhanced self-esteem by strengthening psychological and emotional confidence, offering a sensational reward of achievement (Fletcher et al., 2014). For rangatahi Māori, building self-esteem, knowing one's self, and gaining confidence, builds hope, distancing further from hopelessness while restoring identity and strengthening belonging, all viable protective factors of suicide.

Lastly, this practices intertwine with Duries (2019) priorities of suicide prevention. These practices promote:

a) Whanaungatanga, builds relationships, creating a positive support network for rangatahi Māori

b) Tools - to overcome adversity, hardship, enhances self-esteem

c) Mirimiri uplifts spirit, builds hope

d) Whakapapa connects to past and the future, rongoā and rarangā reconnects to whenua and the ngahere

e) Rāranga, builds whānau resiliency

f) All practices promoting behaviours of confidence, self-esteem, belonging, inclusion within society and decision making

g) This project promoting a positive cultural identity and culturally appropriate methods to reduce fragmentation and confusion.

All of these practices allows for rangatahi Māori to stand with pride and confidence, aspire to be future leaders, promotes foundation of their culture and skills to work through adversity (Durie, 2019). By doing so, creates a successful development pathway for rangatahi Maori to navigate through a western system (Decou et al., 2013; Simmonds et al., 2014), and are all measures neccessary to prevent suicide.

Conclusion

The current project sought to explore Māori practitioners whakaaro of whether traditional kaupapa Māori practices in general such as rongoā, pūrākau, mirimiri, and rāranga can assist rangatahi Māori at risk of suicide. Rangatahi Māori experience more adverse outcomes in life than other youth (Clark et al., 2008; Marie et al., 2008). Young people who are suicidal are frequently characterized by social, educational, and economic disadvantages (Beautrais et al., 2007), in particular, for Māori, factors of cultural disconnection and loss of cultural identity (Coupe 2005; Gracey & King, 2009). Mainstream suicide preventions lack culturally appropriate services to meet the needs of the Indigenous communities (Chung-Do et al., 2016; Nasir et al., 2017; Tiatia-Seath, 2014). Thereby, Indigenous suicide research suggests to reconnect back to culture, traditional ways and traditional practices (Goebert et al., 2018; Rasmus et al., 2019).

Research shows traditional practices are a vital aspect within suicide prevention (Durie, 2019) as these practices incorporate whānau resiliency (Waiti & Kingi, 2014), promote positive routes for Māori youth to develop (Simmonds et al., 2014), and assist in one's enculturation, important for navigating successfully within a Western society (Decou et al., 2013). In this project applying traditional healing practices of mirimiri, rongoā, pūrākau, and rāranga offers healing holistically, inclusive of whenua and ngahere.

Rāranga offers both a safe positive group dynamic to release kōrero or a tranquil space away from adversity to sit quietly process emotions and grieve. Of interest rāranga can offer a cognitive shift and redirection of attention (Arts access Aotearoa, 2013; Fletcher et al., 2014), therefore potential to shift negative reoccurring thoughts of rumination or a cognitive state of depression. Rāranga also enhances psychological capabilities through a receptive and retentive mind, offering a sense of achievement, building self-esteem, and heightening confidence (McRae-Tarei, 2013; Puketapu-Hetet, 2016). Rather relevant for those rangatahi Māori on Psychiatric medication which has effects of deep sedation and impaired cognitive functioning. All the above factors build hope, distancing one further from hopelessness and alleviating suicidal behaviours (Durie, 2019).

Mirimiri assists rangatahi Māori through balancing spiritual wellbeing. Mirimiri practitioners are vessels to spiritually communicate to ancestors and aid healing through clearing blockages in the tinana, hinengaro, and wairua (Mcleod, 1999). For those rangtahi Māori dealing with an abundance of emotional distress and find regulating emotions difficult then utilising mirimiri through touch provides a promising context to release deeply hidden korero, and therefore heals the physical, emotional, and spiritual wellbeing (Mcleod, 1999).

An alternative solution to assist rangatahi Māori is by maintaining wellbeing of whenua and ngahere. Both rongoā and rāranga, offers reconnection with the ngahere (forest), a change of environment, and experiencing the ngahere can alter one's body frequency, settle one's being and reduce emotional distress (Morita et al; 2007). Rather pertinent for rangatahi Māori in a state of rumination or depression. Also, the natural remedies in wairākau can assist emotional difficulties through ailments that relieve anxiety, another risk factor linked to suicide (Hawton & Heeringen, 2009). Also, important to note is that practices like rongoā not only provide rangtahi

Māori a culturally appropriate healing solution but also offers empowerment for rangtahi Māori to choose an alternative health care, whether it be traditional practices utilizing wairākau, or current Western Medicine, rangtahi Māori are given the right to choose.

The last practice pūrākau is deemed the blueprint of Māori world view and offers cultural resolutions reconnecting heritage, strengthening whakapapa, and Māori narration stories. All of these practices interconnect with wairua, mauri, and whakapapa. A lifeforce and essence that unites spirit and tinana. For rangatahi Māori disconnected from taha Māori (Māori side), pūrākau reconnects mātauranga Māori (Māori knowledge), strengthen identity, provides a sense of belonging. This positive cultural identity can strengthen community connection, decreasing loneliness (Ministry of Social Development, 2016) by actively participating in community and community decision making (Kahu et al., 2007). These are all protective factors that build hope, mana, strengthens belonging and assist in suicide prevention (Durie, 2019).

Lastly, this project offers three main whakaaro that assists rangatahi Māori with suicidal behaviours by offering a holistic culturally appropriate solutions, connecting to the ngahere and whenua and strengthens taha Māori, acknowledging whakapapa. All aspects that build identity, belonging, reconnects to taha Māori, protective factors of suicide. For those rangatahi Māori experiencing wairua, these practices offer an abundance of mātauranga to safely navigate through wairua realm and simple processes that can protect tāngata to align spiritual wellbeing, distancing further from vulnerable state linked to suicide. Ultimately, these practices offers tools for rangatahi Māori to heal, express one's self and restore wellbeing. All aspects that restores self-esteem, confidence, a sense of accomplishment, necessary for building hope, distancing further from hopelessness, preventing suicidal behaviours, allowing for rangatahi Māori to aspire for a future.

Limitations

A limitation of the study was the small localized sample size. This sizing meant findings could not be generalized. Although the intentions of this research were not to provide a broad view, more to uphold the authenticity of whakaaro for these particular Māori practitioners, their whakaaro aligns to other qualitative literature-based from Māori healers (Mark, 2008; Mcleod, 1999). Similarly, all Māori practitioners resided and learnt their knowledge within the same rohe (area) and as the ngahere provides the rongoā for tāngata based on the local mate (dead) in the whenua, then different areas require different healing needs. Therefore, the practitioner's whakaaro may vary depending on regions and the particular requirements in those areas.

A further constraint was utilizing the sample population of Māori practitioners. Although there is less risk associated with interviewing Māori practitioners rather than tāngata who have experienced suicidal thoughts or attempts, future research could examine the whānau who have experienced or supported tāngata of suicidal behaviour. Lastly, practitioners in the current thesis are all wāhine (women). Although this gender disparity is consistent with other literature (Mark, 2008; Mcleod, 1999), gender differences exist in mental health, especially in Māori suicide (Waiti, 2016). Therefore alternative treatment options should be tailored for gender specificity (Mark, 2008; Waiti, 2016) and male Māori health practitioners may provide a different insight into the essential needs for healing suicidal Māori men.

Strengths of the Current Study

A strength in this research besides promoting positive solutions was the incorporation of a kaupapa Māori approach, allowing for change and offering traditional culturally appropriate methodologies tailored for Māori. Also, employing whanaungatanga (relationships) influenced

relationship building, allowing for practitioners to trust me as a researcher and provide rich descriptive data.

The implications of this study offers mental health professionals valuable insight into utilizing Māori Practitioners as a viable cultural appropriate method for healing, especially positively promoting Māori wellbeing and protective factors that may prevent suicide. Although this may challenge the Western model, offering a bicultural choice empowers rangatahi Māori, attending to Tino Rangatiratanga and autonomy over their healing pathway.

More importantly, matakite and Māori healers working alongside mainstream Psychiatrists and Psychologists can correctly diagnose appropriate spiritual interactions, which will enhance the therapeutic relationship. Although, wairua can come with a caution, there are positive benefits of working in the realm of wairua, removing wanted wairua (passed family) or unwanted wairua (unknown entity) (Huirama, 2019; Niania et al., 2016). All necessary for balancing mauri and vital for Māori wellbeing within mental health.

Notably, this thesis is a stepping stone towards teaching rāranga in schools for empowerment, to build confidence, and self-esteem. Implementation of pūrākau within colleges can assist rangatahi Māori with counseling and reconnection of mātauranga Māori (Lee, 2009; Waretini-Karena, 2019). Similarly, by making rongoā more acceptable and available in hospitals, creates public awareness, vital for providing culturally appropriate options for Māori and sustaining rongoā Māori as an independent system within a Māori mental health system.

Future Research

Future research should expand the rohe (area), interviewing many Māori practitioners throughout Aotearoa (New Zealand), to gain further knowledge of these practices in other rohe.

A further extension would be to change the sample population and apply these Kaupapa Māori practices to whānau affected by suicide and whether these practices are beneficial to whānau wellbeing. Also, the research of Solomon (2018) and Boynton (2018) explored maramataka (Māori calendar) and identified days within the year that tāne, and rangatahi Māori are more vulnerable, linked to suicidal behaviours. Future research could extend this as a behavioural paradigm within Māori wellbeing and also apply these Kaupapa Māori practices to positively promote Māori wellbeing during these vulnerable times to assist suicidal prevention.

Ultimately, this thesis is a piece of the puzzle towards my long term goal of providing evidence-based research that will promote a secure accessible 24/7 suicidal prevention drop-in center for the community. Often, suicidal behaviours require immediate assistance after hours. There are no 24/7 prevention centers configured for Māori embracing kanohi ki te kanohi (face to face) support. Although Indigenous suicide research is prominent amongst Indigenous Psychology. Māori suicide prevention is still within the early stages. Therefore, a space for growth.

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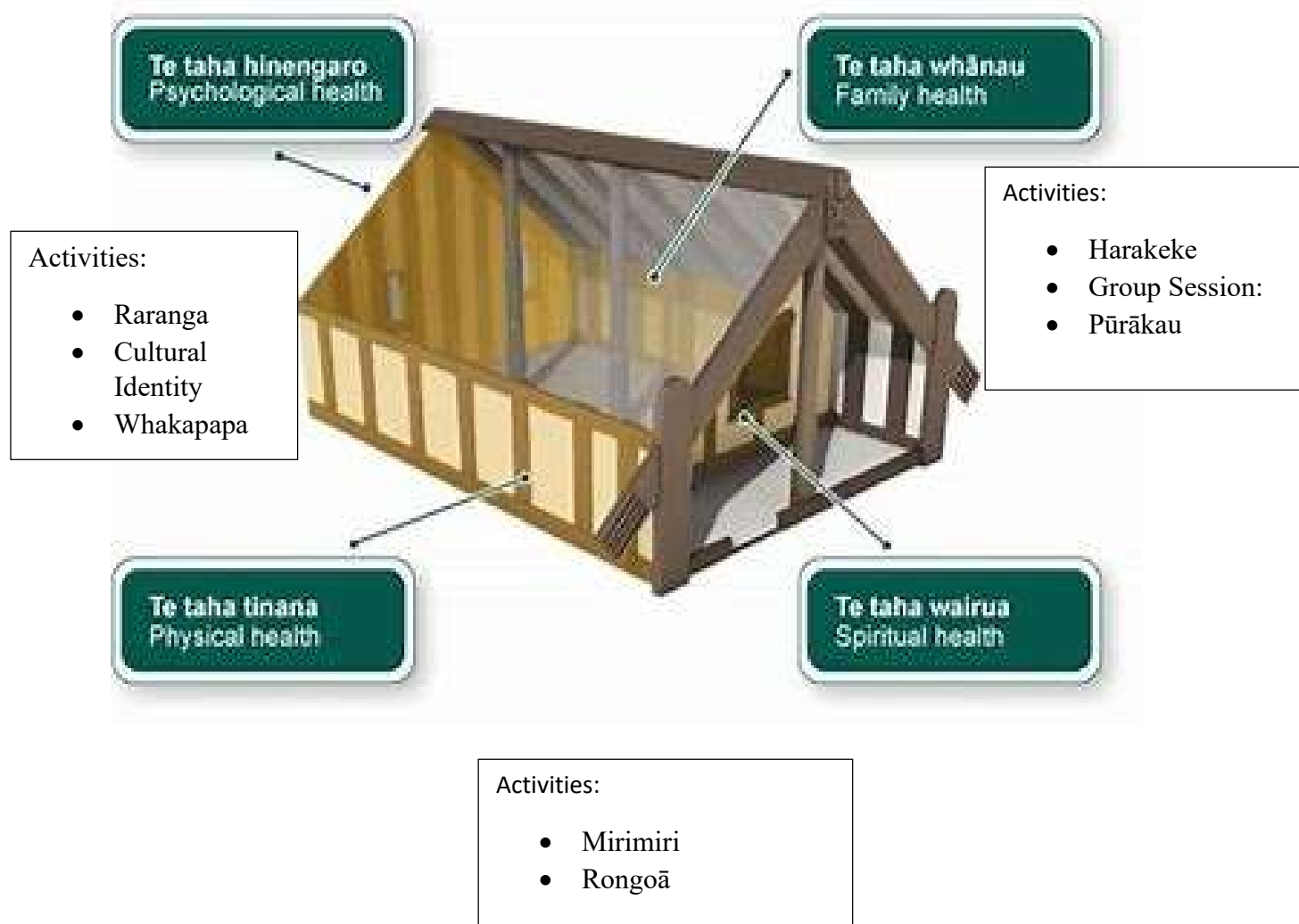Valentine, H., & Tassell–Mataamua, N. (2018) He aha te wairua? He aha te mauri?.

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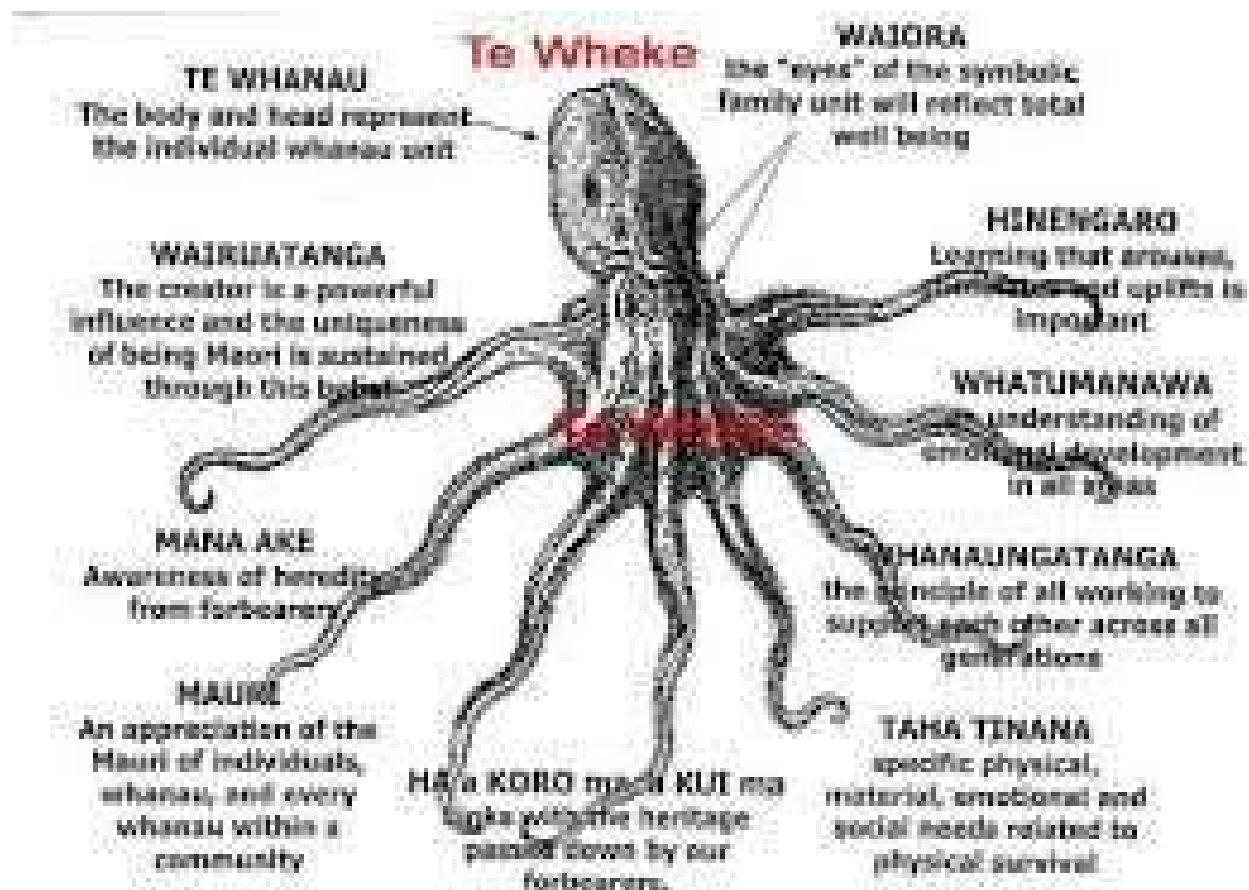
Appendix A

Figure A1

Te Whare Tapa Whā

Te taha hinengaro
Psychological health

Te taha whānau
Family health

Activities:

- Harakeke
- Group Session:
- Pūrākau

Activities:

- Raranga
- Cultural Identity
- Whakapapa

Te taha tinana
Physical health

Te taha wairua
Spiritual health

Activities:

- Mirimiri
- Rongoā

Otago University https://www.otago.ac.nz/full-circle/engagement/models/

Appendix B

Figure B1

Te Wheke

Pere (1991) Te wheke, a celebration of infinite Wisdom

Appendix C

Figure C1

WAKA HOURUA Agenda

The ten priorities that constitute the agenda are:

- **W**hanaungatanga – the significance of trusted relationships such as whānau, peers, workmates who can listen and support without judgment

- **A**ukati taniwha – beating the demons. Freedom from external threats to safety, self-esteem, viability and health (e.g., alcohol, drugs, poverty, unemployment)

- **K**ake wairua – lifting the spirit for someone who has lost hope, remorse, and afraid to keep living. This can be achieved through music mirimiri, waiata, walks, swimming

- **A**hi kā – staying connected to past & future. To remain connected to the land for successive generations and participation in traditional culture, and whakapapa

- **H**āpori kotahitanga – community collectivity, ensuring communities are protected from any dangers that may increase the risk of suicide (e.g., limiting Alcohol outlets).

- **O**ranga whānau – cohesive and nurturing families, leading to resiliency and positivity. They are the heart to retain culture and diffuse overwhelming situation

- **U**runga porihanga – Inclusion in society, decision making, education, wealth, job opportunities, and health. By doing so enhances self-esteem, friendship and connectedness.

- **R**autaki whakaora –Policies and strategies by Iwi, marae, Māori, and Pasifika organizations, and schools can increase equity and resilience that contribute to health and wellbeing.

- **U**manga ngaio - our collective expertise can build a uniform and integrated approach that will reduce fragmentation and confusion

- **A**ranga mai – standing with pride and confidence- aspiration of Rangatahi as future leaders, embracing an environment grounded in their own culture, flourishing with confidence, and being able to work through any challenges that are presented to them.

| Waka Hourua Hui Fono | Durie, (2019, pp. 2-4) |

Appendix D

Figure D1

Te rito o te Harakeke

Makarewa School. (2013).*The Harakeke.*Blogger.com.
http://makarewaroom1.blogspot.com/2013/06/the-harakeke.html
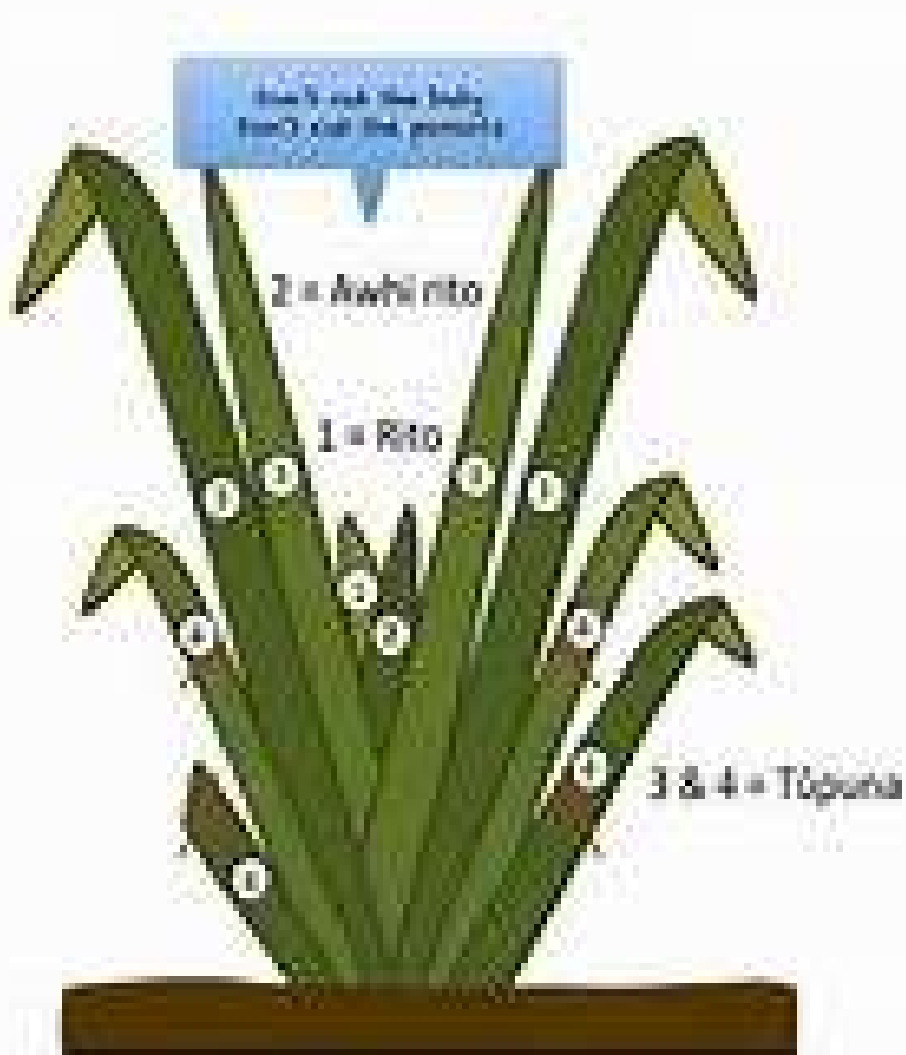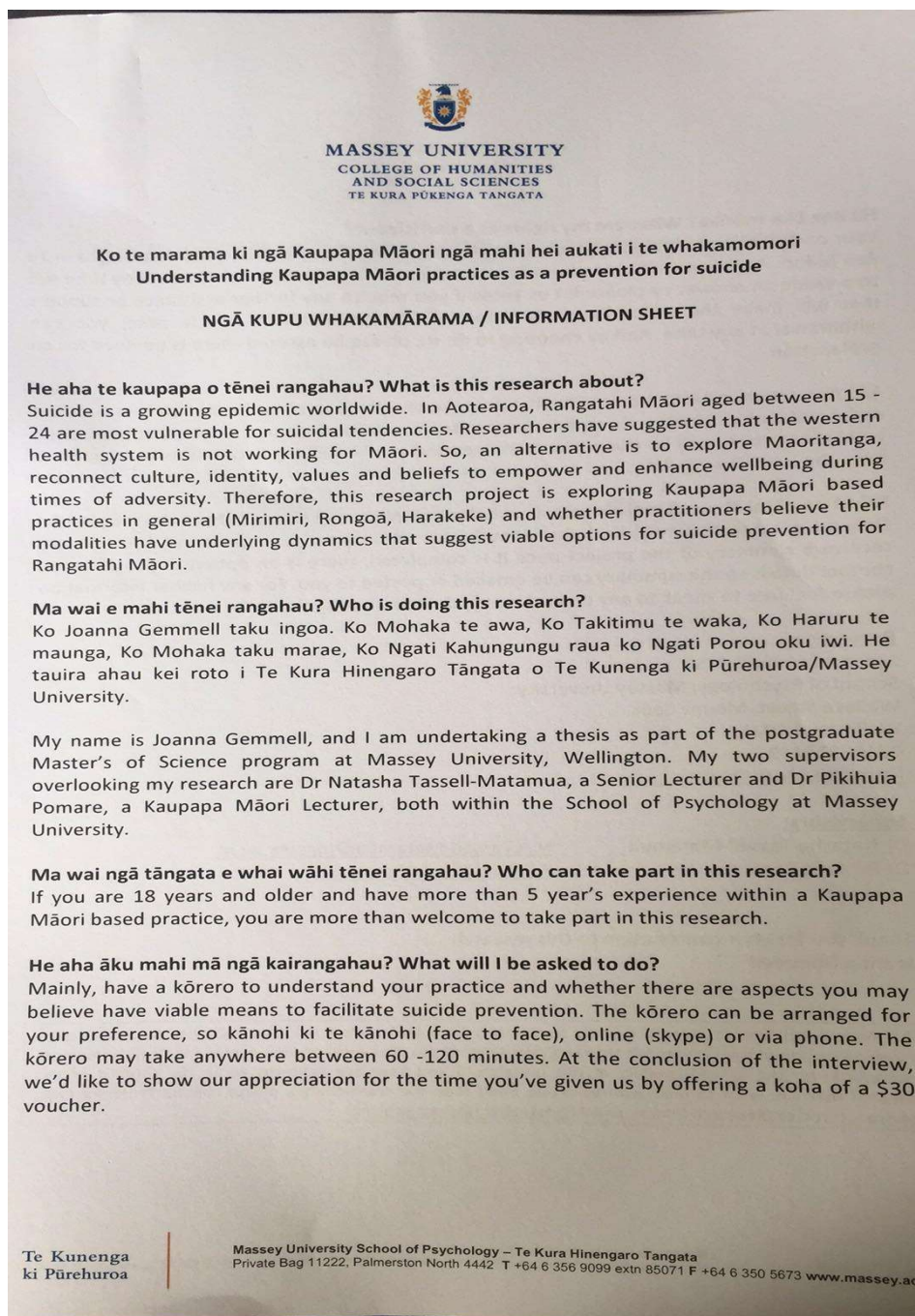
Appendix E

Figure E1

Information Sheet

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Ko te marama ki ngā Kaupapa Māori ngā mahi hei aukati i te whakamomori
Understanding Kaupapa Māori practices as a prevention for suicide

NGĀ KUPU WHAKAMĀRAMA / INFORMATION SHEET

He aha te kaupapa o tēnei rangahau? What is this research about?
Suicide is a growing epidemic worldwide. In Aotearoa, Rangatahi Māori aged between 15 - 24 are most vulnerable for suicidal tendencies. Researchers have suggested that the western health system is not working for Māori. So, an alternative is to explore Maoritanga, reconnect culture, identity, values and beliefs to empower and enhance wellbeing during times of adversity. Therefore, this research project is exploring Kaupapa Māori based practices in general (Mirimiri, Rongoā, Harakeke) and whether practitioners believe their modalities have underlying dynamics that suggest viable options for suicide prevention for Rangatahi Māori.

Ma wai e mahi tēnei rangahau? Who is doing this research?
Ko Joanna Gemmell taku ingoa. Ko Mohaka te awa, Ko Takitimu te waka, Ko Haruru te maunga, Ko Mohaka taku marae, Ko Ngati Kahungungu raua ko Ngati Porou oku iwi. He tauira ahau kei roto i Te Kura Hinengaro Tāngata o Te Kunenga ki Pūrehuroa/Massey University.

My name is Joanna Gemmell, and I am undertaking a thesis as part of the postgraduate Master's of Science program at Massey University, Wellington. My two supervisors overlooking my research are Dr Natasha Tassell-Matamua, a Senior Lecturer and Dr Pikihuia Pomare, a Kaupapa Māori Lecturer, both within the School of Psychology at Massey University.

Ma wai ngā tāngata e whai wāhi tēnei rangahau? Who can take part in this research?
If you are 18 years and older and have more than 5 year's experience within a Kaupapa Māori based practice, you are more than welcome to take part in this research.

He aha āku mahi mā ngā kairangahau? What will I be asked to do?
Mainly, have a kōrero to understand your practice and whether there are aspects you may believe have viable means to facilitate suicide prevention. The kōrero can be arranged for your preference, so kānohi ki te kānohi (face to face), online (skype) or via phone. The kōrero may take anywhere between 60 -120 minutes. At the conclusion of the interview, we'd like to show our appreciation for the time you've given us by offering a koha of a $30 voucher.
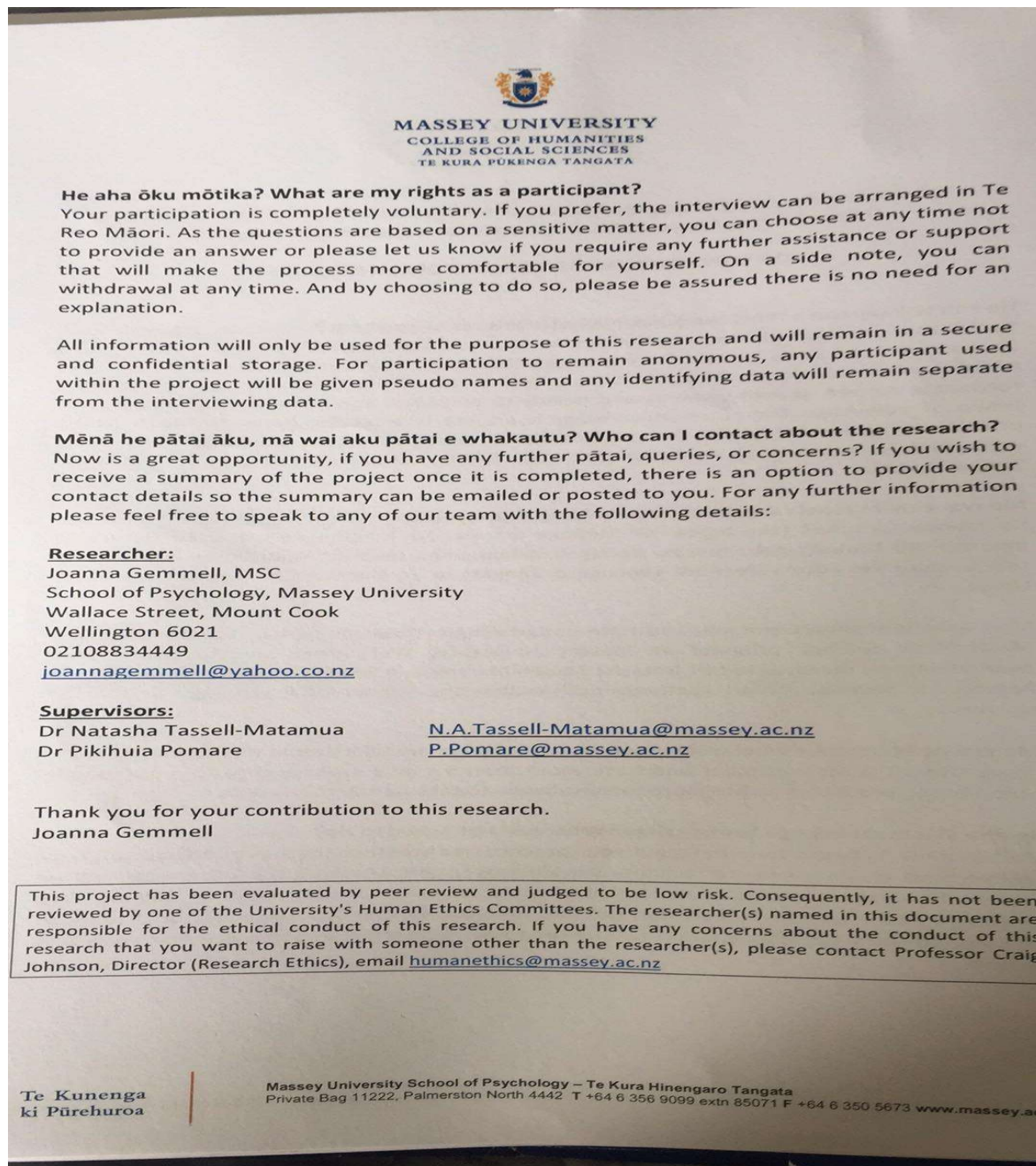
Te Kunenga
ki Pūrehuroa

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Appendix E

Figure E2.

Information Sheet Page 2

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He aha ōku mōtika? What are my rights as a participant?
Your participation is completely voluntary. If you prefer, the interview can be arranged in Te Reo Māori. As the questions are based on a sensitive matter, you can choose at any time not to provide an answer or please let us know if you require any further assistance or support that will make the process more comfortable for yourself. On a side note, you can withdrawal at any time. And by choosing to do so, please be assured there is no need for an explanation.

All information will only be used for the purpose of this research and will remain in a secure and confidential storage. For participation to remain anonymous, any participant used within the project will be given pseudo names and any identifying data will remain separate from the interviewing data.

Mēnā he pātai āku, mā wai aku pātai e whakautu? Who can I contact about the research?
Now is a great opportunity, if you have any further pātai, queries, or concerns? If you wish to receive a summary of the project once it is completed, there is an option to provide your contact details so the summary can be emailed or posted to you. For any further information please feel free to speak to any of our team with the following details:

Researcher:
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Supervisors:
Dr Natasha Tassell-Matamua   N.A.Tassell-Matamua@massey.ac.nz
Dr Pikihuia Pomare   P.Pomare@massey.ac.nz

Thank you for your contribution to this research.
Joanna Gemmell

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact Professor Craig Johnson, Director (Research Ethics), email humanethics@massey.ac.nz

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Appendix F

Figure F1

Consent Form

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CONSENT FORM

I have read the information sheet provided and understand the material given to me. A forum to ask questions and clarification was offered, and the answers were provided to my satisfaction.

I am aware that the kōrero may raise sensitive matters about suicide, which is why the project is voluntary and withdrawing is available to me at any time, with no need to provide an explanation.

I understand that all information during the kōrero will be kept confidential. Any data that will be used during the kōrero will be given pseudo names and any interviewing data will remain separate from identifying data, to remain anonymous.

I ………………………………………….agree and would like to take part in this research project.

I would like a summary of the project

Date: …………………………………….

Signed: …………………………………………………………….

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Appendix G

Figure G1

Interview Questions

Name of Participant…………………………………….

Gender: M ☐   F ☐   other…………………………

Ethnicity: ……………………………………………………………………………………….

            Iwi………………………………………………………………

Age: (Please Circle)   18 – 25,   26 – 35,   36 – 45,   46 – 55,   56 – 65,   66 – 75 ,   75 +

Occupation……………………………………………………

Experience: 5 (+) years   10+ years   15+ years   Other ……………………

Questions:

1. Can you please tell me in your words what Rongoā /Mirimiri/Rāranga /Pūrākau is?

2. How did Rongoā /Mirimiri/Rāranga /Pūrākau come about in your life?

3. How long have you been doing Rongoā /Mirimiri/Rāranga /Pūrākau?

4. What are the benefits of using Rongoā /Mirimiri/Rāranga /Pūrākau? Medicinal benefits?

5. Are there any procedures or rituals that take place during Rongoā /Mirimiri/Rāranga /Pūrākau?

6. What role does wairua have in Rongoā /Mirimiri/Rāranga /Pūrākau?

7. If I was looking more into wellbeing? How could Rongoā /Mirimiri/Rāranga /Pūrākau improve wellbeing?

8. What is your opinion around utilizing Rongoā /Mirimiri/Rāranga /Pūrākau as a benefit for rangatahi Māori (youth) who maybe suicidal? How can Rongoa benefit rangatahi Māori (youth) who may be suicidal?

9. Are there any particular Rongoa medicine that could help with Māori / Rangatahi who may feel suicidal?

10. Are there any examples where you had to deal with clients who felt suicidal? If so, how did applying Rongoā /Mirimiri/Rāranga /Pūrākau facilitate healing?

11. Are there any difficulties or barriers for utilizing Rongoā /Mirimiri/Rāranga /Pūrākau as a traditional method of healing wellbeing more so about Māori or Rangatahi who may be suicidal?

12. Can anyone utilize Rongoā /Mirimiri/Rāranga /Pūrākau? Any culture? Any views and beliefs?

13. Is there anything else you would like to tell me about Rongoā /Mirimiri/Rāranga /Pūrākau That I may have missed out?

Appendix H

Figure H1

Summary Interview

Note. An example of summarising important whakaaro after each interview
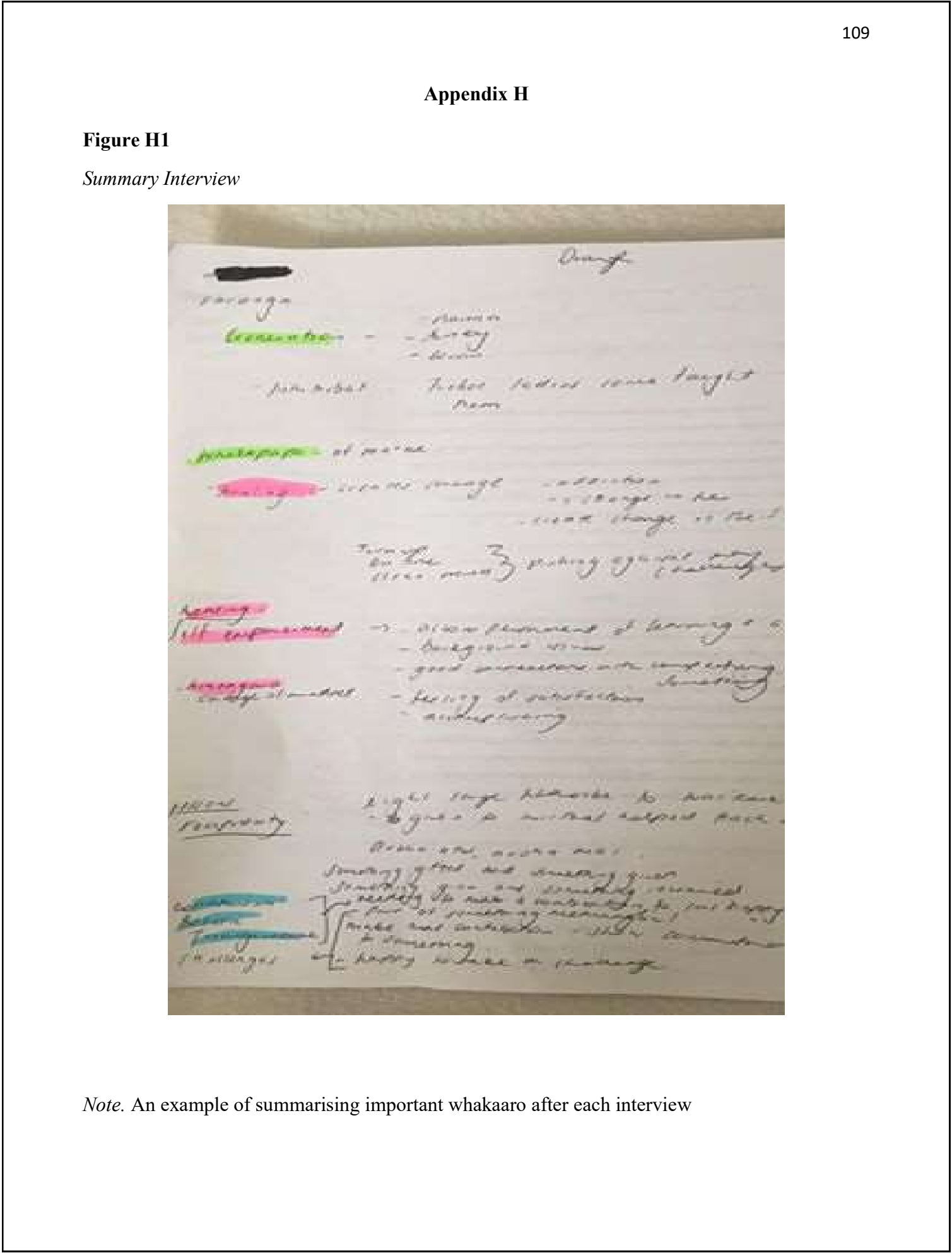
Appendix I

Figure I1

Reviewing Themes

Note. An example of the Powerpoint Colour Coding Practitioners Whakaaro to themes

Appendix J

Figure J1

Initial themes