WHAKAOHONGA NĀ KAHUNGATANGA

AWAKENING FROM ADDICTION

by

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WAITARA : ABSTRACT

Alcohol and other drug (AOD) use, abuse and addiction are destructive to Māori and are an urgent problem; wairuatanga, cultural identity and tino rangatiratanga (self determination) are key to successful recovery from AODs for Maori. Kaupapa Māori AOD services have better success rates because they provide what is essential for Maori such as tikanga, core beliefs, values and practices of Māori re health, illness, wairua, tapu, noa and life. There are strategies for addressing the problem of AOD addiction for Māori such as positive stories of recovery.

This thesis explores the shared experiential journeys of four Pūkōrero (participants) who successfully completed detoxification and recovery programmes from AOD addiction. Three questions were used to guide the research process to enable the Pūkōrero to identify positive aspects of their individual detoxification and recovery programmes, surface any barriers and issues they experienced, and clarify the support they received throughout the process. Kaupapa Maori and Narrative Inquiry was adapted to undertake this study to capture the essence of Maori thinking and reality regarding AOD. Through the use of thematic analysis the data findings of the study reflect the views from each Pūkōrero of Wairua, Whakapapa and Whānau as key to their successful recovery. This supports the notion that a pathway of detoxification, recovery and hope exists to enable Maori and others to take the journey to reclaim their own health and well-being, and the health and well-being of Whānau, Hapū, Iwi, and Māori community.

In honour of these Pūkōrero, Kaumātua, Tipuna, Whānau, Hapū, Iwi, Māori katoa, and to celebrate Kaupapa Maori and Narrative Inquiry [as the preferred methodological approach], the use of our tino ataahua reo integrated with English throughout the thesis demonstrates the interwoven connections between the two cultures enshrined in Te Tiriti o Waitangi that comprise the nation of Aotearoa me Te Waipounamu of New Zealand.

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Kia ora koutou ngā Pūkōrero me tōu whānau hoki for entrusting me with your stories to share with others so that they too will be able to find the kaha to embark upon their own journeys of detoxification and recovery, as well as break the cycle of addiction just as you have succeeded in doing. Your stories contain the keys to unlock the door for those imprisoned by addiction to detoxification, recovery, freedom, and restored health and well-being. They are a taonga mo te kete o matauranga Māori (a gift for the basket of Māori knowledge).

Finally this thesis could not have been designed without my choosing to journey with my precious kōtiro Resina, through the landscape of addiction, detoxification and recovery. I now have a deeper appreciation, understanding and insight into a world that I had not been exposed to in such a profoundly personal way. Kia ora koe tino ataahua tamāhine, you are the co-creator of this work.

RĀRANGA KŌRERO : TABLE OF CONTENTS.

Waitara : Abstract.....	i
Whakawhetaitanga : Acknowledgements.....	ii
Rāranga Kōrero : Table of Contents.....	iii
Ngā Mati : Figures.....	vii
Rāranga Whakamārama Kupu : Glossary of terms.....	viii
Wāhanga Tuatahi : Chapter One.....	2
• Whakatuwheratanga : Introduction.....	2
• Wawata : Aim.....	5
• Muri : Background.....	6
• Tāhuhu kōrero : History.....	9
• Tirohanga Whānui : Overview of the Study.....	13
Wāhanga Tuarua : Chapter Two.....	16
• Tātari ā Tuhituhinga : Literature Review.....	16
• Whakamōhiotanga : Introduction.....	16
• Whānuitanga o te Raruraru : Nature and extent of the problem.....	18
• Wāhi Maimoatanga : Treatment Options.....	20
• Māramatanga ā Taiao : International Perspectives.....	23
Whakamutunga : Conclusion.....	23
Wāhanga Tuatoru : Chapter Three.....	25
• Whakatuwheratanga : Introduction.....	25
• Rapunga Whakaaro : Philosophical Underpinnings.....	25
• Kaupapa Māori me Narrative Inquiry.....	25
• Kaupapa Māori.....	26
• Kaupapa Māori Research.....	30
• Pātai Kōrero : Narrative Inquiry.....	33
• Whakamutunga : Conclusion.....	38

Wāhanga Tuawha : Chapter Four.....	39
• Whakatuwheratanga : Introduction.....	39
• Huarahi Whakatutuki : Methodology.....	39
• Wāhanga Tuatahi : Part A.....	39
• Wāhanga Tuarua : Part B.....	42
• Huarahi : Method.. ..	42
• Tika Whakaarohanga : Ethical Considerations.....	44
• Whakaaetanga me Muna : Consent and Confidentiality.....	44
• Te Tiriti o Waitangi Considerations & Obligations	45
• Whakaritenga Kōwhiritanga : Selection Criteria.....	47
• Whakaritenga Whakauru(tia) : Inclusion Criteria.....	47
• Whakaurunga : Recruitment.....	47
• Whakaaturanga Kohinga : Data Collection.....	48
• Kōrero : Narratives/ Stories.....	48
• Whakaaetanga : Consent	49
• Ngā Patai / Interview Questions.....	49
• Tuhinga Kōrero : Transcribing.....	50
• Whakaaetanga me Whakaputu : Consent & Storage of Data.....	51
• Tātaritanga : Data Analysis.....	51
• Whakamutunga : Conclusion.....	51
 Wāhanga Tuarima : Chapter Five.....	 53
• Whakatuwheratanga : Introduction.....	53
• Rāranga Kōrero : Conversation Weaving.....	53
• Ngā Hāerenga o Ngā Pūkōrero : Journeys of the Story Tellers.....	53
• Kōrero a Henare : Story from Henare.....	53
• Kōrero a Kōtiro : Story from Kōtiro.....	55
• Kōrero a Tama : Story from Tama.....	59
• Kōrero a Rae : Story from Rae.....	62
Whakamutunga : Conclusion.....	70

Wāhanga Tuaono : Chapter Six.....	72
• Whakatuwheratanga : Introduction	72
• Tātaritanga Whakaaturanga : Data Analysis.....	72
• Ngā Kaupapa Whakatinanatanga : Emergent Themes.....	73
• Tuatahi : First -Wairua : Spiritual.....	73
• Tuarua : Second – Whakapapa : Genealogical Connections.....	76
• Tuatoru : Third – Whānau : Family.....	79
• Whakautu ki ngā Pātai : Responses to the Questions.....	83
• Pātai Tuatahi : First Question.....	85
• Whakautu ā waha : Verbatim Responses	83-85
• Pātai Tuarua : Second Question.....	85
• Whakautu ā waha : Verbatim Responses.....	85-87
• Pātai Tuatoru : Third Question.....	87
• Whakautu ā waha : Verbatim Responses.....	87-89
• Whakarāpopotonga : Summary.....	89-90
• Whakamutunga : Conclusion.....	91
 Wāhanga Tuawhitu : Chapter Seven.....	 93
• Whakatuwheratanga : Introduction.....	93
• Ngā Whakataunga Kōrero : Discussion of Findings.....	93
• Wairua: Spiritual Connection.....	94
• Whakapapa : Genealogical Connections.....	95
• Whānau : Family.....	95
• Whakautu ki ngā Pātai : Responses to the Questions.....	96
• Whāititanga : Limitations.....	96
• Tūtohutanga : Recommendations.....	97
• Ngā Hurihuringa : Reflections.....	99
• Whakatau-mutunga : Conclusion.....	100
 Tāpiritanga : Appendix.....	 102
• Appendix 1a : Letter of Support.....	102-103

• Appendix 1b : Letter of Support.....	104 -105
• Appendix 1c : Letter of Support.....	106
• Appendix 1d : Letter of Support.....	107
• Appendix 1e : Letter of Support.....	108
• Appendix 1f : Letter of Support	109
• Appendix 2 : Whakamōhiotanga mo Pūkōrero : Participants Information Sheet.....	110-111
• Appendix 3 :Whakaki Whakaaetanga/Consent Form.....	112
• Appendix 4 :Rārangi Tohutohu mo ngā Pātai/Interview Questions.....	113
• Appendix 5: Kai tuhi ā ringa Muna Whakaaetanga/Transcribers Confidentiality Form.....	114
• Whakapuakanga : References.....	115 -125

NGĀ MATI : FIGURES

- Tuatahi mati Figure 1
- Tuarua mati Figure 2

Whakaohonga - Awakening1

Wairua, Whakapapa and

Whānau connectedness.....92

RĀRANGI WHAKAMĀRAMA KUPU : GLOSSARY OF TERMS

āku	my plural
ataahua	beautiful, attractive, graceful, elegant, picturesque
Ā wairua	anonymity, without wairua
haerenga	voyage or journey
haka	fierce rhythmical dance
hapū	subtribe
he	some, a
hinengaro	mind, intellect, conscience, heart, psychology
huarahi	road, procedure
hui	meeting, get together
hurihuringa	reflections
i puta mai	came out, release
iwi	tribe
kahungatanga	addiction
kai	food
kaimahi	worker/s
kākano	seed, berry, embryo, pip
karakia	prayer, chant, incantation
kanohi ki te kanohi	face to face
katoa	all every, complete, total
kaumātua	respected elder- male/female
kaupapa	strategy, theme, level floor
kaupapa Māori	ways of doing things Māori
koha	gift
kohinga	collection
kōrero	talk, discussion, content
koroua	elderly men
kowhaiwhai	painted art work

kōwhiritanga	process of nominating, choosing, selection
maimoatanga	pampering, treatment
manaaki	guidance, care
marae	meeting area of whānau or iwi, focal point of settlement,
māramatanga	informed, perspectives, apparent
matauranga	Māori knowledge, information, education
me	and
muna	secret, confidentiality
muri	after/behind, background
ngā	the/plural
noa	spontaneous, freestyle, free from tapu
pā ana ki	related to
pātai	ask, question, inquire, interrogate
powhiri	wave, welcome, opening ceremony
pou pou	ancestral posts
pūkōrero	storyteller
rangatahi	youth, young people, adolescents
rapunga whakaaro	philosophy
rāranga	plait, weave, direction
raruraru	trouble, problem
rerenga	take off place (journey)
tāhuhu	ridgepole, unbroken ancestral line
taio	universe, worldwide
taketake	foundation, base
taonga	precious, gift
tapu	sacred, forbidden, confidential
tātaritanga	analysis, review
taumaha	heavy, weighed down, burdensome
te	the

te haerenga	the journey
tenei	this
te Reo	the language, language
te Tiriti o Waitangi	the Treaty of Waitangi
tika	rights, authentic, realistic
tikanga	custom, meaning, criterion
tino	very
tipuna	ancestor, grandparent
tirohanga	view, outlook point of view,
titiro	perception, look
tuatahi	first, initial, foremost, primary
tuarua	second, twice, deputy, runner-up
tuatoru	third
tuawha	fourth
tuarima	fifth
tuaono	sixth
tuawhitu	seventh
tuhinga	text, transcribe
tuhituhinga	literature
tukutuku	weaving
tūtohutanga	recommendations
urupa	cemetery
wāhanga	chapter, section, segment
wāhi	place, position
waiata	song, singing, music
waitara	abstract
wawata	focus, aim
whāititanga	limitations
whakaaro	theory, thoughts
whakaarohanga	consideration
whakaaetanga	acceptance, protocol, contract, give green light, consent

whakaaturanga	demonstration, information
whakamōhiotanga	notification, information
whakamutunga	conclusion
whakapapa	genealogical ties, kinship
whakaputu	save money, heap up, stash ,storage
whakarāpopotonga	summary, review
whakaritenga	criteria, pact
whakarongo	listen
whakataki	preface
whakataauakī	proverb
whakataunga	findings
whakatinanatanga	emergent
whakatutuki	demonstration, epiphany
	carry out, honour agreement, carry to
whakautu	answer, respond to
whakatuwheratanga	completion, comply
whakaurunga	introduction, opening
whakauru (tia)	recruitment
whakautu	to include, inclusion
whakawhanaungatanga	answer, respond to
whakawhetaitanga	kinship ties
whānau	acknowledgements
whanaungatanga	family, birth
whanui	relationship, kinship
whānuitanga	wide, broad
whare	range, extent
	house

Figure 1: Whakaohonga-Awakening

WĀHANGA TUATAHI : CHAPTER ONE

Whakatuwheratanga : Introduction

This thesis Whakaohonga nā Kahungatanga explores the shared experiential journeys of four pūkoro (participants) who successfully completed detoxification and recovery programmes from alcohol and other drug addiction.

To honour our precious 'reo' (Māori language), Whānau, Kaumātua, Pūkoro, and Iwi Māori, the conceptual term of whakatuwheratanga, has been chosen because it aptly describes the term introduction and provides the tūtaka (foundation) for this work. Te Reo Māori and English are intertwined and used to complement each other throughout the thesis. A rārangi whakamārama kupu: glossary of terms is provided to enable understanding and enlighten the reader.

Te Tīmatanga/ Beginning

E mihi, e tangi, e karanga. Tena koe, tena korua, tena koutou.

*I nga rau Rangatira ma, o nga hau e wha, mai ao te whai ao ki te ao marama.
Tena koutou, tena koutou katoa.*

Huri-noa ki o tatau kai-hanga, nana nei te timatatanga, nana nei te mutunga, no reira, kei te mihi, kei te mihi ki to matou Ariki-nui, Ariki Matua o te Ao, e mihi atu.

Ngā tini aitua o tatou ko wehetia ki te kopua o te whenua, haere, haere okioki haere. Kia tatou te hunga ora, tena koutou tena ra tatou katoa.

Tenei taku korero tautoko tuhituhi e tonu atu kia koutou mo taku tuahine Hemaima Hughes o te Iwi a Whakatohea o Opotiki huri-noa ki te Iwi o te Whanau-a Apanui tai atu ki te Moana-nui a Toi Tehuatahi.

Ko Toroa te Arikinui.

Ko Mata-atua, te waka

Ko Tawhiti Rahi te Pa

Te Awa ko Waioeka

Te Maunga ko Whakaari.

Ko Tamatea-pokai-whenua te tangata.

Ko Takitimu te waka

Nga uri o Tamatea Ko Ranginui, Whaene me Kahungunu.

Ko Whaene, ka puta Harua-te moana ka moe a kia Hanene pounamu o-te waka Nukutere. Ka puta a TuTamure. Ka moe a TuTamure kia Hine-i-kauia-o-te-waka Mataatua ka puta mai i Whakatohea.

Ko tenei ra te korero whakapapa i whakatau-tia taku tautoko mo taku whanaunga a Hemaima, i rapuhia i aia ona turanga teitei, mo ona moe-moea nga huarahi mahi matauranga e kimi haere, no reira e Rangatira ma manaki-tia mai i runga te ara te rangimarie.

Ko Horopapera Tamaku Whaanga ahau, no te waka Kurahaupa Te Iwi ko Rongomaiwahine, te waka Mataatua, te Iwi Whakatohea, Te Waka Takitimu, te Iwi Kahungunu

Taku turangawaewae whenua ko Te Mahia Te Pa ko Ruawharo Te maunga ko Te Tara Paikea, I naia nei e noho ahau me taku hoa rangatira ki te Tau Ihu-o-te-waka a Maui. Ko au te kaumātua mo te taura here a Kahungunu.

Anei i runga te kōrero o taku Kaumātua mo tāku mahi. I mate aia nei. Tīmatanga tōna haerenga ki nga tipuna Rahoroi 0930 16 July 2005.

Above are the words of support from my Kaumātua Horopapera (Sol) Whaanga for this work. Koro Sol passed away and joined his tipuna Saturday 16 July 2005.

Koro is missed very much, he was my guide while he was here, however, his influence will be ever present even though he has passed on. Haere atu ra e Koro, haere atu ra. Moe mai e Koro i tōu moengaroa. Farewell Koro sleep your long sleep.

In honouring Koro Sol a tuturu Māori and fluent te reo orator it is my belief that it would be disrespectful of me to attempt to translate his kōrero word for word

into English because in doing so his kōrero would lose the wairua, mana, ihi, and wehi enshrined within his mihi. Instead with respect to Koro, I will provide you with my interpretative essence to enlighten you the reader as to what I believe Koro is saying to us all. In his kōrero Koro greets you all as the readers of this work who come from the four corners of the earth. He requests that we turn our thoughts to our great creator who is the beginning and the end of all things for it is in him that we all exist in this world. Koro provides his support for this work and describes his and my whakapapa inclusive of our origins and interconnected links that he and I have. In acknowledging and explaining our whakapapa Koro Sol clearly locates our genealogy as being relevant and central to this thesis. My reason for having chosen Koro Sol as the Kaumātua for this work is validated by Irwin's (1994) definition of a Kaupapa Māori research model as being research that is 'culturally safe,' involves the 'mentorship' of kaumātua, is culturally relevant and appropriate while satisfying the rigour of research, and is undertaken by a Māori researcher. A Māori researcher is one who is skilled in Māori tikanga, whose work originates from a Māori world view, and accepts that Māori should empower themselves by asserting their control of the study of Māori people's lives. Knowledge therefore according to Haami (2005) is owned collectively by tribes, hapū and whanāu and should be used for the purposes determined by on or in conjunction with these groups (p.122). Koro Sol was a great advocate for equality. He believed that tāne and wahine are equal and he encouraged women to take their rightful place alongside him. Not only did he verbalise his beliefs about women, he was a man who did not allow protocol to diminish the role of women.

Whakapapa is important because being Māori to me is about knowing who I am, where I come from (the place of my birth, the place I call home), knowing who my Whānau and Tipuna are. Knowing who I descend from provides me with my identity and sustenance and enables me to know my tūrangawaewae in this world. At some point in our lives we all need to know who we are, where we come from and how we relate one to another in order to understand those vital connections which give us our identity and establish us as human beings here on

this earth. Through whakapapa we are able to connect with one another even if we have never met before. It is the genesis of any research we undertake because it is the best way for us to establish dialogue and rapport. Learning according to Mead (2003) is a life long process and to me whakapapa is integral to learning because of the way we are all connected.

Wawata : Aim

The aim of this work is to gather knowledge and understanding through Kaupapa Māori and a Narrative Inquiry approach from Pūkōrero Māori to uncover the keys of their success journeys through detoxification and recovery from alcohol and other drug addiction. The questions for the Pūkōrero focus on three specific areas. These areas include: identifying the positive aspects of each individual's detoxification programme; to surfacing any barriers and issues experienced by each; and clarifying the support they received during the process. I am humbled by the willingness of each Pūkōrero to entrust me with their stories of encouragement which will enable others to walk in their foot prints, and in so doing be empowered to improve their own health outcomes and ensuing longevity. The experiences of these Pūkōrero provide just a glimpse into a problem that is nationally and internationally wide. Groups such as Alcoholics Anonymous, Narcanon, Te Kaunihera Whakatupato Waipiro o Aotearoa - Alcohol Advisory Council of New Zealand, and Ministry of Health of New Zealand, Health Research Council of New Zealand have proposed strategies to address issues surrounding alcohol and other drug addiction worldwide. Alcohol and drug-related issues have made, and still continue to make a major contribution to the disintegration of individuals, families, and communities.

This thesis seeks to express the dynamic, evolving and growing relationship between Māori seeking new knowledge (Māori research) and narrative in a way that resonates with Māori oratory. Durie (1996) ascertains that Māori health research requires the development of new methodologies that better measure and reflect Māori health as designed by Māori. He also notes/says that a method of

research which integrates sectors, disciplines and varying cultural views [in which I believe Kaupapa Māori is an integral part] is needed if the holistic development favoured by Māori is to gain momentum. This mahi/work attempts to address the method of research alluded to by Durie. Māori knowledge, known also as Mātauranga Māori, is a tool of thinking, organising information, considering the ethics of knowledge, the appropriateness of knowledge and informing us about our world and our place in it (Mead, 2003). Mātauranga Māori is associated with the tikanga of learning or the tikanga of knowledge which possesses its own customary ideas, values and notions of connectedness and appropriateness reiterating the essential contribution made by our whakapapa which are all part of Kaupapa Māori. The purpose of this thesis also is to surface new knowledge related to the impact of alcohol and other drug addiction upon Māori and their whānau, moving beyond locating the problem with the participants, and/or blaming and labelling Māori as victims. Instead conveyed in this work is their [Māori] resilience and determination to recover which is matauranga Māori hou [new Māori knowledge] and complements existing knowledge that may be used as a guide for hauora Māori to improve health outcomes for Māori.

Muri : Background

Central to the exploration of whakapapa and matauranga Māori and surfacing new knowledge is this whakataukī that resonates with my own thinking:

Whakataka te hau ki te uru	Cease the winds from the west
Whakataka te hau ki te tonga	Cease the winds from the south
Kia makinakina ki uta	Let the breezes blow over the land
Kia mataratara ki tai	
E hi ake ana te atakura	Let the red tipped dawn come
He tio, he huka, he hauhunga	A touch of frost, a promise of a glorious day.

This whakataukī is affirming. It is about rebirth, the birth of another day for it reflects what it must be like for those once wafted about by the ‘winds’ of turmoil and chaos alcohol and drugs had on their lives forcing them to be

imprisoned by their own chemical unwellness, to at last being free from their addiction. I was made aware of the change that occurred for a whānau member by my choosing to view the world through her eyes. Her own words reflect her experience, 'The sky is blue, it's so good to smell the fresh clean air, for so long everything in my world has been so grey.' 'Welcome back girl.'

The seed of this thesis planted four years ago grew out of my choosing to journey with my Whānau member through the addiction 'landscape' of alcohol and other drug usage, then through detoxification and recovery. This enabled me to gain an in-depth understanding and insight into a world that I had not been exposed to in such a profoundly personal way. I am now much richer because of that experience. At the time the journey seemed long, arduous, difficult, inconsistent and full of emotional dilemmas hence my rationale for the term 'landscape.' However, upon reflection now it seems like it was just a bad dream.

Upon reflection I remember how October 1970 was a bad dream for me. It was the year members of my own Whānau (Mum, Dad, 3 sisters and young brother) were involved in a head on collision caused by drunk driving in which they were the victims, not the cause of the accident, and they all sustained injuries. My Mum who was worst off spent weeks in hospital, she was a patient in the ward where I was gaining my nursing experience as a student nurse so I had the privilege of caring for her.

Throughout the years of my nursing experience I possessed a shared, biased, intolerant view of alcohol and other drug addicts. Why? Because I believed that addiction to alcohol and other drug usage was a self inflicted condition. Those who chose this way of life occupied hospital beds unnecessarily, because they wasted nurses' time by their demands at the expense of those who were really unwell and deserving of our expert nursing skills. For example, recently while working as the relief after hours coordinator (AHC) I was called to assist in the Emergency Department (ED), and during my time there, at least three cases passed through the department which were alcohol and other drug related. One

person had attempted suicide following a disagreement with his girlfriend, another had overdosed on alcohol and drugs, and the third person was heavily intoxicated. Witnessing the impact of alcohol and other drugs upon these young people that night re-ignited my motivation and incentive to continue this work so that others will possess the incentive to want to take their own journey through the 'landscape' of detoxification and recovery. Having re-ignited my own motivation and passion to make a difference in the lives of others through this work I found myself reflecting on why I became a nurse? During my time of reflection I was able to reconnect with my own philosophical base of why I am a nurse. I am reminded that as nurses we need to be mindful that the key to therapeutic relationships and empowerment of those who are different from ourselves is enshrined in our duty to care, causing no harm, and being culturally aware, sensitive and safe. We need to practice in a manner that is neither diminishing, demeaning or disempowering. Hill (as cited in Whanau Kawa Whakaruruhau, 1991) defines culturally unsafe practice as: *"any actions which diminish, demean, or disempower the cultural identity and wellbeing of an individual"*(p.7). By practicing in a culturally safe manner we recognise and respect the rights of the individual, whānau, hapū, iwi, Māori community, and all others. Our practice needs to meet the non violation requirement advocated by Hill (as cited in Whanau Kawa Whakaruruhau, 1991) as: *"actions which recognize, respect and nurture the unique cultural identity of tangata whenua, and safely meets their needs, expectations and rights"*(p.8). For me this is the essence of nursing and caring and is what nursing is. Nursing is a living breathing reality for me which can be translated by me as a nurse to every day life situations and moments in time with my own whānau members, friends, colleagues, whānau, hapū, iwi, Māori community, and all others.

Life for me both as a mother and nurse has been enriched through the experience of being with my Whānau member in need. Success stories like this one need to be told because they provide Māori and others struggling with alcohol and other drug addictions with the incentive and hope of being enabled to be in a place of freedom from their own individual 'chemical substance imprisonment,' as well

as contribute to matauranga hauora Māori hou [new Māori health knowledge]. My whānau member's experience is echoed through the narratives of the four participants whose journeys are quite different and yet similar in many ways. I am honoured by the generosity attributed me that each Pūkōrero have entrusted me with their stories to share with you the reader and with all those in search of rays of hope to gain the kaha (strength) and incentive to overcome their struggle with their own unwellness from the effects of alcohol and other drug usage on their health. Ramsden (2002) said there were and still are too many graves for those who continue to die prematurely and are lost to the Māori community, which has great need of their contribution. For me, just as alcohol and poverty have had their colonial effect on the human potential of Ramsden's people at Koukourarata, so too have I seen and still see its devastating effect on my own people back at our home marae. The next section contains a brief historical account about the impact of colonisation and alcohol on Māori.

Tāhuhu Kōrero : History

Health according to Durie (2001) is determined by the past as well as the present. He affirms this by saying:

While socio-economic circumstances and modern lifestyles have more obvious and immediate effects, the health status of indigenous peoples has been strongly influenced by the experience of colonisation and the subsequent efforts to participate as minorities in contemporary society while retaining their own ethnic and cultural identities. Colonial journeys may have led to innovation and adaptation but they also created pain and suffering from which full recovery has yet to be felt.

When there is a loss of the resources necessary to sustain well being and a loss of standing in terms of full participation in society and the economy, health too is threatened, (p.48).

Durie's words succinctly reflect what has occurred for Māori and integral to the impact of colonisation has been the major influence of alcohol and other drugs upon the health and well-being of Māori. It is clear that the processes of colonisation, assimilation and integration with its resultant loss of land, te reo and cultural practices has disadvantaged and eroded the identity of many Māori to such an extent that the social fabric structure and function of whānau, hapū

and iwi and the roles of its members have been and still are in disarray with ensuing unwellness and illness. Alcohol and other drug addiction is yet another symptom reflective of the state of un-wellness and illness of many Māori. This thesis supports the notion that a pathway of detoxification, recovery and hope exists to enable Māori and others to take the journey to improve not only their own individual health and well-being outcomes but also the health and well-being of their whānau, hapū, iwi and the community.

Before continuing on this exploratory journey of the impact of alcohol and other drug addiction upon Māori a brief historical overview of what it was like for Māori in Aotearoa New Zealand prior to colonisation is presented in order to position or contextualise the issues raised in this thesis. Prior to the arrival of the Pakeha no intoxicating drink was known to Maori, other than fermented tutu juice. The journals of early explorers make reference to the naivety of Māori with statements like: “As for wine, they would not touch it; but they drank some water with pleasure. They were given some white wine, of which they drank a little, believing it was water, but having tasted it, they declined drinking it, making signs that they preferred water” Roux in McNabb 1908-14 (as cited in Riley 1994, p.17). “Waimaori” was the name given to pure water running from a spring or a river, (Riley, 1994, p.17). Māori were first introduced to alcohol by early explorers like Captain Cook and Māori described rum as “ the water that was brought from heaven,”(Riley, 1994, p.17). Later when the whalers and missionaries came, Māori called alcohol ‘wai piro’ (stinking water) or ‘wai kaha’ (strong water).

Māori as the indigenous people of Aotearoa New Zealand, like the Inuit people of Canada, many of the Native American Indian tribes and the Trukese of Micronesia unanimously share a history of not developing alcoholic beverages. At that time Māori drank mostly water which may have been flavoured or sweetened with juice from berries, sweet honey from the base or stems of the harakeke, sweet rata blossoms or crushed cabbage tree roots (Hutt, 1999, p.3-4).

Joseph Banks the botanist who accompanied Captain James Cook's visit in 1769 wrote "water is their universal drink." He also said, "nor did I see any signs of any other liquor being at all known to them, or any method of intoxication," Wright-St Clair (as cited in Hutt, 1999, p.3-4). Julien-Marie Crozer supported Banks' view when he wrote in 1772 that "they [Māori] showed great repugnance for wine and specially strong liquors" Wright-St Clair (as cited in Hutt, 1999, p.3-4). Banks himself was awed by the health status of Māori and commented that "such health drawn from so sound principles must make physicians almost useless" (Te Puni Kokiri, 1993, p.30).

Dieffenbach 1843 cited in Bell (1976), found the Māori villages were often cleaner than those he had seen in Europe and further stated that he did not notice "one instance of drunkenness amongst them, common as the vice is amongst the Europeans." Dieffenbach also said that it was entirely to the credit of Māori that the pernicious influence of drunken sailors had no effect on them. However, from the early 1830's on, drunkenness amongst Māori became more frequent and rum became known as "good water" instead of "stinking water" and so began the snowballing effect of alcohol and addiction. 130 years later according to Bell, drink is no longer "contrary to their taste and inclination," (p.50).

Te Puea Herangi, granddaughter of King Tawhio, according to Orange (2004) "led the Waikato revival in the twentieth century. She strove to rebuild the strength of the Kingitanga and to restore the well-being of communities damaged by the wars of the 1860's, confiscation and disease" (p.122). King (2003) asserts Te Puea used the Methodists to mount an attack on an aspect of European life that she felt had been more destructive to the Māori than anything else: the sale and consumption of alcohol. She sought further legislative protection for the Māori in this area. Te Puea was sharply aware of two things that she cited frequently to justify her stand.

One was the toll that excessive drinking took on personal health and family relationships; the other was the fact that the Māori was more vulnerable to such drinking in circumstances where he was stripped of social supports and traditional sanctions on behaviour, particularly where he felt discouraged by an inability to compete with Europeans (p.280).

Life experience reinforced her convictions; alcohol had been a factor for the decline in her own health. Te Puea had seen bitter and near-murderous arguments among the kahui ariki (leaders) that had been bought about and intensified by alcohol (she had been a participant in such arguments). She witnessed the organisational and social collapse of whole communities when alcohol became an accepted part of hui. The continuing effects of alcohol upon Māori from then to now is reflected in this whakataukī “Ka whawhai tonu matou. Struggle without end.” The context of this whakataukī affirms the ongoing experiential impact of colonisation upon the individual, whānau, hapū, iwi, and Māori community.

Edwards (2002) commenting on the impact of alcohol upon her own whānau talks about how her own sister suffered abuse from her husband when he had been drinking. She relates that her brother in law was a great man away from the drink but when he was on the beer he did not stop until it was all gone, and if her sister complained he would belt her. Edwards describes how her sister was “dragged down into the bowels of despair through drink,” and how the children being “exposed to all the violence and swearing caused through booze,” so much so “they would grew up thinking it was a normal way of life. They would repeat what their parents were doing and end up abusing their wives and children because they didn’t know any other way to behave”(p.67). Edwards’ story is not uncommon amongst Māori and is reflective of my own childhood memories. I recollect hearing my cousins who lived next door crying because they were hungry while their parents were shouting at one another following my uncle’s arriving home from the hotel drunk.

Poumare and de Boer (1988) highlight that during the 1970s, the estimated Māori alcohol death rate was 75% higher than non-Māori. In the period 1980-84, alcohol related deaths, including cirrhosis, were 2.8 times greater in Māori males than non-Māori. Alcohol was said to be the commonest cause of admission of Māori males to mental hospitals and the rates increased four-fold since 1970. Mitchell (2001) asserts that Māori alcohol and drug patients seen by the hospital

service were more likely to have alcohol problems associated with 'binge' drinking rather than absolute dependence, and cannabis problems rather than addiction to opiates.

Huriwai, Ram, Deering and Sellman (as cited in Sellman, Robinson, McCormick & Dore, 1997) found that Māori have a compromised health status, including a higher rate of alcohol and drug disorder, compared with non-Māori. They also found that traditional alcohol and drug services were not meeting the treatment needs of Māori with alcohol and drug problems, but that Māori specific alcohol and drug treatment units provided alternatives from which there have been positive therapeutic experiences for Māori. In summary therefore evidence clearly shows that for many Māori healing comes from being immersed in culturally appropriate Māori specific environments.

Tirohanga Whānui : Overview of the Study

The thesis contains seven chapters outlined chronologically.

Wāhanga tuatahi – Chapter one provides the Whakatuwheratanga/Introduction, Wawata/Aim of the study, the Muri/Background, Tāhuhu Kōrero/History and Tirohanga Whānui/Overview [brief historical overview] of the impact of alcohol and other drug related substances on Māori.

Wāhanga tuarua - Chapter two contains the literature review which describes the exploratory journey taken to examine work on the historical context of Māori and alcohol, the relationship between Māori alcohol and health today; research-related narratives about Māori who had successfully detoxified and recovered from alcohol and other drug addiction; stories about other Pakeha New Zealander's detoxification and recovery journeys through the landscape of alcohol and other drug usage; and international literature related to the impact of alcohol and other drug on other indigenous peoples. The chapter also touches on the treatment options which were available on the journey through detoxification and recovery.

Wāhanga tuatoru - Chapter three describes the philosophical assumptions underpinning the use of Kaupapa Māori, and Narrative Inquiry as the methodological approaches to this work. The Kaupapa Māori approach to research is described by Cram, Smith and Johnstone (2003) as using Kaupapa Māori methods from the perspective that a Māori world view is both valid and legitimate. Kaupapa Māori is by Māori, for Māori' and is inherently about cultural survival and tino rangatiratanga (self-determination), (p.2). Kaupapa Māori is congruent with my own philosophical base, way of being and practice as a Māori. Narrative Inquiry is described by Clandinin and Connelly (2000) as a process of creating meaning, joint storying and restorying. Bishop (1996) maintains there are strong cultural preferences for the use of narrative among Māori people. Having an oral culture, Māori devised ways to pass on the type of knowledge that any culture gathers and constructs about itself, and through story was one way knowledge has been passed on.

Wāhanga tuawha - Chapter four is presented in two parts. Part A provides an understanding of the Huarahi Whakatutuki/Methodology and my rationale for using the mixed methodological approach of Kaupapa Māori and Narrative Inquiry. Part B describes the Huarahi/Method used to collect and discuss the stories of the Pūkōrero. Tika Whakaarohanga/ Ethical considerations, Whakaaetanga me Muna/ Consent and Confidentiality, Te Tiriti o Waitangi considerations, Whakaritenga Kōwhiritanga/Selection Criteria, Whakaritenga Whakauru(tia)/Inclusion Criteria, Whakaaturanga Kohinga/Data Collection, Whakaurunga/Recruitment, Kōrero/Narratives, Whakaaetanga/Consent, Tuhinga Kōrero/Transcribing, Whakaaetanga me Whakaputu/Consent and Storage of data and Tātaritanga /Data Analysis [briefly commenced] are also discussed.

Wāhanga tuarima - Chapter five entitled Rāranga kōrero contains the stories and discussion from the four Pūkōrero. Through Kaupapa Māori the whariki was laid down for the kōrero to occur and during this time my role as researcher was to be the attentive listener to the stories of each Pūkorero so that their stories provide

an accurate representation of what has been told. To maintain confidentiality and privacy pseudonyms are used to protect the identity of each Pūkorero.

Wāhanga tuaono - Chapter six includes an in depth Tātaritanga Whakaaturanga/Data Analysis from transcriptual narratives of the Pūkorero. The chapter describes the emergent themes of Wairua, Whakapapa and Whānau from the data, and provides the responses to the research questions from the Pūkorero. Both the themes and question responses are linked to each other and the rationale for this conveyed.

Wāhanga tuawhitu - Chapter seven contains the discussion of the findings and insights gained from the work. This chapter draws together material from chapters one to six and discusses the findings of the study, limitations of the research project, recommendations and reflections. The ultimate aim of the work is the empowerment of Māori and others to be able to enjoy improved health and well-being outcomes which will impact positively upon not only the individual involved but also upon the whānau, hapū, iwi and the community.

Tāpiritanga – Appendix contains the letters of support from iwi Māori (Kaumātua, Mitchell Research, Māori nurse colleague, Māori Health providers, Director of Māori Health for Nelson Marlborough District Health Board), Whakamōhiotanga mo Pūkorero/Information Sheet for Participants, Whakaki Whakaataetanga/Consent Form, Rārangi Tohutohu mo ngā pātai/ Interview guidelines and questions, and the Kai Tuhi-ā-ringā/Transcriber/s Muna Whakaaetanga/Confidentiality Agreement Form.

Whakapuakanga – References. The reference list at the end of the thesis includes references relied on and referred to in the text of the work, plus supportive references [not on text] which assisted and enabled me to remain grounded in the development, progression and compilation of this thesis.

WĀHANGA TUARUA : CHAPTER TWO

Tātaritanga ā Tuhituhinga : Literature Review

The introduction of this chapter contains the purpose, aim, search strategies, familiar supportive writing, where the search was made, literature searched, and the search words used for the literature review. My findings are also briefly discussed. The remainder of the chapter structured in sections provides an evidence based insight into the nature, extent, and resultant impact of alcohol-related and drug-related causes on Māori. A discussion on support services and available treatment options is included.

Whakamōhiotanga : Introduction

The literature search relevant to my study of exploring the shared experiential journeys of four Pūkōrero who successfully completed detoxification and recovery from AOD addiction, set out to address the historical context of Māori and alcohol, and the relationship between Māori, alcohol and health today. Having familiarised myself with the Alcoholics Anonymous text and Māori health related work of Ramsden, Riley, Rolleston, Durie, G and L Smith, Haami, Mead, Walker, Bishop, Dow, Murchie, Bell, Metge, Hutt, Moon, Huriwai, Robertson and others [whose names are acknowledged in the reference list at the end of the thesis], my exploratory search commenced. The search included an examination of: Narrative Inquiry and Kaupapa Māori nursing research [hard copy and online] data; Māori Health Research Council [hard copy and online] data; Alcohol Advisory Council of New Zealand-Kaunihera Whakatupato Waipiro o Aotearoa (ALAC) [hardcopy and online] data; Abacus Counselling and Training Services Ltd [hardcopy and online] data; Māori Women's Welfare League [hard copy and online] data; Hauora Māori Standards of Health by Poumare et al; research by Durie; research by Reid; Ministry of Health Māori health [hard copy and online] data; Mental Health Commission [hard copy and online] data; Nelson Marlborough District Health Board [hard copy and online] data; Hauora.com; Cochrane Data Base [revealed 12 hits not relevant to my

work]; Mitchell Research for the Nelson Marlborough region; national and international academic websites i.e. Waikato University's Māori Psychology Research Unit, and the 2005 international research society on alcoholism website. The 2005 international research society on alcoholism website revealed Timko, Finney and Moo's (2005) research article 'The 8 year course of Alcohol Abuse: Gender differences in Social Context and Coping. ' The study compares men and women with alcohol use disorders related to their social context, and the methods employed by each to cope with changes as participants in professional treatment and Alcoholics Anonymous (AA). The participants were followed up for eight years and the results found there to be little difference between men and women in the type of help they received, however, women required longer professional treatment. Initially women had more stressors and fewer resources from family and relied on drinking to cope. During the next eight years women increased their approach to coping and reduced their use of drinking to cope more than men.

Along with searching for written data I had numerous conversations with Māori health professionals and kaimahi as an attendee at various local, national and international hui [forum and conferences] for Māori on health, nursing, mental health, adolescent health, education, social services, counselling, ethics and research, indigenous health knowledge, management and development, land issues, addiction services and others involving whānau, hapū and iwi. Narrative/s, stories, narrative analysis, Kaupapa Māori, alcohol and other drug detoxification were the key words used to assist in my search. I searched for narratives about Māori who had successfully detoxified and recovered from alcohol and other drug addiction; stories of other New Zealanders detoxification and recovery journeys through the 'landscape' of alcohol and other drug usage; and international literature related to the impact of alcohol and other drug usage on indigenous peoples, such as the first nations of Canada, United States of America, Australia, and the Cook Islands, namely Rarotonga. My review of the literature of these indigenous nations revealed similarities of the impact of alcohol and other drugs when compared with Māori. Apart from viewing Bird's

(2002) video '*Nga Huarahi*' Māori oral stories of journeys through the 'landscape' of alcohol and other drug addictions, and Lapsley, Nikora and Black's (2002) '*Kia Mauri Tau!*' (narratives of recovery from disabling mental health problems), I found there to be a dearth of written detoxification and recovery from alcohol and other drug addiction narratives on Māori. I did find however, an abundance of literature, mainly statistical, produced over the years which suggests that Māori people suffer excessive morbidity and mortality from alcohol-related causes. The statistical data provides the background for this study which aims to assist in the prevention of high morbidity and mortality from alcohol and other drug related causes, and the promotion of health and well-being of Māori and others. Concerns regarding the impact of alcohol on the health and well-being of Māori are discussed in the next section.

Whānuitanga o te Raruraru : Nature and Extent of the Problem

This section highlights alcohol related concerns such as death rates, hospital admission rates, arrest rates, motor vehicle accident rates and alcohol consumption rates. Poumare and de Boer (1988) highlight that during the 1970s the estimated Māori alcohol death rate was 75% higher than for non-Māori, and, for the period 1980-84 alcohol-related deaths including cirrhosis was 2.8 times greater in Māori males than non-Māori. Alcohol was the commonest cause of admission of Māori males to mental hospitals and that the rates had increased four-fold since 1970. The arrest rates of Māori for 'drink-driving' in 1988 were 4.5 times higher than of non-Māori. Mounting evidence over the years suggest there is a strong causal relationship between motor vehicle accidents and alcohol consumption, (Poumare & de Boer, 1988). They also note that motor vehicle accidents are the second most common cause of hospital admission for Māori, as well as the cause of an excessive number of Māori deaths, in which half of the fatalities have been alcohol related.

An ALAC (1978) national survey showed that a small proportion of Māori were regular drinkers but the amount of alcohol consumed by Māori during a drinking session was nearly twice as much as by non-Māori. The Māori Women's Welfare

League found that four out of ten Māori women were non-drinkers but 20% of young Māori were heavy drinkers consuming twice the amount of alcohol as non-Māori. Over the years alcohol has exacted a heavy toll on the Māori community. Mac Avoy (2005) notes that women's bodies often show signs of damage before men's. While it may take men 10 years of drinking to damage the liver, it may only take a woman three years. Poumare et al (1995) found similar patterns of alcohol usage amongst Māori men in the period 1989-1991 as in 1988, however the death rate for Māori women for 1989-91 was 2.9 times that of non-Māori. Again half the fatalities from motor vehicle crashes were alcohol related.

Recent research on alcohol drinking patterns and alcohol related problems by Barnes, McPherson and Bhatta (2000), using a phone survey of 1,992 Māori people between ages 13-65, found that four out of five Māori had consumed alcohol within the previous 12 months. They found that most 18-19 year olds (93%); more than two thirds of 14-15 year olds (69%) and more than one third (36%) of 13 year olds reported they had drunk at least once in the previous 12 months. The average volume of alcohol consumed annually per drinker was 14.4 litres with a marked gender difference of alcohol consumption of 22 litres for men compared to 8 litres for women. Men accounted for 69% of total alcohol consumption by Māori in 2000. Twenty nine percent of men consumed larger quantities of alcohol at 20 + litres compared with 9% for women. The 18-19 year old age group for both men and women were found to have the highest consumption rate, with 62% of the men and 25 % of the women consuming 20+ litres of alcohol per annum. The volume of alcohol consumed during heavier drinking occasions for Māori (8 or more drinks for men and 6 or more drinks for women) was 76%, proportionally 78% for men and 69% for women.

Currently one of the most disturbing factors is the prevalence of high alcohol consumption amongst secondary school children, of which Māori boys are said to be the heaviest drinkers (Eaton, 2006). The increase in alcohol consumption by our rangatahi provides a greater challenge for Māori engaged in the work area

of trying to reduce the impact of alcohol on whānau/families, hapū and iwi. Eaton (2006) states “New Zealander’s poor attitude to alcohol consumption is fuelling youth violence,” and Minister of Police Annette King said, “she would support a proposed bill raising the drinking age to 20,” (p.1). King also said that ‘closer’ scrutiny of liquor advertising and those selling alcohol was required.

On behalf of Māori Women’s Welfare League, Murchie (1984) in her research on health and Māori women found that Māori women gave up drinking because of the impact alcohol had on health, whānau and finances. Several women said they had been the victims of others who drank like their fathers and partners. The outcome of the research was, the League would: support schools and other agencies in campaigns to alert the young to the dangers of alcohol and other drugs; endeavour to see that each branch of Alcoholics Anonymous had at least one Māori willing and able to counsel and support Māori; and where possible ensure that non-alcoholic beverages are available at Māori hui. Having briefly discussed the nature and extent of the impact of alcohol and other drug related concerns on Māori the focus of the next section is on wāhi maimoatanga-treatment options.

Wāhi Maimoatanga : Treatment Options

Having reviewed literature related to the impact of alcohol on Māori, an exploration of support services and treatment options available for Māori was made. The exploration focused on the central region [Mahia to Waikaremona across to Whanganui via Ohakune, including the area south down to Nelson/Marlborough, and the Chatham Islands] of New Zealand, because it is the location in New Zealand where my research study has occurred. I chose to work with Māori from this region to build on knowledge already known, to gain further insight into a tinotaumaha AOD issue for Māori, and because the voice of the small number of Māori dwelling in this region has often been muffled by the greater voice of those dwelling in the densely populated areas of the country. From my experience AOD concerns raised by the people of this region have often been overlooked and left unaddressed.

A review of alcohol and drug treatment services in the central region of New Zealand completed 1994/95, led to a revision of services purchased from July 1995 (Central Regional Health Authority, 1995). The aim of the review was to reduce the dependence on inpatient and residential services, increase the volumes of outpatient and related services, and provide a more appropriate mix of services for the people in different parts of the region. To my knowledge this work is ongoing and has a direct bearing on the availability of supports required for detoxification and recovery.

While working as a nurse manager for a Māori health and social services provider from 2003 - 2004, we together with other Māori health providers were engaged in a South Island alcohol and other drug services review carried out by the South Island Mental Health Network and the South Island Shared Service Agency Limited (SISSAL) on behalf of the six South Island District Health Boards. The purpose of the review was the development of a plan for specialist alcohol and other drug services for the South Island for a three year period ending June 2006, utilising current resources. Data gathered from the 8 district information forums and the 30 submissions were received by the National Addictions Centre and Alcohol Advisory Council of New Zealand (ALAC). The data identified a range of service needs that required consideration including the needs of Māori. The identified needs of Māori were as follows: to increase the level of culturally appropriate services for Māori, improve the responsiveness of mainstream services to Māori, and to extend the range of Kaupapa Māori services and programmes including residential, assessment and outpatient services. During a visit to a Wairau based Māori health provider in 2005 I was informed by a Kāumatua that implementation of these review findings has not occurred. With the focus of my research being on alcohol and other drug-related detoxification and recovery narratives, it is imperative that promotion of culturally appropriate services for Māori and others continues; because it may be the incentive needed for others to embark on their own detoxification and recovery journeys leading to improved health and well-being.

An analysis of Māori Health in Te Tau Ihu Nelson/Marlborough [Population 8.5% Māori] by Mitchell (2001) found there to be a higher representation of Māori than one would expect and this is because a number of Māori relocate to the Nelson Marlborough region in search of seasonal work and find employment. I agree with Mitchell (2001) who says that alcohol and drug issues, like mental health issues, are often closely intertwined with identity and culture. Mitchell (2001) ascertains Māori alcohol and drug patients seen by the hospital service were more likely to have alcohol problems (often in the nature of 'binge' drinking rather than absolute dependence) and cannabis problems, rather than addiction to opiates. The Māori community, according to Mitchell, expressed concern about the level of cannabis and alcohol use among Māori. They also expressed a strong desire for effective health promotion to alert people to the dangers, especially when cannabis and alcohol are combined.

Huriwai et al, (as cited in Sellman et al (1997), found Māori have a compromised health status including a higher rate of alcohol and drug disorder compared with non-Māori; traditional alcohol and drug services did not appear to be meeting the treatment needs of Māori with alcohol and drugs problems. They also found that Māori specific alcohol and drug treatment units provided an alternative and there were reports of positive therapeutic experiences of Māori within Māori specific alcohol and drug services, although no rigorous treatment outcome studies were reported to date. Huriwai et al aimed to produce the beginnings of Māori alcohol and drug treatment literature by providing an overview of the thinking associated with alcohol and drug-related treatment for Māori at that time. This was supported by three short vignettes of Māori who had experienced treatment, through dedicated Māori services, to validate the need to share how the cultural aspects of their Māori alcohol and drug treatment programmes were critical to their recovery. Findings by Huriwai et al (as cited in Sellman et al (1997) encourages me with this work which seeks to identify the positive aspects of individual detoxification programmes for Pūkōrero, surface barriers and issues experienced by Pūkōrero, and clarify needs that supported the Pūkōrero throughout their journeys. In this section literature related to treatment options

for Māori has been discussed. The next section on international perspectives contains a brief discussion of international social determinants of health and social conditions of indigenous groups of people.

Māramatanga ā Taiao : International Perspectives

Social determinants of health and the social conditions of Indigenous people in Australia, Canada, New Zealand, and the United States cited in Mc Murray (2007), report lower incomes, high rates of unemployment, poor education outcomes, lower rates of home ownership and higher levels of risky behaviours which include smoking, alcohol misuse, and violence. Mc Murray (2007) states “Aboriginal ill health is linked to behaviours, which cause victim blaming mentality, rather than a genuine attempt to resolve complex issues,” (p.321). She also says that aboriginal people are often castigated for high rates of consumption of alcohol, yet non-Indigenous Australians and New Zealanders also have high rates of consumption. The difference according to Mc Murray, lies mainly in the prevalence of binge-drinking and hazardous levels of consumption among Aboriginal and Māori people. Recent research data such as this certainly affirms the need to provide positive stories as an incentive to reduce risk taking behaviours.

Whakamutunga : Conclusion

To conclude this chapter, aspects of a non-Māori New Zealander, Barry Snook’s story on his life of alcohol and drug abuse are poignant to this work. Snook (1988) said, “Spiritual and moral confusion is about nowadays. Old values and ideals have been torn up, while new ones do not always bring security and happiness,”(p.90). Having travelled extensively Snook’s comments about the impact of alcohol and drugs on other indigenous groups are summed up in this statement:

Often when native people have come into contact with Western civilisation their spiritual and moral values are shattered and they suffer culture shock. Like some American Indian tribes they degenerate into suicidal despair, and drink alcohol to kill the pain. Wives get bashed. Terrified children run and hide. These people-lost, poor, bitter and frustrated live in a no-mans land between two cultures ashamed to be themselves and unable to be anybody else (p.90).

Snook's statement validates the need to share narratives of Pūkōrero Māori and is the reason why this research is necessary so that change and improvement in the health and well-being of Māori and others will result. The contents of this chapter provide the backdrop for the next chapter which describes and extrapolates on the qualities of Kaupapa Māori and Narrative Inquiry as the researcher's preferred approach to work with the Pūkōrero Māori. Kaupapa Māori and Narrative Inquiry as an approach lends itself to being a way to address the frustration, cultural disintegration and despair experienced by Māori and others from the impact of colonisation and oppression.

WĀHANGA TUATORU : CHAPTER THREE

Whakatuwheratanga : Introduction

Rapunga Whakaaro : Philosophical Underpinnings

This chapter describes the philosophical assumptions underpinning the use of Kaupapa Māori and Narrative Inquiry as the methodological approaches to this work. The Kaupapa Māori approach to research is described by Cram, Smith and Johnstone (2003) as using Kaupapa Māori methods from the perspective that a Māori world view is both valid and legitimate. Kaupapa Māori is ‘by Māori, for Māori’ and is inherently about cultural survival and tino rangatiratanga (self-determination) (p.2). Kaupapa Māori is congruent with my own philosophical base, way of being and practice as a Māori nurse. Narrative Inquiry is described as a process of creating meaning, joint storying and restorying (Clandinin and Connelly, 2000). Bishop (1996) maintains there are strong cultural preferences for the use of narrative among Māori people. Having an oral culture, Māori devised ways to pass on the type of knowledge that any culture gathers and constructs about itself, and through story is one way knowledge has been passed on. The next section contains my rationale for choosing to utilise Kaupapa Māori and Narrative Inquiry as the preferred approach of this work.

Kaupapa Māori me Narrative Inquiry

‘Me kimihiā te ara to tika he oranga mo to ao’

‘Seek the right path to benefit your world.’

I chose this whakataukī because it fits my exploring the right path to determine a methodological approach which synchronises and unites Kaupapa Māori with Narrative Inquiry as the preferred approach to use for this work. Integral to this thesis is how Kaupapa Māori relates to identity, health and research. Equally important is how Narrative Inquiry is a process of creating meaning from the stories people tell and about the way they as Ellis (2004) says, “organise their experiences into temporarily meaningful episodes,”(p.195). Contained in the next section is a descriptive discussion on the tenets of Kaupapa Māori.

Kaupapa Māori

Important to this thesis is how Kaupapa Māori relates to identity, health and research. 'Kaupapa' according to Barlow (1991), is used widely throughout Māoridom and has a variety of meanings. In relation to marae protocol, Kaupapa relates to the policies and rules governing procedures used at the marae determined by each iwi, hapū, and whānau. Kaupapa is concerned with the way processes are carried out; unique to each iwi, hapū and whānau such as the building of a new whare. The whare is named after an ancestor, the interior is centrally supported by pou pou, and decorated with tukutuku and kowhaiwhai around its perimeter. As the offspring of the ancestor, metaphorically a person is likened to a whare. The person gains strength through his/her connection to the whare the same way the pou supports the whare, and simultaneously the person's unique identity with the whare is maintained through the tukutuku and kowhaiwhai stories. Kaupapa therefore relates to practises and procedures that acknowledge, respect, care for, and maintain the safety and uniqueness of the individual, whānau, hapū and iwi.

Scholars today have various definitions for Kaupapa Māori and yet in times gone by there was no such term according to two koroua with whom I had a recent kōrero after asking them about the derivation of the term. They themselves wonder about the term's origin, and one commented on the term Tikanga Māori as being more appropriate, because it describes the very essence of things Māori. The lores governing our way of being, doing, and relating have been present with us passed on to us by our tipuna. For example, the lores of tapu and noa guide us and teach us about respect for ourselves, others, the land, the sea, the forest, our environment, and nature. Tapu is about risk and noa about safety. Tapu and noa relate to the survival of future generations by adaptation to the environment and the development of a guide for social interaction. The term Kaupapa Māori, however, is an attempt to retrieve space for Māori voices and perspectives operating within an environment conducive to healing. It is all about providing a framework for non-Māori to understand the way Māori processes are carried out.

Kaupapa Māori is about reclaiming the right to be Māori within the wider society (Cram, 1999).

The term Kaupapa Māori is used to refer to the culturally derived philosophy underlying all aspects of things Māori such as health, research, education and social services. The ultimate aim of service provision for Māori is Māori wellness. In recent years Kaupapa Māori has been very widely discussed by Māori as the approach that clearly enables Māori to deliver services in the way that Māori believe best meets the needs of Māori. Thus enabling Māori to retrieve and maintain their state of health and well-being.

At hui *Te Ara Ahu Whakamua 1994 at Te Papa-iouru Marae Rotorua* Māori had the opportunity to meet for two reasons. First to review the events of the past decade and evaluate progress in terms of gains in Māori health. Second, on the basis of their findings and other events, reformulate aims and consider the broad directions for future endeavours (Durie, 1994). Those present at the hui generally agreed that a well Māori person exhibits the following characteristics: a sense of identity, self esteem, confidence, and pride; is in control of their own destiny; possesses a voice that is heard, is intellectually alert, physically fit and spiritually aware; responsible, co-operative; has respect for others; has a knowledge of te reo Māori and tikanga Māori; is economically secure and independent, and has Whānau support. The revival and utilisation of Kaupapa Māori is recognised as the way forward to determine, enable and empower Māori health restoration and Māori survival. Kaupapa Māori services have a distinct set of characteristics that set them apart from other ways of knowing, being and doing of service provision. These characteristics are as follows: the governance and mission of the service is based on a Kaupapa Māori Model; consumers are mostly Māori; the local community supports the service; kaupapa of the service is consistent with the wider aims and aspirations of Māori development; the service operates using Māori tikanga, beliefs, values and practices and these are incorporated into the operational aspects of the service; and the majority of staff required are usually Māori. Kaupapa Māori can be viewed as a way back to recovery for those who

have been diagnosed with a mental illness. This is because services which are not Kaupapa Māori lack wairuatanga (nurturance of spiritual wellbeing) in the assessment and treatment process and the need for wairuatanga cannot be underestimated because this can be the key to wellness for the person.

Kaupapa Māori provides Māori researchers with the ability and avenues to approach dominant western worldviews (Cram, 1999). The development and legitimacy of Kaupapa Māori research has enabled Māori to approach dominant western worldviews with confidence. Glover (as cited in Cunninghame, 1998) cite the two reasons for the development of kaupapa Māori research as being:

“Māori dissatisfaction with dominant Western forms of, and Pākehā control of, research and... a desire to recover and reinstitute mātauranga Māori - the indigenous system that was in place before colonisation” (p.402).

Reid (as cited in Cunninghame, 1998) asserts:

“Kaupapa Māori challenges [a] universal approach and argues... that the theoretical approaches of a variety of disciplines fall well short of being able to address Māori needs or give full recognition of Māori culture and value systems” (p.402).

I chose to explore Kaupapa Māori as an approach for my research for three reasons. Firstly, I believe it offers a solution to enable Māori to retrieve and maintain their taonga state of health and well being once enjoyed by our revered tupuna, alluded to by Banks (cited in Te Puni Kokiri, 1993) as, “such health drawn from so sound principles must make a physician useless” (p.30). Secondly, Māori researchers have identified the need for Māori methodologies which permeate modern Māori realities and reflect a Māori world view (Durie, 1996). This particular methodological approach utilises processes that are culturally relevant, appropriate and acceptable to Māori. Thirdly, Kaupapa Māori is very much an area with which I am familiar and comfortable, as I have been immersed in it to varying degrees for fifty seven years of my life. My reason for choosing to use Kaupapa Māori is because it relates to who I am as Māori, it is about my own way of being, my philosophical base and practice as Māori. It is about my own critical consciousness and the revitalisation of our own Māori cultural aspirations, preferences and practices that are educationally sound and

productive. We need to value, celebrate and honour our own unique ways of knowing and being, and as Bishop (1999) aptly states it is about “resistance to the hegemony of the dominant discourse” (p.11). Kaupapa Māori enables us as Māori to challenge the prevailing ideologies of cultural superiority which according to Bishop (1999) pervades our social, economic, political and educational institutions. To acknowledge Western notions of knowledge as being superior to our own is to discredit, devalue and disempower ourselves. Instead, for me it is about being and feeling proud of who we are and using ways to work with one another that are congruent for/with Māori. Utilising a Kaupapa Māori approach enables empowerment of the researched and the researcher for both work in a way that is mutually beneficial to each because they work in ways that employ cultural preferences, aspirations and practices.

Over the past decade much has been written about Kaupapa Māori in general. Smith (1999) asserts that Kaupapa Māori research relates to “being Māori” and is vital to the survival and revival of Māori language and culture. Kaupapa Māori is connected to Māori philosophy and principles, takes for granted the validity and legitimacy of Māori, and is concerned with the “struggle for autonomy over our own cultural well being” (p.185). The research of Māori is marked by history that has shaped the attitudes and feelings Māori have towards research. Research implicated in the production of Western knowledge, the nature of academic work, the production of theories which have dehumanised Māori, and in practices which Smith (1999) says have continued to privilege western ways of knowing, while denying the validity for Māori of Māori knowledge, language and culture. I find Smith’s statement affirms my own thinking because in my opinion, Māori have been mis-used, exploited, abused, and misrepresented by non-Māori researchers and academia for their own benefit at the expense of Māori. Therefore I firmly believe that utilising Kaupapa Māori approaches to research will ensure the cultural renaissance for Māori continues. The renaissance will enable Māori [being researched and as researchers] to retrieve our own space and possess a focus to set new directions for research priorities, policies and practices for and on behalf of Māori. As an approach to research,

Kaupapa Māori provides a methodology or philosophy that guides Māori researchers (Tolich, 2001). The essential elements of a Kaupapa Māori approach to research are described and discussed in the next section.

Kaupapa Māori Research.

This section of the chapter describes and discusses the necessary essential elements of the process of conducting Kaupapa Māori research. These essential elements are: Tuatahi/1st - *Aroha ki te Tangata* (respect for people) it is imperative that respect for people is evident because this allows people to define their own space and to meet on their own terms. Irwin (as cited in Tolich, 2001) describes her approach as:

“According to Māori epistemology, when two groups come together they are separated on a range of levels, from the spiritual to the spatial distance kept between two groups, before they meet. This multi-level separation needs to be ritually removed before the two groups can come together. We give the people we are visiting the power to define how we should conduct ourselves when in their areas” (p.42).

Whakapapa and *whakawhanaungatanga* are important bridges that link Māori to Māori through Whānau, Hapū, and Iwi. Bishop (1996) describes *whakawhanaungatanga* as: “the process of establishing Whānau relationships literally by means of identifying through culturally appropriate means, bodily linkage, your engagement, your connectedness” (p.43).

Tuarua/2nd - *Kanohi ki te kanohi* (being face-to-face) is about meeting people face-to-face where mana, spirituality and dignity is with the people. Initial contact with the people is made by a person known to the researcher and those being researched. This whakataukī “*He reo e rangona, engari, he kanohi*” (a voice may be heard but a face needs to be seen) aptly describes what needs to occur during any research process which includes fronting up face-to-face to the people where the research is to be conducted. Meeting with the people prior to collecting data enables the researchers and participants to connect and begin to build trust which must be present for any knowledge and information sharing to occur.

Tuatoru/3rd - *Titiro, whakarongo, and kōrero* (look, listen then speak) are simple concepts but these words express the importance of looking and listening so that one develops understanding and finds the place from which to speak. The role of the researcher is one of watching and listening, learning and waiting until it is appropriate for them to speak Smith (as cited in Tolich, 2001). Another aspect of watching and listening is about the development of trust and shared understandings which occurs over time between the researcher and participant/s.

Tuawha/4th - *Manaaki ki te tangata* (share and host people, be generous) is about using the collaborative approach to research which is integral to this work. Tolich (2001) ascertains a collaborative research setting allows knowledge to flow in both directions for participants and researchers when both have something meaningful to contribute. This approach also helps reduce the gap/distance between the researcher and the researched and acknowledges that the researcher is also learning and not just gathering data during the process.

Tuarima/5th - *Kia tūpato* (be cautious) is about my needing to be astute, culturally safe and reflective about my 'insider/outsider' status as a Māori researcher. As Māori researchers it is important to write about the participant community from an 'insiders' view point because we have the advantage of being able to 'hear' the common-sense of the community/ies. However, Smith (1996) asserts that being 'insiders' and being subjective does not mean that we cannot conduct rigorous research and clarifies this by saying:

"We look at the world through our grounding in Māori worldviews, most Māori researchers would argue that being Māori does not preclude us from being systematic, being ethical, being scientific in the way we approach a research problem"(p.47).

Tuaono/6th - *Kaua e takahia te mana o te tangata* (don't trample on the mana of the people) means that as researchers we are not to trample on the mana/integrity of the people. It is about sounding out ideas with people and keeping them informed about the process and the findings. As researchers, who are also of our communities, meet with our communities for a research kaupapa, the exchange of ideas and knowledge does not need to be one-way; that is from us to them

(Tolich, 2001). We need to value what we know from our own academic learning from/or with research groups, then share information with community people so that they too have access to the language of research and will know what we are about.

Tuawhiti/7th - *Kaua e mahaki* (Don't flaunt your knowledge. Also about sharing knowledge and using our qualifications to benefit our community) means not to flaunt the knowledge one has acquired. As the researcher and repositor of acquired information I have a responsibility to represent the realities of the participants, and to leave the community in a good space with increased knowledge, skills, training and an understanding of research. Suggested strategies to enable social changes that will improve the conditions of the community are then left with the community.

Mutu (1998) asserts that shared knowledge is one of the key tools for empowering the people and provides controls to prevent the misuse and abuse of power. Mutu maintains that results of research are of little use to people if they are not then made available to form part of the knowledge base of the people to help them make decisions. Robertson (2005) says that the principles of Kaupapa Māori enable the research to be located within the values, practices and aspirations of Māori while at the same time be firmly based within the realities and preferences of Te Āo Māori. He also notes that Kaupapa Māori allows for the integration of elements of compatible western methodologies. My reason for choosing Narrative Inquiry as the compatible western approach with Kaupapa Māori is because Kaupapa Māori is the cultural context and language that enables research concerns of Māori to be addressed, and Narrative Inquiry /storytelling according to Bishop (1999) allows the research participants to select, recollect and reflect on stories in a holistic, culturally appropriate way. The elements of Narrative Inquiry are discussed in the next section.

Pātai Korero : Narrative Inquiry

Narrative Inquiry as a methodological approach fits succinctly with Kaupapa Māori, and this section provides an understanding of narrative as an approach to research. Clandinin and Connelly (2000) mention narrative inquiry as being a process of creating meaning, describing this as being a joint storying and restorying process. Narrative can be used to describe both narrative phenomenon and method, such as, the experience being studied and the way inquiry is carried out. According to Clandinin and Connelly the phenomenon is the 'story' and the inquiry process is the 'narrative.' As Denzin and Lincoln (2000) explain, "but now at the beginning of the 21st century the narrative turn has been taken," [and] "many have learned to write differently including how to locate themselves in their texts"(p.4).

Narrative according to Ellis (2004) refers to the stories people tell about the way they 'organise their experiences into temporally meaningful episodes' (p.195). Ellis asserts that narrative can be both a 'mode of reasoning and a mode of representation,' and that 'narrative looks for particular connections between events'(p.195).

Atkinson (1998) says that narrative is both a story and the means by which stories are told. History, cultural myths and practices have traditionally been made visible and passed on to future generations through stories and through the narration of telling stories. Being personal by nature, story typically involves two people and so can only occur from person to person, speaker to hearer, and from writer to reader. Story, according to Krysl (1991), is also communal, because when a story is told something happens to both story-teller and story-hearer. The person's experience is made explicit or visible during the sharing of a problem and hearing the story. For the hearer experience can be heard and understood. In telling these stories the opportunity for reflection and review is ever present.

By its nature the narrative model is collaborative for it establishes client and/or family consultation and participation from the outset. It is therefore congruent

with current consumer and mental health services goals (Mental Health Commission, 1998) and, I would add, research goals as well. Each person is recognised as having expert and specialist knowledge that will contribute to a desired outcome. It is an approach that is respectful of the experience that people bring with them and where each person's stories and contexts can be fully part of the conversation and exploration. For care to be ethical it must include the client 'voice' (Nicholas and Gillett, 1997).

Accounts of 'experience' according to Bruner, Gergen, Morawski and Sarbin (as cited in Denzin and Lincoln, 2000) 'seem more adequately understood as an outcome of a particular textual/cultural history in which people learn to tell stories of their own lives to themselves and others. Such narratives are embedded within the sense-making processes of historically and culturally situated communities' (p.1027).

Traditionally the researcher has been the person who decided what composed the narrative from their own point of view as the narrator. Research participants' stories have been taken and submerged into the researchers' own stories, reconstituted and retold in the language and culture determined by the researcher. As the indigenous people of Aotearoa New Zealand Māori have been a major subject of research carried out in this country and have expressed their concern about the power and control over research issues. Their concerns relate to initiation, benefits, representation, legitimacy and accountability of research on Māori. In the past their concerns have been submerged by the researcher's own agenda interests and research process. Nowadays to Māori such domination is no longer acceptable. This means that when researching in Māori contexts, simply listening and recording stories of Māori experience is no longer acceptable. Although Connelly and Clandinin (2000) claim it is impossible for us as researchers to still our 'theorising voices,' for we are constantly reflecting and seeking explanations for our experiences and the experiences of others, we need to ensure the voices of our participants are represented and heard in our work.

Narrative as an approach according to Bishop (1996) is useful because it addresses Maori people's concerns about research into their lives and it does so by recognising that other people involved in the research process are not just informants but are participants with meaningful experiences, concerns and questions. Aimed at uncovering the many experiences and 'voice' of the participants, the use of narrative emphasises complexities rather than commonalities. Haig-Brown (as cited in Bishop, 1996) says, "stories convey knowledge within the context of the complexity of human affairs, expanding an understanding of other people and our sense of community with them" (p.24).

The utilisation of the Narrative Inquiry approach is a way of addressing Māori concerns about research into their lives holistically and in a culturally appropriate manner. Through telling their stories the research participants are able to select, recollect and reflect on their stories from within their own cultural context and language rather than be subjected to the cultural context and language determined by the researcher. In so doing the potential for hegemony by the researcher is reduced. A way of representing truth is through stories and different versions of and approaches to truth are told through stories. Stories therefore allow the diversities of truth to be heard rather than the dominant version, and also enable power and control to remain with the research participant. Narrative therefore, as a research approach opens the door to the complexity of human experience and the multiplicity of reflected interpretations there none is privileged, absolutist or authoritative beyond the sense in which it can be contextually verifiable (Bishop, 1996).

Bishop (1996) maintains there are strong cultural preferences for the use of narrative among Maori people. Having an oral culture, Māori devised ways to pass on knowledge that any culture gathers and constructs about itself, and through story was one way knowledge has been passed on. For Māori knowledge has been passed on through whakataukī, waiata, moteatea, pakiwaitara, and kauwhau, whakapapa, and rāranga kōrero. Stories vary from iwi to iwi, hapū to

hapū and whānau to whānau and many a story possesses its own wairua and mauri (life force).

Narrative Inquiry also has congruence with nursing practice; nursing is an oral culture just as Māori is an oral culture therefore the utilisation of both Narrative Inquiry and Kaupapa Māori compliment each other. Maher (2003), extrapolating on the use of narratives in nursing proposes that narrative or story-telling is a time-honoured tradition. As a nurse with many years of experience I believe that as nurses we are in the privileged position of being able to listen to our patients' stories and the stories of their families and friends. Narrative is a way of highlighting aspects of a person's experience that cannot be fully realised within the positivist model of research which focuses on rational understanding and scientific control (Wilshire, 1995). It has the potential for researchers to enter vicariously into the lived experience described. When narratives are utilised for research purposes, in-depth interviews uncover personal stories (Hutchinson, Wilson and Wilson, 1994). Morse (1988) mentions that interviews encourage participants to tell the whole story rather than bits and pieces. The reader is led to a more complete and comprehensive understanding of the situation or event being studied. Fairbairn and Carson (2002) suggest that storytelling in nursing research be viewed as a two-way process of listening and learning from each other and, less as a method of obtaining data.

A number of advantages for using narrative knowledge identified by Lyotard (1979) are firstly stories such as myths, legends and apocryphal tales bestow legitimacy on social institutions or represent positive or negative models. Secondly narrative lends itself to a great variety of language games, and thirdly narrative knowledge is inclusive. Narratives carry with them messages about the culture in which they are being told and the listener is just as important as the teller. Therefore utilising narrative as a methodology to me honors nursing as no other methodology does because it recognizes and makes our stories and the stories of our patients legitimate. Suppression of the narrative form is accompanied by suppression of nursing 'know how' and tacit knowledge that

Benner (as cited in Rolf, 2000) defines as intuitive expertise. Myers (2002), defines intuitive expertise as: “we have two minds – two ways of knowing, two kinds of memory, two levels of attitudes. One is above the surface, in our moment to moment awareness and the other is below, operating the autopilot that guides us through most of life” (p.33). That is how it is for us as nurses. Over time, the more we practice the more intuitions slip into our awareness developing expertise and creative inspirations. Throughout our caring experiential encounters, we acquire practical intuition that is subtle, complex, ineffable knowledge which guides us in our decision making. Narrativity according to Walker (as cited in Rolf, 2000) is more than just another research method: it is a “methodological imperative” because it enables us “to ask critical questions of the significant and (seemingly) inconsequential moments of our histories and the ways those histories inform and inflect our individual and collective understandings as nurses” (p.83).

For me as a nurse researcher who happens to be Māori I have been enthusiastic to have entered the stories of each of the Pūkōrero I have interviewed and they themselves have also been willing enthusiastic participants. Reflectively it has been therapeutic for me because it renewed the experience and insight gained from journeying with my whānau member and enabled me to connect with the Pūkōrero in a therapeutic way. It has been therapeutic for the Pūkōrero because they shared with me their feeling of ease in my presence. My enthusiasm of choosing to use narrative inquiry as a methodological approach is based on “seeing the experience to be uncovered as having multiple meanings and open to differing interpretations, so that no one experience is reduced or objectified” (Maher, 2000, p.13). Narrative Inquiry suited me because it fits congruently with Kaupapa Māori. Not only is the narrative process a truly meaningful experience between the researcher and the research participants, but meaning can also be shared with others who may relate to the telling of the experience (Lumby, 1994).

Whakamutunga : Conclusion

This focus of this chapter has been to extrapolate on the philosophical underpinnings of Kāupapa Māori and Narrative Inquiry. The discussion is supported by the work of notable scholars in Kaupapa Māori and Narrative Inquiry throughout. Sharing narrative and meaning leads into chapter four, which contains my rationale for using the mixed methodological approach of Kaupapa Māori and Narrative Inquiry to engage with the Pūkōrero.

WĀHANGA TUAWHA : CHAPTER FOUR

Whakatuwheratanga : Introduction

E tipu, e rea,
Mo nga rā o tōu ao;
Ko tō ringa ki ngā rākau a te Pākehā
hei ara mō tō tinana,
ko tō ngākau ki ngā tāonga a ō tīpuna Māori
hei Tikitiki mō tō māhuna;
ko tō Wairua ki tō Atua,
nāna nei ngā mea katoa

Grow up and thrive for the days destined to, your hand to the tools of the Pākehā to provide physical sustenance, your heart to the treasures of your Māori ancestors as a diadem for your brow, your soul to your God, to whom all things belong, (Karetu, 1996).

The essence of this whakataukī by Sir Apirana Ngata refers to the application of the tools from the worlds of Te Ao Māori and Te Ao Pākehā admonishing us to use these to sustain us throughout life. In other words we are to make the best of both worlds. His words provide me with the platform on which I base my rationale to use a mixed methodological approach to this work. Having extrapolated on Kaupapa Māori and Narrative inquiry in chapter three a mixed methodology of Kaupapa Māori and Narrative Inquiry was adapted to undertake this study. The merits of both approaches are discussed at length in chapter three. This chapter is divided into two parts. Part A contains my rationale for why I chose to use a mixed methodological approach of Kaupapa Maori and Narrative Inquiry, and Part B discusses the way the research was conducted.

Huarahi Whakatutuki : Methodology

Wāhanga Tuatahi : Part A

The reason I chose Kaupapa Māori for this work is because of its compatibility with my own cultural values and beliefs of being Māori, and because I wanted to work with Māori in the way that was compatible and empowering for us both as Pūkōrero and researcher. Kaupapa Māori honours us both. Smith (as cited in Cunninghame, 1995) describes Kaupapa Māori research as: “research by Māori, for Māori and with Māori” (p.402). Reid (1998) ascertains that Kaupapa Māori

challenges a universal approach and argues that the theoretical approaches of a variety of disciplines fall short of being able to address Māori needs or give full recognition of Māori culture and value systems.

As discussed in Chapter Three, Kaupapa Māori refers to the culturally derived philosophy underlying all aspects of Māori ways of being, relating and working and is an intrinsic determinant to the health and well being of Māori. The utilisation of Kaupapa Māori is a way forward to determine, enable and empower Māori health restoration and survival. Māori Abacus Counselling and Training Services Ltd (2004) found that cultural responsiveness in treatment is seen as favourable and that treating cultural congruence in alcohol and other drug programmes offers better treatment outcomes. They comment that: “in New Zealand, there is a lack of literature relating to the effectiveness, outcome and cultural congruence of addictions treatment” (p.38). Therefore in addition to exploring the experiential journeys of the four Pūkōrero to ascertain the keys to their success, the intention of my research is to produce literature that relates to the effectiveness, outcome and cultural congruence of addictions treatment given there is an apparent lack of current data to complement existing literature.

The research process for my project is Narrative Inquiry through Kaupapa Māori using whakawhanaungatanga and whakapapa as the vehicle Māori to establish familial relationships and bodily links. Literally whakawhanaungatanga means a relationship through whakapapa that is blood linked. Therefore whakawhanaungatanga is the process by which relationships are established by being able to identify through culturally appropriate means one's bodily linkage/genealogy, engagement, connectedness, and commitment to other people. For Māori people according to Bishop (1996), “the process of whakawhanaungatanga identifies how our identity comes from our whakapapa and how our whakapapa and its associated rāranga kōrero link us to all other living and inanimate creatures and to the earth we inhabit. Identity is part of us” (p.215).

Kaupapa Māori research according to Milne (2001) is “all encompassing and the best methodologies, skill mix and technology can be used to further enhance or achieve the kaupapa” (p.19). For this research it is the gathering of the stories of Māori who successfully detoxified and recovered from alcohol and other drug addiction working in a culturally safe and empowering way. Whilst Kaupapa Māori is firmly based within the realities and preferences of Te Ao Māori it allows for (Robertson, 2005) “the integration of elements of compatible western methodologies” (p.4).

Narrative Inquiry methodology was used to enable a range of the Pūkōrero stories of their experiences to be drawn out from the health care environments in which they were clients. Polkinghorn (1988) asserts that narrative is the fundamental scheme for linking individual human actions and events into interrelated aspects of an understandable composite. Narrative analysis therefore is a first person account by research participants of their experience in relation to the topic in this case the journey through the landscape of alcohol and drug addiction to recovery. With my study, narrative analysis sat within the qualitative paradigm focused on the whole person’s account of events, situations and experiences (Misler, 1986). Parts of the whole account and the stories themselves became significant as they were placed in the whole narrative. Reissman (1993) suggests narratives are interpretive and by definition require interpretation. Stories are contextually bound, historically, culturally, politically and socially. Narrative Inquiry research sits within an interpretive framework where text is gathered, interpreted, reinterpreted and given meaning from the subjective position of the researcher. Narrative analysis for this study therefore was fitting because it incorporated notions of the relationships between the Pūkōrero and myself as the researcher. Value and meaning were added to the idea of constructed narratives between the researcher and the participants (Bell, 1999). Bell views the role of the interviewer as being important in constructing the interview because the social role position of the interviewer helps to construct the social context. Narrative Inquiry required me as the researcher to work collaboratively with the Pūkōrero to ensure power imbalances were monitored so

that Pūkōrero retained control of their part of the process. Through establishing relationships with the Pūkōrero the sharing of power and control over the research process has been facilitated giving credence to the term mentioned by Bishop (1996) of ‘participant-driven research’. I chose narrative so that I could gain a rich perspective of the Pūkōrero reality and have a holistic and dynamic view of my research topic. As the researcher I was involved physically, ethically, morally and spiritually in the research process described by Bishop, (1996) as “researcher involvement as lived experience” (p.216).

Wāhanga tuatahi - Part A of this chapter discussed my rationale for the use of the mixed methodological approach of a Kaupapa Māori and Narrative Inquiry for my research work and this thesis. The discussion is supported by scholars of Kaupapa Māori and Narrative Inquiry. Part B discusses the Huarahi Whakatutuki/Method, Tika Wkaarohanga/Ethical Considerations, Whakaaetanga me Muna/Consent and Confidentiality, Te Tiriti o Waitangi Considerations and Obligations, Whakaritenga Kōwhiritanga/Selection Criteria Whakaritenga Whakauru(tia)/Inclusion Criteria, Whakaurunga/Recruitment, Whakaaturanga Kohinga/Data collection, Whakaaetanga/Consent, Ngā pātai /Interview Questions, Tuhinga Kōrero/Transcribing, Whakaaetanga me Whakaputu/Consent and Storage of Data, and commencement of Tātaritanga/Data Analysis.

Wāhanga Tuarua : Part B

Huarahi : Method

The title He rerenga kōrero tenei pa ana te haerenga a ngā kahungatānga means narratives of experiential journeys through detoxification and recovery from (alcohol and other drug) addiction. When I commenced this work I visualised a Title that would appropriately describe the essence of this work. I then made contact with my Kaumātua (mentioned at the very beginning of this study) who confirmed what the title of this thesis should be. The title is reflective of his in depth insight, passion, commitment and dedication which will enable improvement in the health outcomes of our people and he was pleased to be involved in guiding me with my work. The importance of having a kaumātua for

this work is clearly described in Irwin's (1994) definition of a Kaupapa Māori research model as being research which is 'culturally safe' involves the 'mentorship' of kaumātua, said to be culturally relevant and appropriate, while satisfying the rigour of research, and which is undertaken by a Māori researcher, (p.27).

The term Pūkōrero, synonymous with participant, was created by one of the participants, who during my initial approach for her to be involved in the research, and in response to my query about what she considered to be a suitable name for the storytellers suggested Pūkōrero. Pū meaning the source and kōrero talk/discussion. The term resonated with me and seemed most appropriate to honour the storytellers.

Questions in the form of objectives were used to guide the research process; to identify the positive aspects of each individual's detoxification programme; to surface barriers and issues experienced by each Pūkōrero, and to explore and clarify the support each Pūkōrero received throughout the detoxification and recovery process. Before I could commence the research with the Pūkōrero I submitted a 'National Application Form for Ethical approval of a Research Project,' to the Nelson Marlborough Regional Ethics Committee because of their regional protective role of participants where the study is based. The Ethics Committee focused on three key areas; privacy, consent and harm. In terms of harm they needed to know from me how anonymity and confidentiality of the research participants would be maintained. The committee also required confirmation that processes were in place to ensure participants received adequate information to enable them to make informed decisions to consent to the study. Finally the committee required clarification about how the participants would be treated by me to ascertain whether the research process and its outcomes would harm the participants - physically, socially or psychologically. I responded to their questions, completed the application and attached letters of support from iwi, hapū, whānau, fellow Māori health researchers, alcohol and

drug counsellors, Māori health workers and nursing colleagues with my submission.

Tika whakaarohanga : Ethical Considerations

To ensure maintenance of ethical approval the key ethical considerations were confidentiality and safety of Pūkōrero. Being a member of the Nelson Marlborough Regional Ethics Committee and well acquainted with the National Standards for Ethics Committees (1996), Health Research Council's Guidelines for Researchers on Health Research involving Maori (1998), Health Research Council's (2004) health strategy to improve Māori health and well-being, the work of Rogers & Niven (1996), and Tolich (2001) prepared me for ethical concerns such as informed consent. Further ethical considerations for the study include confidentiality and Te Tiriti o Waitangi considerations, integral to any research with Māori.

Whakaaetanga me Muna : Consent and Confidentiality

Titiro, whakarongo and kōrero as discussed in chapter three refer to our need to watch and listen to facilitate the process of informed consent. This might be about discovering who will provide consent, or it might be a process that takes place at the level of whānau or iwi (Cram 1996). With Māori health research collective ownership of information is a major point of difference to western views of information and data gathering, the focus of which is on the individual. Māori consider that Whānau, Hapū, Iwi and urban Māori be treated the same way as individuals. Informed consent, maintenance of confidentiality, ownership and guardianship of information all relate to, 'who are the kaitiaki, the caretakers, of knowledge and resources?' Cram (as cited in Tolich, 2001 p.45). Māori have practised kaitiakitanga for thousands of years and thereby protected and cared for our environment, our heritage (Tolich, 2001). Furthermore the rationale for the practice is to ensure the protection of the mauri or life force of all things inanimate and animate. It is this protection that safeguards us in our research practice. It was essential therefore for me to seek support from appropriate kaitiaki Māori representatives of Whānau, Hapū, Iwi and urban

Māori of Nelson Marlborough -Te Tau Ihu o te Waka a Maui [Top of the South Island of New Zealand] because of their vested interest of viewing any type of research on Māori as being beneficial to improving health outcomes for Māori, in the same way that individuals provide permission for their personal data to be used. Letters of support for this work have been most enlightening and like glad tidings to my heart has been the strength of support expressed by Iwi, Hapū, Whānau, fellow Māori health researchers, alcohol and drug counsellors, Māori health workers and nursing colleagues (appendix 1a-1f).

Trustworthiness of the research will be maintained through my engagement and ongoing communication with the Pūkōrero. Pūkōrero will be offered the option of having Whānau support present at their interviews but may choose not to. Not having Whānau present enable Pūkōrero to freely share their stories from their own reality without the contributing pressure of having to alter or change their stories so as not to offend the Whānau. Because the Pūkōrero group is small, pseudonyms are used to protect the identity of each Pūkōrero to maintain confidentiality, privacy and identifiability.

Te Tiriti o Waitangi Considerations and Obligations

Te Tiriti o Waitangi [The Treaty of Waitangi] signed in 1840 is affirmed by the Government as being the founding document of our country.

The government affirms that Maori as tangata whenua hold a unique place in our Country, and that the Treaty of Waitangi is the nation's founding document. To secure the Treaty's place within the health sector is fundamental to the improvement of Maori health Shipley (as cited in Nursing Council, 1996).

Intrinsically implicit in Te Tiriti o Waitangi [The Treaty of Waitangi] relationship, Māori are the partners with the crown therefore the crown has a responsibility to provide Māori with the protection promised and needed to enable the restoration of rangatiratanga (self determination, control and self esteem), health and well-being. Māori health has been a consideration since the initial drafting of Te Tiriti o Waitangi in 1840 (HRC, 1998). Article two of Te Tiriti articulates the retention of Māori control (tino rangatiratanga) over Māori resources which includes Māori Health Research, and article three provides

Māori with the right to a fair share of society's benefits. Having read the Health Research Council's (HRC) (1998) Guidelines for Researchers on Health Research involving Māori, and the HRC's (1997) Guidelines on Ethics in Health Research considerations and obligations regarding Te Tiriti o Waitangi, I believe this research will impact positively upon the Pūkōrero and will influence those who read this work. This work is directed at resolving health issues for Māori and it is hoped will result in health gains for Māori. As a Māori researcher working with Māori my role is to ensure Kaupapa Maori me whakawhanaungatanga is adhered to, thus respecting the mana and rights of Pūkōrero. To ensure mana and rights of Pūkōrero are maintained a number of considerations require attention, these are outlined in the following section.

Ethical implications implicit in Te Tiriti o Waitangi include: **Respect, Justice, Cultural and Social responsibility.** **Respect** for individual persons and Māori collectively includes Whānau, Hapū, Iwi and urban Māori or the Māori community. For me the utilisation of Kaupapa Māori kanohi ki te kanohi enables the recognition of all Pūkōrero rights such as personal dignity, privacy and autonomy to be respected. Pūkōrero were provided with the option of whether or not they wished to participate and the right to withdraw. **Justice** for Māori includes respect for the partnership, participation and protection and this was maintained ongoingly throughout our working together with effective communication being the key to our relationship. The origin of justice for Māori health and well-being is enshrined in the Preamble of Te Tiriti o Waitangi "anxious to protect their rights and property," and "to secure to them the enjoyment of peace and good order." **Cultural and social responsibility** again implicit in Te Tiriti o Waitangi for Māori, is about respecting the cultural diversity of Māori. Each Pūkōrero came from a different background given their age differences and their papa kainga. A gift of appreciation or koha was offered to Pūkōrero to acknowledge their gift of time and transport costs. However the main koha for me will be their receipt of a copy of this work completed.

Once ethical approval was received from both the Graduate School of Nursing and Midwifery Victoria University of Wellington and the Nelson Marlborough Regional Ethics Committee my research began. The aim was to gain insight and understanding into the shared experiences of four Pūkōrero Māori, two wāhine and two tane, and find answers to my questions.

Whakaritenga Kōwhiritanga : Selection Criteria

The intended recruitment number of participants initially was five. Then when I met with my supervisor and mentioned I had only been able to recruit three Pūkōrero (two men and one woman) she suggested I find one more woman. We mutually agreed that four Pūkōrero would provide ample evidence to gain an insight into their journeys through the 'landscape' of alcohol and other drug addiction in response to the research questions.

Whakaritenga Whakauru(tia) : Inclusion Criteria

Validity and authenticity of the work has been maintained through using a Kaupapa Māori approach to work with Māori. Because this work was by Māori for Māori the inclusion criteria was Pūkōrero were to be of Māori descent, had successfully completed a detoxification programme, recovered and be currently alcohol and drug free/or been alcohol and drug free for the past 3-5 years. The reason for stating 3-5 years is because this allocation of time aligns with strategic plan development for hauora Māori improvement.

Whakaurunga : Recruitment

Three of the participants were known to me because of our collaborative work in Māori health, however, I was unaware of their own personal histories regarding alcohol and drug use in their own lives. During discussions at forum and hui, friends and colleagues engaged in hauora Māori work were informed of my intention through research to collect stories on Māori who had successfully detoxified and recovered. They were also informed of the need to gather positive evidence on improvement in health outcomes for Māori. Names of possible Pūkōrero were then referred to me. I met the fourth Pūkōrero during a caring

encounter while working as the relief after hours co-ordinator at the hospital where I was based. I was informed of this participant's history of alcohol and drug usage by the person's relative. Knowing that I required another participant, one of the three Pūkōrero with whom I had already worked, mentioned a relative who had enthusiastically verbalised a desire to establish a supportive residential facility to help those wishing to be free from their addiction problems and associated issues impacting upon their lives. I then approached the fourth Pūkōrero who considered the request an honour.

My initial approach with Pūkōrero was by phone to ascertain their interest and request whether they wished to participate in the research, and a time and place for us to meet *kanohi ki te kanohi* (face-to-face) for the interviews were arranged. Mutually agreed upon times and places were chosen by Pūkōrero thus enabling Pūkōrero to maintain power and control over the process. We then met at a time and place chosen by each Pūkōrero to initiate the process of *kōrero*. The focus of each individual hui held separately with each Pūkōrero was sharing their stories of their own journey's through their 'landscapes' of detoxification and recovery from alcohol and other drug addictions.

Whakaaturanga Kohinga : Data collection

Kōrero: Narratives/Stories

The timing of interviews between the Pūkōrero and myself was from thirty minutes to five hours as this time allocation met the needs of both Pūkōrero and myself as researcher. This section briefly describes the process that was used for the unique encounters with each individual Pūkōrero. The *kōrero* (interview) took place at the time and place designated by Pūkōrero. Upon my arrival at our place of interview in keeping with *Kaupapa Māori* we began with a *paku mihi* (brief greeting) initiated by myself, *Kia ora* (hello) *Ingoa* (name) o te Pūkōrero (of the person). *Ngā mihi mahana* (warm greetings) *ki a koe* (to you). *Ingoa o te Pūkōrero*. *Kei te pehea koe e* (how are you) *me tōu whānau hoki* (and your family)? *E pai ana ne* (well)? *Timata Karakia ne* (Shall we begin with a prayer)? The response was always resoundingly yes! *Mihi* and *Karakia* enable the *Wairua*

release of the spiritual element, the force outside of ourselves, outside of the individual and outside of a person's control but very much influencing the person's responses. Recognition too that God is ever present and always available to assist man for man is a sacred being. Mihi and karakia are expressions of the Wairua in action for Wairua is ever present and the acceptance of Wairua with its impact on spiritual things is a normal part of everyday life for many Māori. Wairua to me is about possessing respect for God, all people, our environment, the elements, and one another. It encourages aroha and understanding to flow, bathe and nurture us all.

Whakaaetanga : Consent

Having been verbally informed by me [phone and face-face] of the interview and informed consent process prior to our meeting, the Pūkōrero were given the Whakamōhiotanga mo Pūkōrero/Information Sheet (appendix 2) for participants to read. During this time they were encouraged to comment on any queries that required clarification by me which I endeavoured to respond accordingly. Pūkōrero were given the Whakaki Whakaaetanga/Consent Form (appendix 3) to read and sign. They were also supplied with a copy of Whakaki Whakaaetanga/Consent Form (appendix 4). The interview begins with, Kōrero mai ki au mo tōu haerenga mo tōu kahungatanga. Tell me about your journey from your addiction/s.

Ngā pātai /Interview Questions included:

1. A hea i tīmata ai? When did it start?
2. Ki hea i tīmata ai? Where did it start?
3. Nā te aha? Why? How?
4. Nā wai koe i ārahi me whakamārama? Who led you and showed you?
5. A hia ngā tau nāianeī? How many years now?
6. E hiahia ana koe ki te korero ētahi atu? Do you want to talk some more?

Time allocated for sharing and hearing narratives was between one to two hours determined by each Pūkōrero and myself. The interviews varied between half an hour to two hours plus. Narrative Inquiry methodology enabled a range of the

Pūkōrero stories of their experiences to be drawn out from the health care environments in which they had been clients. Preference for the type of data collection [oral via audio taping/written note taking] was sought and determined at commencement of each hui by each Pūkōrero. Working collaboratively with the Pūkōrero preference was given to audio taping the kōrero between the Pūkōrero and myself as opposed to the imposition of extensive note taking which would have been distracting for Pūkōrero as well as distracting and disabling for me as the researcher to be an attentive listener. According to Irwin (1994) we give the people we are visiting and meeting the power to define how we should conduct ourselves when in their areas. Prior to concluding our kōrero, Pūkōrero were informed they would be given their transcribed data to read and comment on to check the accuracy of the data collected. They could make any necessary changes then return the transcripts to me for writing up this work. In keeping with Kaupapa Māori our kōrero closed with karakia.

Tuhinga Kōrero : Transcribing.

I commenced transcribing the data as soon as I was able, but because of the time constraints I chose to kōrero with an astute colleague who also happened to be a Māori health researcher about my dilemma. She suggested I employ someone to transcribe for me. To ensure ethical consideration was maintained I developed a confidentiality form for the transcriber (appendix 5) to read, agree to, and then sign. Each Pūkōrero was notified by phone, informed of my intentions and agreed with this change in the process. Copies of the completed confidentiality form were sent to my supervisor and the Ethics Committee. Two to three weeks were allowed for the transcriptions to be completed. When the transcripts were completed they were checked for verbatim accuracy with the audio recordings and for any typographical errors. Copies of the completed transcripts were sent to each Pūkōrero to read, correct and return to me within four weeks. Returning the transcripts was a way of ensuring validity of the narratives of what each Pūkōrero said. A reply was received from only one Pūkōrero who assured me that she was satisfied with her transcript. I made an attempt to contact the remaining Pūkōrero by phone, but when no further contact or response was

received from these Pūkōrero, I then interpreted this to mean that the remaining transcripts were okay. My interpretation was based on my own cultural knowledge that for some Māori people, once they have given their approval for the work to be carried out they place their confidence in the researcher to continue and complete the work.

Whakaaetanga me Whakaputu : Consent and Storage of Data

Data (participant information, consent forms, interview responses both written and taped) were stored in a locked cabinet in my business office to ensure safe keeping. Copies of the Whakamōhiotanga mo Pūkōrero/Information Sheet, Whakaki Whakaaetanga/Consent Form and Ngā pātai/Interview Questions are included in the appendix of this work.

Tātaritanga : Data Analysis

Already mentioned in Part A of this chapter, as the researcher I was involved physically, ethically, morally and spiritually in the research process described by Bishop, (1996) as “researcher involvement as lived experience” (p.216). With the narratives of the Pūkōrero as the data I listened to the recorded data several times and visualised each individual Pūkōrero encounter. I read the transcribed data on its own without listening to the recorded kōrero to presence myself into the mahi once again. Then I listened to the tapes and read the data at the same time. Again this enabled me to be present with the work and reconnect with the Pūkōrero in their own individual environments. At the same time I was able to presence myself to feel and identify with the Pū [source] of their kōrero because their individual narratives were similar to my own narrative of growing up in an environment influenced by the use of alcohol and later drugs. Their stories resonated with my own. Each transcript was read and reread by me to identify commonalities.

Whakamutunga : Conclusion

From each transcript I made notes and found the common themes of Wairua, Whakapapa and Whānau emerged from the data. My reason for mentioning these

three themes is because these themes became clearly apparent from my conversations with each Pūkōrero as well as from the written data. Each Pūkōrero reiterated the importance of: regaining their Wairua/spiritual connection as being their source of strength, their Whakapapa/identity of wanting to know more about their genealogical connections, and each expressed the desire of needing to regain their responsibilities for their Whānau. Accuracy for the themes of Wairua, Whakapapa and Whānau were confirmed by each Pūkōrero during our chance meetings as invited guests at a whānau wedding, anniversary, and health hui. An in depth discussion on data analysis is contained in chapter six of this thesis, and to honour the Pūkōrero, chapter five is dedicated to each ones' story of their experiential journeys through their 'landscapes' of alcohol and other drug related detoxification and recovery programmes.

WĀHANGA RIMA : CHAPTER FIVE

Whakatuwheratanga : Introduction

This chapter contains excerpts from the narrative transcripts of each Pūkōrero which are arranged sequentially congruent with the occurrence of each interview. The sections in italics are written verbatim [word for word as spoken by Pūkōrero] to maintain the authenticity and essence of each journey. To maintain confidentiality and privacy pseudonyms have been used for each Pūkōrero. In keeping with Kaupapa Māori I chose to use the conceptual term of rāanga kōrero to describe the weaving of the conversations from the kōrero [interviews] between the Pūkōrero and myself. At the conclusion of the chapter similarities and differences between the narratives are discussed briefly.

Rāanga Kōrero : Conversation Weaving

Kaupapa Māori created the whariki for the rāanga kōrero to occur. As researcher I agree with Minichello, Sullivan, Greenwood and Axford (1999) who define narratives as life stories which focus on personal experience with the main purpose of how these events affect people and what meaning people give to such events. During te rāanga kōrero, my role as researcher was to be an attentive listener to the stories each Pūkōrero told so that the kōrero could be interpreted in such a way that the stories provide an accurate representation of what has been told.

Ngā Hāerenga o ngā Pūkōrero : Journeys of the Storytellers

The first journey is about Henare, who was the first to be interviewed. Followed by stories from Kōtiro, Tama and Rae, who were interviewed in this sequence.

Kōrero ā Henare : Story from Henare

Henare shared his whakapapa by saying:

Pretty much my story starts I guess from the place where I'm from, my Mother is Māori, Ngati Kahungunu, and my Father part Māori, part European, my Mother the strongest in terms of her Māoritanga was a fluent speaker of Te Reo Māori but obviously grew up in that era where Te Reo was discouraged throughout her education consequently her reo wasn't spoken out so loud to us.

Henare is from a Whānau of seven older sisters and one younger brother and like many families during the 1960s the whānau left their rural community and moved to the city in search of work. Both parents found work, one in the freezing works and the other in a factory. Henare said that his parents were hard workers and he guessed they had to be with the amount of kids they had in their family. He stated they also 'played hard' saying:

...so growing up in our family, it was quite a common place to see Mum and Dad drinking with their mates after work. I began to see...there was a bit of a pattern about Mum and Dad's relationship to work and their use of alcohol.

He went on to say that some weeks they never got to see their parents because they went to work and from pay day onwards they would be visiting pubs after work and sometimes would bring parties home or go to friend's places for parties. The negative sides of those parties was being woken in the night by screaming, yelling and fighting. He also recalls being left in the car in the car park at the pubs. Henare mentioned that at the time he did not ever see they were neglected because as children they were independent enough to go down to the river or look around at things around the pub but he feels sad that they weren't able to have the type of relationship with his parents that they would have liked. He recalled as an early teen the death of one of his uncles as a result of having a failed liver and he remembers his uncle's visits were associated with alcohol consumption but he also talked about the happy times associated with drinking like hearing for the first time a lot of the Māori waiata. He remembers sneaking a few drinks himself and wanting to know what alcohol tasted like and at 8 years old he consumed a half a bottle of beer resulting in him experiencing acute intoxication which he says helped him to understand what his parents were doing. So he began drinking on a regular basis at the age of 12, access to alcohol wasn't a problem because there were plenty of people outside of the bars on Friday nights they were able to give their money to and they would come out with a crate of beer. At the age of 15 or 16 Henare started to think about the detrimental affects of what alcohol was doing. He had seen his Mum and Dad fighting a lot and they only appeared to have their raruraru (quarrels) when they were drinking and when they weren't drinking they were fine.

...I remember, I would say to myself I would never turn out like my parents and to my horror and dismay I was slowly becoming a lot like them. At 15, 16 alcohol was a fairly common practice in the weekends. Cannabis was a fairly new thing back then....1980s...

Henare experimented with cigarettes, cannabis, sniffing petrol or lighter fluid and remembers not so good memories of indulging in the latter practice. At age 16 he was a regular drinker of alcohol till intoxicated at weekends and at 17 was “hooked on” or regularly used cannabis. At age 21 Henare said he was engaged in “wheeling and dealing” of cannabis either for cultivation or stealing for his own use as well as selling to his own mates. During this time Henare became a father he and his partner continued to use alcohol and drugs. He worked at seasonal jobs and was on and off the dole for a period of five years. As a 21 year Dad, Henare on reflection said at that time he possessed the mentality of a 15/16 year old and enjoyed the good times of partying, drinking and drug taking, but at the age of 25 things started to go wrong for him. When Henare first met his partner she was not a regular alcohol and drug user but soon became a user herself by association. Basically there came a time in Henare’s life that he wanted to be a responsible parent especially now that he had three children. He states that he didn’t really have a problem with alcohol but was addicted to cannabis. Pressure was brought to bear upon him to make changes by his partner. Connecting with his wairua and finding God changed his life. He believed he didn’t need counsellors or support people because he was able to turn his life around through faith and he poured his energy into church work. Later he went to work for a Māori health organisation and was given the opportunity to do some formal training and believed he could assist people to deal with their own addictions because he was familiar with the journey they had made. Today, Henare works with Māori as an addictions counsellor supporting those on their journeys to be free from their chemical imprisonment. He is a wonderful role model for those who wish to emulate his success.

Kōrero ā Kōtiro: Story from Kōtiro

Our kōrero was initiated by Kōtiro who said “where do you want me to start?” My response was, “you can start where you want to.”

Kōtiro responded by saying,

I didn't know I actually had a problem because I don't use or drink alcohol, I didn't do drugs, I didn't realise I had a problem.... My children were in total chaos. The kids were total wrecks, they were using, they were drinking. We were all living together and this is when they were all teenagers and the whole family was dysfunctional.

Kōtiro went on to say that somebody who had moved in with them kept saying to Kōtiro that her behaviour was unacceptable and that after hearing what was being verbalised to her repeatedly she began to question that perhaps there was something in what he was saying. The person himself had recently come out of a residential programme and told Kōtiro that the behaviour she was showing was the behaviour of an addict. Kōtiro said that she needed to identify the behaviour for herself. She then made contact with a counsellor. Kōtiro said that she also did a bit of research of her own into how she could be an addict when she did not use alcohol and drugs. She said that she looked at her behaviour and her children's behaviour and it was the same. "*Rite tonu...same ae.*" Kōtiro was assessed by a professional counsellor and was diagnosed as a 'dry drunk' or co-dependant- someone who had come in contact with another drug addict. Kōtiro was admitted into the residential centre as a 'dry drunk' and following her assessment which took an hour and a half was informed by the counsellor that she was not co-dependent.

I thought wow, thank goodness for that. When can I go home? You can't. Because I have assessed you as an alcoholic and a drug addict from the questions that you've answered.

Kōtiro said that she asked for a second opinion so that she could be assured that she was not an addict or alcoholic. However, she realised that she did have a problem and it was hard for her to make other members in her group of fifteen, all Māori, believe that she did not use or drink because they were all using addicts. She said she took pleasure in blaming her past on the fact she was an addict. It was then she started her journey in to recovery.

One of the things they made me do at the residential was to do a whakapapa and find where it started from because for me to have that kind of behaviour means it was taught to me. Because it's not normal behaviour. So I looked at my parents and both my parents don't use, they don't drink, they don't smoke. They never did anything, I thought. Only to find out my father before he met my Mum used to drink whiskey, and he stopped when my Mum become pregnant with my

older sister, but through going and doing all the research that I'd done with alcoholism and behaviour, I'd realised that my father had given up the alcohol but he hadn't given up the behaviour that goes with it. So I went another step back and looked at both my grandparents from both sides and my grandfather on my Mum's side was an alcoholic and same goes on the other side, my Dad's side, they were binge drinkers, so anyway it went right back and it goes back to when the Scotsman first came to New Zealand. Anyway the males in both whakapapa lines were either addicts or were alcoholics.

Kōtiro went on to say that their partners were not drinkers but that when one lives with an alcoholic one learns how to be an alcoholic by just being with them; one learns the games, the tricks, how to manipulate somebody so that somebody gets hurt.

...then do things like hiding stuff so the kids don't become aware of what's going on, and all the mothers all the way through have taught their children these behaviours. The males all tended to turn to alcohol and drugs cause of the behaviour, but the women don't but it doesn't mean you are not affected. In fact it means that they're carrying, they're the ones that are carrying the disease and passing it on...

Kōtiro said her ancestor was a scottish whaler and her research into her whakapapa figuratively took her back to England where prior to James Cook coming to New Zealand she discovered that poorhouses existed and it was from a poorhouse that her ancestors left and came to New Zealand. The journey to New Zealand took four months they were provided with food that lasted only two months. During the remaining two months people were given a thimble of whiskey a day which kept them going until they arrived in New Zealand. According to Kōtiro, *"if they survived they were addicts and alcoholics."* Upon their arrival in New Zealand there was no land as promised so they fought and oppressed Māori for a piece of land because according to Kōtiro that was the only kind of behaviour they knew. As a result of her research Kōtiro realised that her children's behaviour was a direct result of her own behaviour which she says is still affecting them now. Her husband drank and used and manipulated situations when he wanted her to do something for him. She said that she learnt those manipulating games too to keep her husband at home. However jealousy and physical abuse came along with the alcohol and drugs and have been passed on to her children. *"Four years of me being in recovery has helped them immensely, but they need to go into recovery for themselves."*

Kōtiro said,

My Tipuna led me and showed me the way because I needed to go that way to end up being the person that I am today and I couldn't have done that any other way, I could have ended up dishonest, off the rails, abusing my kids if they hadn't taken me down the path they did. I went into A & D counselling to help with my recovery, cause I figure if anyone is going to help, it's being an A & D counsellor that's going to help the most. In the process of becoming a counsellor I wanted to do the reo to get myself better, once you start learning how to speak the reo you get back your mana, you start nurturing your mana, your essence starts growing and you start getting healthy because the reo has that, the reo has tikanga, the reo has everything that Māori needs. Maori need their reo because it's got tikanga in it, and that's what's been taken away from us and that's when addiction started. Our reo has got everything in it, nourishment.

Kōtiro said that four years seemed like 100 years to her because there was so much for her to grasp hold of. She needed to take responsibility for herself to find 'wellness,' stick with and exude it so that her children could see how well she was. During her eight weeks at the residential, Kōtiro was pushed to excel and the person who pushed her forward the hardest was someone from her own iwi. That particular woman shared how she herself lay awake at night crying because of how harsh she felt she needed to be in order for her people to heal themselves.

The powhiri process was used for Māori and most of the time waiata was used as a medium for healing. Karakia was used to ensure the safety of the participants in the programme. The whānau concept was also employed utilising tuakana me teina, so that the first of participants would commence the programme as the whānau and then become the tuakana to the new group, who would then be the teina. Each group had a head boy and head girl. Each group was led by a head person known as the hineora who was responsible for informing the participants about their individual responsibilities and commitment to themselves, other participants and to those in charge of the programme for the duration of their participation. Kōtiro felt that a barrier to her own recovery was caused by those who did not possess the same commitment to the programme as she herself had. During her time on the programme Kōtiro felt that she was not supported. However, upon reflection she felt that she was. She said the counsellors there

knew everything that she was going through, including the names she would call them and the behaviour she would exhibit.

In response to a question I posed to her pertaining to the usefulness of this research exercise, Kōtiro said that the research was definitely positive because not only was it about people hooked on drugs but it was also about the self-destructive behaviour addicted individuals possess. She recognises the behavioural consequences she herself had encountered and says that by being honest with herself, knowing that she could have been a casualty and she no longer wants to return there. Kōtiro shared an incident from her life with her husband which made her realise how unsafe she had been and how she could have lost her life as a result of her own behaviour. Behaviour she says relates to being a dry drunk. When asked if her husband hit her she said, *"a lot, but I stayed there."* By staying she said, *"I gave him permission to keep hitting me and it wasn't until he hit one of the children that I kicked him out."* Kōtiro said that worst damage for her children was their seeing their mother being bashed. Her eldest son tried to protect her by attacking her husband but he was traumatised in the process. Today Kōtiro is now involved in teaching te reo Māori and thoroughly enjoys her work. Her family too are settled.

Kōrero ā Tama : Story from Tama

In response to the question where did all this start? 60 year old Tama said,

I think it started when I used to watch my father. This started with my father. Now my father went overseas and when he returned home he frequented the hotels often. No matter where he worked, the associated fisheries hotel or for the meat works. He always seemed to go to a hotel.

When Tama was growing up, at the age of 16 he went to a party, tasted alcohol, liked the taste and effect of it and said he was blown away by it, *"it was like I was in another world."* He continued on his journey of alcohol and cannabis use and met and married his wife in 1971. Tama talked about his employment and working hard, then said that when work finished they'd sit down and drink. *"It seemed to be a custom. A habit."* Tama recalls how his wife concerned about his drinking and the impact his behaviour was having on her and the family, gave

him an ultimatum to get himself right or their marriage was over. Tama too, came from a home where alcohol was used by his father yet not by his mother. He talked about seeing his father and mother get into arguments and how he and his siblings rushed to their bedrooms fearful because they knew what the outcome would be. As he grew older Tama himself thrived on getting into brawls and fighting with others. At first he didn't like the taste of alcohol but then as time passed by he enjoyed the taste and enjoyed socialising believing that the consumption of alcohol was not only good for his image but was a way of being accepted by others. Convinced Tama had a problem with alcohol, his wife arranged for a member of Alcoholics Anonymous (AA) to visit. Tama was invited to attend AA after being informed by his visitor he had not met a Māori before. Tama attended AA meetings but experienced difficulty in sharing his story with others choosing instead to stay close to the door so that he could make a quick exit without being noticed. Even though he had been introduced to anti abuse and attended AA meetings regularly he still had a problem with alcohol and was sent to a residential to detoxify. At that time his children were 2 and 1 years old. Tama said,

So I went to...and I went there and worked the programme, because I was determined that I needed to be a better person, not only for wife, but for my children. Now the programme states that you go on this programme for yourself, you are there to get yourself better, no one else. But I went there for a different reason. I went there because of my children, because of my wife cause I wanted to do something for them and it worked for me.

Tama expressed his disappointment at there not being a Kaupapa Māori programme at the residential facility. He said the person in charge knew nothing about Māori so to compensate he said, *"there were 3 of us that were there that were Māori, we became close friends and we kind of stuck to each other."* During the first two weeks of the programme Tama encountered problems which curtailed his own routine. Tama said,

First two weeks you had to stay in the ground of the hospital. I said, "not on your nelly, first thing 5 o'clock in the morning I like going for a run, I set my pattern, that's what I am going to do."

The hospital attendant told Tama that he would have to go home on the next bus, and Tama responded by saying, *"that's fine by me."* Next morning when Tama

was preparing to return home, he was advised there had been a change of plans. Tama was referred to a resident doctor at the residential and was questioned about his sporting activities. The doctor said, *"I have got your report here and I see you play a lot of sport."* Tama said, *"yeah, I wanted to go for runs in the morning."* The doctor responded by saying, *"Look this is what I want you to do, I want you to run a sports committee here in the hospital."* Tama responded by saying, *"I thought I was going home."* The doctor replied and said, *"No, we have changed the plans."* Tama replied and said,

One of the reasons I don't want to be here is because I want to go for a run, I want to keep myself fit, I want to be able to do something for me to take my mind off sitting around and feeling sorry for myself.

And the doctor's response was, *"that's exactly what we want to ask you to do, we don't want to stop you."* Full of enthusiasm Tama set up and ran the sports activities during his time there. He was in the residential for 16 weeks and upon completing the programme he was determined never to return to his old way of life. When he was released Tama chose to find out more about his own whakapapa and during his exploration discovered the origin of alcohol usage in his own whānau. He said it began with his own grandfather and grandmother who were both alcoholics. The impact of colonisation affected them so much that land was sold in exchange for alcohol. Affected by his newly found knowledge about his tipuna Tama is determined to stay clean because family is now his priority and he says,

I used to get into a lot of trouble because of alcohol. Probably more stupid things, certainly not planned. But stupid things we did off the cuff. Haven't drunk or touched alcohol for 28 years. I am certainly glad that I turned my life around because I have seen a lot of people and a lot of friends who have died because of alcohol and family as well and you know it is not easy to kids see there is another way or a happier way of life.

Tama went on to say,

But for us as Māori it's certainly knocked our values and I think if we stick fast to Tikanga Māori, I think that would be the best whanau we've ever had.

Prior to relocating to Te Waipounamu, Tama worked as a rigger on an oil rig and during his time there he said there were many accidents and loss of life. He said

that his role was to ensure there were safe practices in place for the workers.

Tama comments,

What I do know about riggers is that they were using cannabis while on site. At the site there is about 6000 workers, so there was a big area to cover. If I could smell alcohol or cannabis I would send them home.

Use and abuse of alcohol and drugs by the workers was a concern for Tama who was now clean. While Tama was there his employer sent Tama to a course which enabled him to pursue a career as an alcohol and drug counsellor. Tama has been working as an alcohol and drug counsellor now for a number of years and says he enjoys his work although at times it can be very demanding.

Kōrero ā Rae : Story from Rae

Rae's narrative is longer than those of Henare, Kōtiro and Tama because the interview took longer and her transcript is more detailed. I first met Rae during a caring encounter while on duty at the hospital where I was working. Rae was in hospital receiving treatment for a chest infection, and exhausted also by her long return journey from overseas following the treatment of radical surgery for carcinoma of her right parotid and associated glands.

Rae shared about how she did not know how it started for her but then she was able to go back and 'dig up' the past and find out where and why because she had to. She said she had to go past all the stages of denial, pride and stigma before the healing could begin. Rae recalls how she was in recovery for a good eleven days to two weeks before she could focus enough to bring all that she needed to, to the surface, "*above all, I knew I wanted a healing,*" she said. With the process laid out before her she found some of it hard to accept in the beginning but she knew that she wanted to improve her quality of life. Rae readily admits that she found it hard to let someone else be in charge of her life because she says "*we've been the boss of our lives that's why we are alcoholics.*"

For Rae being a heavy drinker began when her husband was diagnosed with leukaemia. He died in 1981. Rae recalls how she felt bad because he had cancer,

and it appears that she was the last to know what was wrong with her husband. Prior to his death to comfort herself in her grief, loneliness and fear of impending loss of him she said, *"I began to hit the bottle extremely hard."* She was afraid she would wake up in the middle of the night and find him dead, *"so drinking for me was a way of anaesthetising myself so that when I woke up in the morning I could get out of bed, could go do something."* Rae said that she never saw the downhill slide. She was an emotional alcoholic because she held a fulltime job, held two jobs in order to support her children and keep them afloat.

But the alcoholism abuse got better, never liked beer, liked wine but I graduated from wine to hard liquor and I drank the choices as they call it 'the fire truck,' and that continued. The parties got longer, the drinking sessions got longer and pretty soon I had to drink in the morning in order to function during the day. I got so shaky and still trying to function with my children ... the way you see yourself and the way others see you is completely different.

Rae said that she had been still getting her children to where they needed to be. But soon she was asking other people to help and do that for her and that was *"okay", "trading favours especially with my friends, and they were happy to do that because they were alcoholics as well"*. With their drinking programmes in place Rae and her friends allowed themselves to remain alcoholics and says *"we were very crafty at it", and "boy they're so sharp"*. They would attend to their family responsibilities, then meet at a tavern, bar or restaurant, party all night, drink till 2.00am; this would be followed by going to each other's houses. Rae talked about the impact her drinking had on her children and how the abuse of the children as not being just physical but also emotional and mental. She thought she was doing a 'half decent job'. However, her children did not have the verbal skills to respond. *"You hurt everybody that's around you in one form or another."* She said she could not attend a wedding without longing for a drink and sitting in church for 45 minutes was too long.

My life was controlled by the bottle and here I am all this time thinking I'm the one in control. It was the bottle that controlled my, every move, my every emotion, all of that, so that in the year 2000 I went into recovery, to teach me how to control my life, or not control it, and it's more about giving that control over to someone else, I learnt that. You listen to me and to share my pain with people who spoke the same language.

She said that once she got there she realised that her life was “*pretty nice compared to some of them*”.

I just knew I'd be able to love it, I just knew I was in the right place and I was there at the right time, because I was ready to make the change. That's up to the individual you can't say to somebody, you have to stop drinking, you're killing yourself, you're ruining your family life and your self respect is now down the toilet and alcoholic kids themselves, that they don't realise they have lost and make for as many bad choices sexually or that financially, all that takes you to rock bottom. I was lucky enough to the point where I never had, as low as some of them did in their lives. I thought I was there, but apparently I wasn't as far down as others were, I was grateful for that.

Rae said that she began drinking at the age of 16 and as she continued her drinking she did not have the money for her “*device*” and could not manage financially. She drank to forget the pain and life's hurt. “*It happens to everybody sometimes loses someone dear in their life, they make mistakes. I couldn't forgive myself.*” Rae had lived overseas since 1965; loneliness and isolation from her immediate whānau added to her despair. Rae shared how she had been given a different way of looking at everything and said that as a child growing up with her father and mother there were always three sides to a story, “*your side, my side and the right side*”. Rae said that she needed to facilitate her own life by stepping into the other person's shoes and the hardest thing of all was to say she was wrong, admitting she had made a mistake. Then she needed to set boundaries around herself to “*stay*” what she termed “*the bad influences*”, and keep herself from choosing to go with the crowd or the majority so that ‘you don't really know who you are’. During her time in the programme Rae set short term and long term goals for herself, including how she would repay her financial debt; made a contract with herself to herself and said “*if I can't keep my word to me how can I expect someone else to believe what I say*”. The programme was about herself and what she expected of herself. They did not have anybody watching them because they were there because they wanted to be there. Rae learned to love herself again and was able to face the shame of facing the people she owed money, work with the people affected and over time was able to repay her debts.

Rae shared how she was the only child and her parents adopted a brother but the age gap was too large. He could not be a companion for her. She said she had a friend overseas who was also an alcoholic but they have grown apart. Rae had tried drugs, marijuana, methamphetamine but stuck with and consumed alcohol until she would pass out. She said she managed to get through a gallon of vodka and three packs of cigarettes a day and said that she had the *“audacity, to expect people to believe me, trust me, and like me”*. Rae needed to improve her quality of life because her children did not trust her with their children and she started to lose them because of her alcoholism. In her state of despair Rae telephoned a friend seeking her help to get into a home. It had taken her seven years to make the call. She says, *“this is the happiest day of my life, I get my health back”*. Rae called her daughter who had been attending Alcoholics Anonymous to learn how to deal with an alcoholic mother. Her daughter and husband took Rae to the rehabilitation centre. [Where Rae lived there were no Kaupapa Māori residential programmes]. Rae knew she had to get out of the environment she was in, she needed to be away from influence of her friends who were still drinking. Too ashamed about needing to go into rehabilitation, Rae asked her daughter to inform her employer. On arrival at the rehabilitation home and upon seeing the residents, her daughter feared for her mother’s safety.

Rae recalls how they went through her *“stuff”* and she was not allowed any sharp objects, nail polish, nail polish remover because there were those that were there with sniffing addictions. Residents were housed in three different houses and catered for three different lifestyles (pregnant mothers, all groups 17- 40, older women 40+). Boundaries were in place, such as no phone calls for the first ten days in or out of the facility. They were encouraged not to retain money or expensive jewellery and this was to discourage theft. Once a month the residents were taken shopping. On the last Sunday of the month their families would visit for two hours and Rae was able to enjoy a picnic with her family. However, the downside of the visit was her family’s bags were inspected to ensure they were not bringing in any alcohol to her. Routinely bags were inspected after shopping to ensure no alcohol or other substances, sharp instruments such as knives were

being taken in to the residential. During her time as a resident, Rae chose to learn about food health by participating in a course that would prepare her to live on the outside. She said they were all tested for AIDS, condoms were issued to residents when they left rehabilitation centre purposefully to reduce the risk of pregnancy and provide the person with the chance to heal. At times Rae experienced difficulty staying awake during group sessions but she soon got the 'hang of it'. After four to five days of being with mothers like herself she said she had been given back control of her life to a certain degree and she loved the structure and was doing what was expected of her. She was exposed to learning lessons of honesty such as finding pennies that had been deliberately left behind furniture while she was cleaning. The process of hiding pennies was instigated by the nun who had left the house for the continued work of supporting and rehabilitating addicts. It was about honesty, responsibility and respect. Rae enjoyed cooking and preparing meals, learning bookkeeping and spending time with others. She said that evaluating their days was integral to her learning and she relearned the importance of being focused on a day at a time and remaining within it.

Yesterday was gone, couldn't fix it, not even God can change that, you live within today and you never know what's gonna happen tomorrow, this is a gift that's why we call it the present, today is a gift. It's easier for us to stay in today and deal with today than try to live the past, the future and the present at the same time was a huge lesson for me, huge one, to take care of things here and now.

'God grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference'. This prayer became familiar to Rae and as time passed was easier to recite as it was used to commence every group meeting. All residents were given copies of 12 Steps, and Principals and Promises. Rae carried these books in her purse and close to her person, always referring to them if something was bothering her. Like other residents Rae took her responsibilities seriously and worked within the programme structure to be at meals on time, get up on time, make her bed, clean her room, shower, receive her medication from staff, attend to her allocated duty within the house, and then went to work. Residents attended meetings outside of the rehabilitation centre and often heard the stories of those who had been in

recovery from 10 to 50 years and were from all walks of life. During breaks there was a lot of smoking and cups of coffee. During one of the meetings Rae recalls how she went outside and was shaking like a leaf and in her despair was noticed and comforted by an elderly man who assured her it would get better. She was offered the opportunity to return to the rehabilitation centre but insisted on remaining at the meeting because she realised that her present state was all part of her healing.

Two years after leaving rehabilitation centre Rae returned to the meeting where her healing began and the elderly man was still there. He embraced her and asked her if she would share her story with the young women who were present. She recalls how *"the pain comes up again, it hurts, and the pride begins to replace the pain because now, I'm proud of me, I'm not so ashamed of myself today, I'll never take that back anymore"*. Rae said the reminders are still there and the pain comes but mostly because of what she felt she exposed her children to and how she missed out on them because of her addiction. Commitment to her treatment programme enabled Rae to come out of detoxification and be moved to another home at the rehabilitation centre after five to seven days instead of the routine ten to fourteen days. Rae engendered the respect from all those who came to know her because they knew how serious she was about the programme. She told her fellow residents that survival from alcohol and drug addiction was only 10% and challenged them all to change that to 50%. The name of the home was La Vista which means the view and again Rae challenged her peers by saying *"if you don't climb the hill you are going to miss the view"*. Although it was not a Māori residential, for Rae it was a wonderful place to be, so much so that Rae was afraid when it came time to leave. However, she was assured by her counsellor that how she felt was okay because she could see everything so clear. She says, *"I'm clean and sober and I see everything clear now."* Rae was in rehabilitation for ninety days.

Upon her return to work she said that everybody wished her good morning and later people came to see her saying, *"we're very proud of you, that's why we are"*

here". She discovered that her manager had also been through the 12 Step programme previously. Only Rae was privileged to the information about her manager, no-one else knew. He shared his story with her because he knew she would understand. Rae proudly said that May 13 1999 was her first sober day and it would be six years since then. She said it has been wonderful, not easy and everyday of her life she fights it and never wants to go back there because for her it was such a dark place.

When asked if there were issues for her, Rae said that she wished she could do things different. For example she had to write an essay because she had made a bad choice in structure and staff and she was sort of the pet to the staff but this day she had done her laundry and had to cook the meal as well. She had to get her clothes off the line before it was dark as was expected. She folded her clothes and left them sitting on a chair in the dining room which was not allowed. One of the staff asked whose the clothes were and Rae said they were hers. The staff member informed Rae she would have to give her a 250 word essay. Rae agreed by saying "*that's ok.*" Her fellow residents asked her if she had agreed. Having been told she was one of the better people there, Rae said "*hey, they have rules and regulations for a reason that included me*". She continued by saying, "*if I do not do this what example do I set for the new ones and more over for me, .. I will be fine*". The staff apologised for the imposition and in her defence Rae told them that she must do it for herself because in her job and her apartment she herself had rules to live by and that if the guidelines for residents were broken then repercussions had to be expected. Rae wrote the essay, submitted it and the staff member asked her to read it to everybody. Rae said, "*oh no! that wasn't part of my punishment.*" She was then told that her work was well written. Rae told the staff member to read it, but was informed it would not come out the same, she read the essay to everyone. In essence the content of her essay was as follows:

When I signed on and I did, everybody put their signature to the agreement to the paper. I signed on to obey all the rules and regulations, not the part that concerned me but all of it and there were people in place who have taken a great deal of pain to structure this programme, to help people like me, and who was I to change that to suit myself when there were 31 other people to

consider, and I apologised. I'd also mentioned that included me and my laundry, so what happened I had just dropped my laundry, forgotten about it, gone on to the next thing, however that behaviour is not acceptable, not here, maybe not here, not today and I apologised to her name was Laura, I apologised to her, cause she was a good friend, good staff member, for upsetting her first, the other ladies in the house, for the 'uncomfortableness' that I had caused for I knew I had done. I apologised to the new people for who I was setting an example for and for those around me. I had made to obligated support me even though my behaviour was less than expected, and that I did not obey all the rules and regulations I would be letting myself down, I would be turning my back on myself and said neither God or I want that to happen, so I was thinking I'll apologise to all of you, that's our home and she took it and framed it.

Rae said that life was like a red onion and that each of us looks at a red onion differently. She sees it in two different ways; it can bring you tears or it can be food for us but you have to look at the good side of it. Some things can be perilous and we can see danger or the negative if there is, we need to dwell on the positive and draw in that energy. If we dwell on the negative that is where we will be but as Rae says, *"I always try to surround myself with winners, the winning people, cause I can feed off their positiveness as opposed to being around negative people and it really is my own brain."* Rae shared how she had been one of those negative people who had lived with the same kind of people all of her life and she thought she was having a good time and in a true sense of the word was losing her way. She said that she was so happy that there were people that chose to help people like her and *"now it is time to give back! It's not easy keeping clean and sober because if it was every body would be doing it."* She said that for some it may not be their time as it was hers.

When I had the desire and I asked for help, it came, I've always known that the higher powers they were calling or called, whatever your higher power is, I happen to call mine God. If nobody else is home, and pick up the phone and call someone but they may not be home, but he's always there, he always is, you may not get the answers you want.

When asked what her advice would be to people wanting to take the journey to detoxification and recovery, she said, *"if they really want to, do it, there's some wonderful help out there, wonderful help, there's a good system in place for whatever you need."* Rae had experienced support when she got herself into as she terms 'sticky situations' and found help was at the end of the phone. Her

sponsor died ten months prior to her leaving her overseas location and that has left a big hole in her heart.

Rae says, “*now I have back my self esteem and my respect back, so I don’t mind telling anybody my story, because there is a little bit of everyone out there that is an alcoholic in my story. They’ll see themselves and I see myself.*” Her purpose in life now is to help show our Māori people that drug and alcohol dependency is a disease, not as Rae terms it, a “*moral deficiency that keeps us from wanting to help each other.*” She says that we were born with a deficiency of dopamine and the ability to manufacture dopamine. Most of our Māori people do not know the process therefore do not understand it can be cured.

To conclude our kōrero Rae said,

The only thing Māori had close to anything that alters the mind or healing of the body was purely medicinal, and it was short lived; used only for that purpose. Other cultures have aphrodisiac plants that produce mind alteration and if our older Māori people knew about any substances they would never have told the young ones who would not be able to handle the power that they brought.

Elaborating on the concluding statement made by Rae, it is my understanding that her reference is associated with the medicinal intervention of rongoa Māori to treat illness or sickness at the time a person is unwell. And in regard to her statement about other cultures having plants that alter the mind, and her query about whether our older Māori knew about the existence of mind altering substances and their reason for choosing not to share this knowledge with the young, would have been a protective measure because of the detrimental influence the substances could have on Māori.

Whakamutunga : Conclusion

Embedded throughout this chapter the experiential journeys taken by each Pūkōrero through the ‘landscape’ of alcohol and other drug addiction through to detoxification and recovery have been described and discussed. The narrative of each Pūkōrero possesses its own uniqueness and yet contain identifiable similarities and differences. In terms of similarities; all of the Pūkōrero are of Māori descent, each possessed the same motivational need to detoxify and

recover from alcohol and other drug dependency, each chose to enter Pākehā me Māori rehabilitation residential facilities at some stage of their journey to assist them, all possessed the desire to retrieve and restore their roles and responsibilities as parents of their own whānau to protect members of their whānau from making the same mistakes. Henare, Kōtiro, and Tama's narratives are similar because each one came from a large whānau acquainted with the struggle of survival where alcohol and other drug use was socially acceptable and influenced everyday life. Whereas Rae came from a small affluent whānau unacquainted with the continual use of alcohol and other drugs. Another difference was that Kōtiro was a "dry" drunk who possessed the behaviour of a user, while Henare, Tama and Rae were all users. My reason for documenting the data in this chapter the way I have is because I wanted to maintain the authenticity of the Pūkōrero narratives as much as possible, and to hold and embed the stories within the matauranga Māori kete to retain their tikanga whakaaro me whakamohiotanga. This chapter leads nicely into the Tātaritanga Whakaaturanga : Data Analysis in chapter six.

WĀHANGA TUAONO : CHAPTER SIX

Whakatuwheratanga-Introduction

Aronson (1994) said that ethnographic interviews have become a commonly used qualitative methodology for collecting data. She says that once information is gathered, researchers are faced with the decision on how to analyse the data.

Supported by work from other scholars, Aronson asserts there are many ways to to analyze ‘informants’ talk about their experiences, and thematic analysis is one such way because thematic analysis focuses on identifiable themes and patterns of living and/or behaviour. The focus of this chapter is on Tātaritanga Whakaaturanga-Data Analysis and has used thematic analysis to uncover Ngā Kaupapa Whakatinanatanga-Emergent themes of Wairua, Whakapapa and Whānau, and the verbatim responses of the Pūkōrero to the research questions.

Tātaritanga Whakaaturanga : Data Analysis

The narratives of the Pūkōrero are data and each transcript was read and reread by me to identify commonalities. From each transcript I made notes and found that common themes of Wairua, Whakapapa and Whānau emerged from the data; these were confirmed by each Pūkōrero. Verbal confirmation of the themes was given to me by the Pūkōrero following their receipt of their transcripts which had been returned to each Pūkōrero as agreed. Thematic analysis using the stories of the Pūkōrero as data to arrive at themes which can illuminate the content held within and across the stories was made. Simultaneously as I was identifying the themes, the questions initially proposed for the research were revisited to identify commonalities between the themes and the research questions. These were: the need to identify the positive aspects each Pūkōrero had of their own individual detoxification programmes; surfacing barriers and issues experienced by each one, and clarification of support received throughout the process of detoxification to recovery.

Thematic analysis of the narratives was used to make sense of the data. My reasoning for choosing thematic analysis was because I wanted to establish the

common motivators of each Pūkōrero that had enabled them to embark upon their journey of detoxification and recovery. As the researcher it is important to ensure the authenticity of the narratives, and imperative to ensure that my own interpretive bias did not influence the authenticity of the data so that the ideas, voices and stories of the Pūkōrero are heard and not my own. According to Lincoln and Denzin (2000) dealing with one's own biases before interpreting and representing others has become an important issue of qualitative research ethics and the 'crisis of representation' has taught us to look critically at our attempts to speak authentically about other people's experiences. Therefore to ensure authenticity was maintained I continually referred to the transcripts of the Pūkōrero throughout the process and have used their own words verbatim from their transcripts.

Ngā Kaupapa Whakatinanatanga : Emergent themes

This section of the chapter describes and discusses the themes that emerge from the data. The themes of Wairua, Whakapapa and Whānau became apparent from each Pūkōrero narrative during analysis. These are described and discussed in order of importance sequentially.

Tuatahi: Firstly - Wairua: Spirituality.

The first theme to emerge from the data analysis of each Pūkōrero narrative is Wairua, the spiritual dimension. Interwoven with each facet of Māoritanga and Tikanga Māori is Wairua. Wairua involves the recognition of the spiritual element of a force outside the individual and outside the person's control but very much influencing the person's responses (Tauroa, 1979). Wairua is a two way process, spiritual nourishment, a reciprocal flow of energy, the connection between me and my creator Te Atua Io Matua. Wai refers to water, liquid, a synchronised action or a question to define who? (Ryan, 1995), and rua the two way energy flow between two forces. It is integral to our life force for it provides us with the energy to exist; the ongoing connective flow ever present to sustain us in life. Each human being has their own way of describing what wairua is unique and personal to each, it is very individualistic. Broughton (1985)

describes wairua as being Māori spirituality where one can relate to oneself. Wairua Māori relates to one's own thinking, something that belongs to that person and not to something outside of the person. Metge (1995) asserts, "human beings have a wairua which is given by God at birth and returns to God at death. Māori generally agree on the desirability of seeking divine blessing and assistance in daily life, in crises and whenever they are gathered together" (p.83). Wairua also includes respect for the environment: the presence of Tane Mahuta; the work of Tawhirimatea; the responsibilities of Papa-tu-a-nuku; the presence of Rangi-e-tu-nei; and the presence of Tangaroa when close to the sea (Tauroa, 1979).

Kimihia te kahurangi; ki te piko tōu matenga, ki te maunga teitei.

If you bow your head let it be only to a great mountain. (Grace, 2003).

This whakataukī is about wairua and describes my way of relating my own wairua connection to the physical elements. Wairua, essential to health and well-being encompasses one's capacity for faith and the wider community and is related to unseen and unspoken energies. Without a spiritual awareness and mauri (spirit or vitality, also known as the life-force) a person cannot be healthy and may become more prone to illness. Without spiritual well-being there is no health, this well-being is basic to a person's self esteem, Tapsell (as cited in Mac Kay, 1985). The recognition of spiritual welfare which interacts with the physical, mental, social and cultural well-being of Māori captures the importance of spirituality to Māori health Broughton (as cited in McKay, 1985). Together with other Māori scholars, Broughton ascertains that mental and cultural well-being which includes values that relate to the land, language, family and other customs, have their origin in the spiritual realm. Spiritual welfare therefore is derived from traditional beliefs which are handed down orally and is integral to the sustenance and nourishment of Māori health and well-being. Affirmations of reconnecting with their wairua is attested to by each Pūkōrero in their kōrero of their own journeys.

Kōrero ā Henare: Henare relating his wairua connection said:

What started to transpire for us at this point in time was I guess a search in terms of our spirituality and that's what happened, we got involved with a local church and I was challenged I guess by making a full commitment to what we were trying to change in our lives as opposed to the life we have just come from. If you are a real God you can take this addiction away from me. I have to give credit to my faith and that was my belief in the Lord, and giving my heart to the Lord, I guess to the fundamentals to the change I made. I lacked knowledge about addiction...it was more I guess the cleansing of myself from the inside out and spiritually...that was probably the only thing that could have worked for me.

Henare said that during his training to be a counsellor he gained another “*perspective on things*” which helped him in his own recovery but there were addictive traits he hadn’t dealt with so he attended a Taha Māori programme. Connecting with his own wairua enabled him to be open to the work of the wairua and gave him the strength required because as he said “*I learned so much from people in recovery,*” and “*I learn’t more in that 8 weeks than I did in 3 years.*”

Kōrero ā Kōtiro : Kōtiro said,

My tipuna led me and showed me the way because I needed to go that way to end up being the person that I am now, and I couldn’t have done it any other way. I wanted to do the reo to get myself better, that to me is the answer, especially for me, once you start learning how to speak the reo you get back your mana,. it doesn’t go anyway and you start nurturing your mana your essence starts growing and you start getting healthy because the reo has that, the reo has tikanga, the reo has everything that Māori needs.

She shares her own spiritual connection with the reo (language) and says:

A Kuia said to me, “do you know what titiro means?” Yes look.’ To which her Kuia replied, “that is not what it means, you need to look to see.” “Whakarongo,” is not just a command to listen but means one needs “to listen to hear.”

Excited by this new insight Kōtiro said, “*once you start opening your senses to all that the reo has to offer, it’s amazing*” For Māori the language is our spiritual connection it is integral to wairua.

Kōrero ā Tama: Tama describes his wairua connection as:

Getting in touch with who I am and it was easier for me to turn my life around. Getting in touch with myself and knowing full well that there is a creator that there is Spirituality there. Don’t let it drift away. Grasp it makes life worth

living. That's right as Maori I had to depend on karakia and often I'd go into it. That was positive to me going back into karakia. Because I had to listen to the still small voice that was telling me that was guiding me. I had to use all my senses to pull me through. Most of all I give thanks to my creator. And I think there's not a day goes by when I don't thank my creator.

Karakia is the integral connection with wairua. It is the key to understanding and unlocking the door to the energy flow of wairua both inside and outside each one of us as human beings in this life.

Kōrero ā Rae: from her experience Rae said:

God can change that, you live within today and you never know what's gonna happen tomorrow, this is a gift that's why we call it the present, today is a gift and it's easier for us to stay in today and deal with today than to try to live the past, the future and the present at the same time. A huge lesson for me, to take care of things here and now and the most common prayer recited was the serenity prayer. 'God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference.

Evident throughout her story has been the work of the wairua and Rae says:

Realising something's can be perilous you see the danger if there is or the negative if there is, and you dwell on the positive and draw in that energy I always try to surround myself with winners and winning people, cause I can feed off their positiveness. I was so happy that there were people who chose to help people like me..It may just not be their time yet, apparently it was mine, and when I had the desire and asked for help, it came, whatever your higher power is, I happen to call mine God, if nobody else is home, and pick up the phone and call someone but they may not be home, but he's always there, he always is.

As is evident from the narratives of each Pūkōrero, Wairua played an integral part of enabling Pūkōrero to regain their self esteem and possess the kaha to make and complete their journeys.

Tuarua : Secondly – Whakapapa : Genealogical Connections

The second theme to emerge from the data is whakapapa or genealogical connections. Whakapapa, refers to genealogical links/ties for each person to Whānau, Hapū and Iwi. "The world view of the Māori is encapsulated in whakapapa," asserts Walker (1996) and "implicit in the meaning of whakapapa are ideas of orderliness, sequence, evolution, and progress,"(p13.). Because the Pūkōrero have shared about the origin of their own alcohol and drug use,

whakapapa therefore aptly encapsulates the impact alcohol and drugs has had on the lives of these pūkōrero and on the lives of their tipuna previously. Kereopa (as cited in Moon, 2003) states that “we are the summation of all our ancestors who have preceded us, so at least in one respect, there is significance in whakapapa” (p.41). In the following section each Pūkōrero describes the whakapapa of their addiction.

Kōrero ā Henare: Henare said:

Pretty much my story starts I guess from the place where I'm from, my mother is Māori and my father is part Māori. His heritage comes from his mother. Dad worked at the freezing works and Mum worked at Watties, they were hard workers and I guess they had to be with the amount of kids we had in our family. They also played hard, so growing up in our family was quite a common place to see mum and dad drinking with their mates after work

The whakapapa of addiction for Henare originated with his parents described by him as being “quite a common place to see mum and dad drinking with their mates after work.”

Kōrero ā Kotiro: Kōtiro on the other hand said that one of the things she had to do while on her programme was her whakapapa, to find out where alcohol and drug use started because she felt the behaviour she exhibited must have been taught to her.

So I looked at my parents and both my parents don't use, they don't drink, they don't smoke. They never did anything I thought. Only to find out my father before he met my Mum used to drink whiskey, and he stopped when my mother became pregnant with my older sister.... I realised my father had given up the alcohol but not the behaviour that goes with it.... So I went back another step back and looked at both my grandparents from both sides and my grandfather on my Mum's side was an alcoholic and same goes on the other side, my Dad's side, they were binge drinkers, so anyway it went right back and it goes back to when the Scotsman first came to New Zealand. Anyway the males in both whakapapa lines were either addicts or were alcoholics.

Kōtiro said her ancestor was a Scottish Whaler and research into her whakapapa took her back to England where prior to Cook coming to New Zealand she discovered that poor houses full of poor people existed and it was from one of those poor houses that her ancestors left and came to New Zealand. The journey

to New Zealand took four months and people were provided with food which lasted only two months, and for the remainder of the journey they were given a thimble of whiskey a day to keep them going until they arrived in New Zealand. *“if they survived they were addicts, they were alcoholics.”* Kōtiro is of the opinion the impact of addiction upon the family by a male member whose partner was not an addict resulted in the partner exhibiting the same type of addictive behaviour as the male. This learned behaviour enabled them to cope with the situation. Kōtiro said that she learned how to be an alcoholic just by being with them, *“you learn the games you learn the tricks, you learn to manipulate somebody so somebody doesn’t get hurt,”* and further more *“do things like hiding stuff so your kids don’t become aware of what’s going on and all mothers all the way through taught their children these behaviours.”*

Kōrero ā Tama : Tama questioned, *“why do I want to do what he wanted to do and yet when I saw him, I said I’m never ever gonna be like that and yet I’m the spitting image of him.”* His father died at the age of 51. He said:

It started when I used to watch my father. My father went overseas and when he returned home he frequented the hotels often. I used to watch my father and mother’s arguments they used to have I did a study on my whakapapa and I looked at my father’s habitual drinking and I thought the war would’ve done a lot for him. looked at my grandfather and his wife. And they were alcoholics... I heard she sold a lot of land for drink. My heart went out to them. Did they know any better? Was this the change of colonisation? Was this what they were going through? We’ll give you all the grog you can drink you give us four acres. More grog you give us another 4 acres until eventually we had nothing.

Kōrero ā Rae: according to Rae whakapapa related more to the genesis of her own use of alcohol and drug use:

I started to drink when I was sixteen my first introduction to alcohol. It would make me feel not shy, it gave me the ability to communicate. I was an only child.

Alcohol helped Rae to be another person rather than who she really was. Fearing the impending loss of her husband she said:

I was afraid I would wake up in the middle of the night and find him dead, so drinking was a way of anaesthetising myself so that when I woke up in the morning could get out of bed. That was the beginning of my alcohol consuming.

Because she had been away from her own whānau for many years little evidence was shared about the use of alcohol and other drugs of her tupuna including her parents.

Durie (2000) states, “a secure identity not only includes a sense of being Māori but also the capacity to access both cultural and physical resources, such as Māori land, Māori language, marae and whānau.”(p197). Furthermore he affirms that access to institutions of culture and Māori resources as being the key to a secure identity and cultural confidence. Possessing “a secure Māori identity,” according to Durie (2000), “appears to be positively correlated with good health,”(p197).

For each Pūkōrero reconnecting with their whakapapa enabled them to regain their own self esteem, help them to understand themselves and regain the strength required to embark on and complete the journey of detoxification and recovery.

Tuatoru: Thirdly - Whānau : Family

The third theme to emerge from the data is the importance of the whānau.

Whānau is vital as the main source of support and important because it enables a Person.

Hutia te rito, hutia te rito o te harakeke,
Kei hea te komako e ko
Ki mai ki ahau
He aha te mea nui
He aha te mea o te ao
Maku e ki atu
He tangata, he tangata, he tangata. Hei!

This whakataukī describes harakeke and its rito and likens these to the whānau, just as the mature outside strands of the plant nurture and protect the rito, so too is the responsibility of parents in families have to nurture and protect their young. For it is from the whānau we gain our strength and stability. The rito are the mokopuna, tamariki, rangatahi of the whānau. Whānau in its basic form means ‘to be born’ and the concept of whānau has and is important to Māori. Early

European visitors to Aotearoa New Zealand identified 'the whānau' as 'the basic social unit of Māori society,' (Metge, 1995, p16). Today the whānau is still the basic social unit for Māori and play an integral part in our relationships with others. Family is the basic social unit in many cultures.

Recognising the impact their own individual addictions had on their whānau/families was a real awakening for each Pūkōrero and became the major contributing factor that cemented their commitment to go on their own individual journeys of detoxification and recovery. The recognition (or journey) quite unique to each one and yet in many ways similar to each other.

Kōrero ā Henare : Henare spoke about his whānau: mother, father, siblings and relatives and the impact alcohol and drugs had on him as a child. He shared how his addiction began at age 12. Reflecting on the detrimental experiences from his own growing up, heavy involvement with cannabis and petrol sniffing, becoming a father at 21, being unemployed, chasing the good life, lacking any formal education and being on the verge of fathering a third child he said, "*slowly these things were starting to create some sense of responsibility to me.*"

They were what drove me in wanting to stop...and the question of what can I do to enhance my very young family and take us to the next step started to enter my mind. The relationship was strong in some senses but in another sense it wasn't, I have to give I guess some acknowledgement and credit to my partner .You have to think about what is important in your life, and I was fortunate to still have a woman beside me and I guess at that time our three children...they were the most important thing in my life. I really... wanted to do well by them, so that's what really drove me to make that decision in the first place.

Henare went on to discuss how he became committed to the church and tried to strike a balance between commitment to the church and having the opportunity of making a better life for him and his family. Unfortunately despite his partner's insistence Henare had replaced one addiction with another; commitment to the church and work and never seeing him. He experienced difficulties in recognising what was happening to him and his family but essentially turning over a perceived new leaf was essentially taking away his

responsibility to his whānau. The relationship ended and with it more challenges and learning for Henare as a single Dad. He is still trying to 'strike' a balance in his life between commitment to his family and commitment to his work.

The major part of my thinking and my commitment is just about ensuring that my kids have a roof over their head, they can get to doctors, that they have got clothes on their back. My kids have grown up now... they are still here with me. My oldest boy smokes a lot of cannabis but he still gets the message from me it's now part of what I accept as my role as his Dad. part of my role I guess ensuring that my children get the information. It's about me accepting their choices and decisions and then, them dealing with their own consequences.

Henare says that he is still learning, "I still have struggles the next generation is coming through now, and I've seen that in my own family." He mentioned a 10 year phase, something that he was able to climb out of and now he is seeing similarities with his own children and qualifies this by saying,

There is only so much you can do for people I mean you know you can lead a horse to water but you can't make it drink and part of the reason why we call this our journey because its our journey you can't live it for them, can't do it for them. It's up to the individual and yeah that's pretty much my story.

Kōrero ā Kōtiro : Kōtiro said that she did not know she had a problem but she recognised that her children were in total chaos and says,

They were wrecks, they were using, they were drinking. We were all living together the whole family structure was dysfunctional. My children's behaviour was a direct result of my behaviour. He drank and used. Jealousy, abuse, physical abuse, came along with alcohol and drugs and it also passed on to the children even though they understand now that it is not acceptable behaviour. Before I went into...they didn't know that and that's only been 4 years ago. 4 years of me being in recovery has helped them immensely, but they need to go into recovery for themselves...

Kōtiro said that her children witnessed the abuse upon their mother by their father and would be injured trying to intervene and stop what was occurring. To avoid further disruption on her whānau, Kōtiro moved with her children to Te Waipounamu.

Kōrero ā Tama: Tama in describing how his whānau was affected said his wife gave him an ultimatum, “either you get yourself right or this marriage is over.” He then went on to say,

So I had to really take hold of the situation and sum up what was important to me, my family or my habit. I went into a residential. My son now 28 was 2 years at the time, my daughter 1 year. I went there and worked the programme because I was determined that I needed to be a better person, not just for my wife but for my children. I wanted to do something for them and it worked for me. My family is more important and even my younger children who have been involved with alcohol. I had them on the side and really talked to them. I can't stop them from doing what they want to do I can only tell about my life and the damage it had done to me.

Reiterating the importance of his whānau Tama said the support of his family, even from his two year son made him say to himself, “I want him to grow up and have a father. There's more to being a father”.

Kōrero ā Rae : Rae began her journey with alcohol consumption when her husband was diagnosed with leukaemia and then passed away. She held a fulltime job to support her children and herself. She said,

I was still getting my children to where they needed to be... but now I wasn't doing it because I was asking other people to help... you take my kids there tomorrow, I'll take yours. I did that. The abuse of the children not just the physical abuse the emotional and mental abuse and still I thought I was doing a half decent job. They didn't have the verbal skills to be able to tell me. I went to work, I fed my children, had a roof over their heads, had the clothing they wanted, they were in sports programmes, whatever they wanted to be in, I was doing it alone. I was burning the candles at both ends trying to compensate for my alcoholism and those poor kids, you don't get to play that game alone. Everybody gets to play that game it's not just you. When I say I'm not hurting anybody, only myself. Wrong! You hurt everybody that's around you in one form or another.

Rae said she wanted to improve her quality of life for herself and her family. At the time of her addiction she had one grandchild and her children did not want her around and they felt they could not entrust her grandchild's life to her and she said that was a painful experience for her. She did not believe it was her fault, it was everyone else's. Being at risk of losing everything including her family who she had already started to lose, Rae made the decision to go into rehabilitation. She had the support of her children.

The whole family kicked into gear, the in-laws, everybody, I'll pick up the kids, I'll take care of the baby, I'll take care of the house, honey you go back to work finish up what you have to do there.

Rae says that she has been sober for 6 years and it has been wonderful, “*hard but nobody said it was going to be easy.*” Rae now works closely with our Māori people helping to show them that alcohol and drug dependency is a disease not a moral deficiency.

From the data, the themes of Wairua, Whakapapa and Whānau emerged. These have been explored and discussed in depth and each theme found to be interrelated and inextricably linked to each other. To elaborate, each one of the themes of Wairua, Whakapapa and Whānau directly influence each other because they are all parts that are integral to being wholesomely complete. Our humanness as Māori is the sum of these parts.

At the commencement of this work I determined to ascertain responses to the questions posed and have found the answers to the questions are embedded in the themes of Wairua, Whakapapa, and Whānau. However, in order to identify more explicit responses from the Pūkōrero the questions were revisited and are discussed [their responses in their own words to maintain authenticity] in the following section.

Whakautu ki ngā Pātai : Responses to the Questions.

Pātai Tuatahi : First Question - Identify and describe the positive aspects of your detoxification programme for you?

When asked to describe the positive aspects of their detoxification programmes for them, this Pūkōrero said,

Got involved with a church and .. challenged to make a full commitment .. to change in our lives... I knew I couldn't walk in two worlds... If you are real God you can take this addiction away from me and that's pretty much the beginning of stopping for me. New years eve 1991 the last day of that year.. putting aside those sort of demons.. turning a new leaf to the new year next day.. I managed to successfully detox myself and then walk a different sort of approach...Replace my use of cannabis with practical activities. Connection to the church as the support mechanism around ourselves to deal with detox from cannabis. Core components of a successful detox programme support network

practical examples of having other things replacing your use of drugs something healthy sport, gym church. It was more about cleansing myself from inside out. Becoming a counsellor helped me in my recovery. What I have tend to sort of know from my experiences is that simply the abuse of alcohol and drugs or heavy use of those substances holds people back from achieving or obtaining their goals (Henare, 2005).

The next response was,

Research and all the heaps of whakaaro, about the whole addiction thing I realised that, my children's behaviour was a direct result of my behaviour. 4 years of me in being in recovery has helped them immensely. My tipuna.. led me and showed me the way because I needed to go that way to end up being the person that I am now and I couldn't have done it any other way. I went into A & D counselling to help with my recovery. I figure if anyone is going to help it's being an A & D counsellor that's gonna help the most. The powhiri process, where possible they did everything Maori, guidelines. karakia being safe, the whanau concept use of tuakana teina (Kōtiro, 2005).

Kōtiro believes her pathway to recovery enabled her to connect with her reo and helped her get back her mana.

In describing his change this Pūkōrero adamantly said;

When I came out of there.. I was determined never to go back. It certainly opened my eyes. Getting in touch with who I am and it was easier to turn my life around. Getting in touch with myself and knowing full well that there is a creator that there is spirituality there..grasp it makes life worth living. I think one of the things that teaches me in my work is that we've got to have empathy (Tama, 2005).

And knowing that it was the right time for her to make the commitment and change for her own life this Pūkōrero said:

I just knew I was in the right place and I was there at the right time, because I was ready to make the change. Opened my eyes to some very wise training.. began to teach me to love myself. Things that I learnt about, we had to take, health, health food course or there were others you took but you chose one and it would prepare you besides the mandatory work... to live on the outside.. (Rae, 2005).

Although Rae was not able to be engaged in a Kaupapa Māori programme she celebrates the fact that she was given back control of her life and loved it, she loved the structure they were given to enable her to make the changes she needed

too. In her korero she describes her journey as helping her identify aspects of her life that needed attention such as:

The financial aspect of my life, I was over \$7,000 in debt, credit cards, things I needed to clear and pay back. I had to sit down and write, my purpose how I was going to handle that the money I had available to me as an interim.. to work out short term goal and long term goal for myself at least it showed me what was doable and how long could I take to accomplish it. The contract was from me to me. Now if I can't keep my word to me how can I expect someone else to believe what I say. The programme I was in.. talks about selfishness from a very interesting way, this is a selfish programme because it is yours, it's about you, it's not about what we tell you to do, it's about what you ask of yourself You had to be there cause you wanted too (Rae, 2005).

The positive outcome for Rae is that she wants to set up a programme to support Māori on their journeys through detoxification and recovery from alcohol and other drug addictions. Making her concluding comment Rae says,

Dwell on the positive and you draw in that energy. I always try to surround myself with winners the winning people, cause I can feed off their positiveness.now I have my self esteem and my respect back (Rae,2005).

Pātai Tuatahi : First Question. Identify and describe the positive aspects of your detoxification programme for you? The Pūkōrero responses verbatim have uncovered similarities and differences. The similarities are reconnecting with self and their own spirituality, and commitment to making life changes. Differences are contained in their individual unique responses. A summary of responses is in the next section of this chapter.

Pātai Tuarua : Second Question. Did you experience any barriers and issues, if so what were these? This question was posed to ascertain the impact barriers and issues had on each individual Pūkōrero during their journeys through detoxification and recovery from alcohol and other drug addiction. In response to the second question about the barriers and issues that arose for them, the Pūkōrero responded by saying,

Cross addicting church and work replaced cannabis and neglecting family. Denial about commitment to the church and work and never seeing family. Perceived turning over a new leaf and doing good took away the responsibility to the Whānau (Henare, 2005).

In his zealously of being a counsellor to support others on their journeys through detoxification and recovery Henare on the second part of his journey, felt that he lacked understanding about the issues for those with addiction problems. He described this barrier and issue for him as,

In lots of ways I lacked a knowledge about addiction. I did lack... going through what clients would normally go through in terms of learning about their addiction (Henare, 2005).

During her journey this Pūkōrero shared her barriers and issues as,

I can tell the ones with a piece of paper and who's an A & D Counsellor that's in recovery. The one's who have got the piece of paper are worse...going into a bar and sitting with an alcoholic and talking with him, because they don't know and they don't understand. Others in my group were there just to do the time, that was a barrier, because a lot of them were sent from the courts to do the programme (Kotiro,2005).

Believing he was going to participate in a Kaupapa Māori Tama was disappointed this was not the case, He said,

Not very supportive. They never had a kaupapa Māori programme. Knew nothing about Māori. Barriers for me were being able to unload and hoping these people can pick it up,(Tama, 2005).

Recognising barriers and issues for herself was being able to admit when she was wrong describes this as,

You have to facilitate your own life by stepping in the other person's shoes that was part of my tools they were giving me, the hardest thing of all though was to say I'm wrong... admitting I made a mistake,.. airing your laundry, shedding the baggage (Rae,2005).

Rae also talked about how she needed to separate what she could or not share and how important it was to set parameters up for her own life and not to let people step within those boundaries. She needed to make sure that she never shifted and that the goal posts needed to stay where they were so that she did not allow bad influences inside because if she kept going with the crowd then she would not really know who she was. A barrier or issue for Rae was her dependence on the secure environment her detoxification programme gave her. She said, "A wonderful place to be... I was afraid to go home and I found myself getting very on edge, bitchy, I could feel just welling up..."Rae received affirmation from one of her counsellors who said "you're afraid to go out there

and live amongst people,” and “you are afraid to go back to where you were. It’s good to be afraid in that sense that helps you to keep clean and sober.” In response to her counsellor Rae said, *“maybe so, ...am I going to feel that shame again of being an alcoholic,”* and went on to say, *“I’m clear and sober and I see everything clear now, and I don’t know if I like that better.”* So what Rae saw was a barrier for her was in fact a stepping stone to the future.

Pātai Tuarua : Second Question. Did you experience any barriers and issues, if so what were these? Responses by the Pūkōrero to this question uncover differences more than similarities and this is because each person’s journey is unique to that individual Pūkōrero. A summary of their responses can be found in the next section of this chapter.

Pātai Tuatoru :Third Question. Did you feel supported when you were going through your programme, how and by who? This question was asked so that I could determine the source of support for each Pūkōrero. When asked to identify and describes ways they felt supported throughout their programmes to enable their recovery. Each Pūkōrero responded as follows. The first one said his family drove him to want to stop and that he was supported by his faith, belief in the Lord and describes his support as follows:

Wanted to do well by them. Commitment and support from family. I wasn’t supported through a specific alcohol and drug programme, I managed to sort of draw on the resources I felt were needed for myself personally. It was an individual recovery process if you like and I pretty much designed for myself and it worked. I guess the cleansing of myself from the inside out and spiritually. when I look back in hindsight that was probably the only thing that could have worked for me...(Henare, 2005).

As a counsellor Henare felt he had dealt with his own addiction, however, his supervisor helped him recognise there was still a lot he was missing out on and that he still possessed addictive traits which needed to be addressed. At the recommendation of his supervisor Henare attended a Taha Māori programme as a client and he said, *“I learned so much from people in recovery and I learn’t so much in that 8 weeks about addiction.”* He commented further by saying, *“I learnt more in that 8 weeks than I did in that 3 years training.”*

Another Pūkōrero gained her support through;

One of the things they made me do.. to do a whakapapa to find out where it all started. I realised that they love me, they pushed me to do my best.. excel... talk...do things that I didn't really do and I realised it was to make progress they had to push me, ...constantly pushing, pushing, pushing.. The head lady was (of the same iwi), I felt she was harder on me than she was on the others and I'm glad that she was.. because she had to do things she thought was really harsh, for my sake .. Powhiri process, . everything Māori ... waiata, .. karakia, being safe,.. whanau concept...(Kōtiro, 2005).

Kōtiro talked about the Hineora tuakana/older and Tamatu teina/younger as being a really good group process and each group had a head boy and head girl. Tuakana were those who had been on the programme the longest and tuakana the shortest

I was lucky the three counsellors that were there were all in recovery, so they knew everything about what I was going through, what name I was going to call them, what behaviour they were going to get from me. I couldn't fool them which was good (Kōtiro,2005).

Whereas this Pūkōrero spoke about the support he received from his partner who visited during his time at the residential as,

Yes we had a family day and she comes down for a week.. it was the honeymoon of our lifetime, we could talk openly. Probably one of the best weeks of my life, because I turned over a new leaf. Most of all I give thanks to my creator.. there's not a day goes by when I don't thank my creator. The support of my family, even the support of my 2 year old son because I said to myself I want him to grow up and have a good father (Tama, 2005).

For another Pūkōrero her support commenced before she entered the programme. Her comments are,

Those were very dear friends they must love me and whatever as well, so I picked up the phone and made the phone call...asked her if she can help me to get into .the home that she went to... She said 'I want you to know I have been waiting for this phone call for 7 years, this is the happiest day of my life..(Rae, 2005).

Rae said that she called her daughter who took time off work to be with her when she made her decision to enter the programme. Her daughter had been attending Alanon to learn how to cope with her mother's addiction. Rae was supported by her family from the time she entered the programme and that support has

continued. During her time on the programme Rae found the serenity prayer helped her.

When we went to meals we had 2 books to carry, one was the 12 Steps,....the other one was the Principals and Promises. We carried those books to breakfast, they were close to me wherever I went, I just kept them in my purse, if I needed to refer to something that was bothering me I would get them out to find out how to help myself and move on. (Rae, 2005).

The president of the company Rae was employed took her out to lunch and told how proud they all were of her. She said, “*I have lots of courage, it’s that man up there has got to do it all, the big man upstairs, but I just knew.*”

I’m so happy that there were people who chose to help people like me. .. When I had the desire and I asked for help, it came, I’ve always known that the higher powers they were calling or called, whatever your higher power is, I happen to call mine God, if nobody else is home and pick up the phone and call someone but they may not be at home, ... he’s always there, he always is, (Rae, 2005).

Pātai tuatoru : Third question. Did you feel supported when you were going through your programme, how and by who? Responses to this question vary in similarities and differences unique to each individual Pūkōrero. A summary of the Pūkōrero responses can also be found in the next section of the chapter.

Whakarāpopotonga : Summary

The Pūkōrero responses to the questions are summarised briefly in this section.

Pātai Tuatahi : First Question. Identify and describe the positive aspects of your detoxification programme for you? Henare identified and described his involvement with church and God challenged him to make a full commitment to change his life, as did becoming a counsellor. Kōtiro believes research, all she learnt on the programme, and being led by her tipuna enabled her to reconnect with her reo [language] and mana. Tama said that his programme opened his eyes, helped get in touch with who he is, turned his life around and enabled him to connect with his creator [spirituality]. Dwelling on the positives, Rae celebrates regaining control of her life was because the structure the programme enabled her to make the changes she needed to for her life.

Pātai Tuarua : Second question. Did you experience any barriers and issues, if so what were these? For Henare barriers and issues for him were cross addicting replacing his whānau responsibility with church and work and possessing a knowledge deficit about addiction. Kōtiro described barriers and issues for her were being with people not committed to the programme who had been referred by the courts, and recognising experienced counsellors who were in recovery from the inexperienced [piece of paper] counsellors. Tama expressed his disappointment at not being able to participate in a Kaupapa Māori programme as he had been led to believe, he said they were not supportive, knew nothing about Māori, and the barriers for him, and he was unable to unload and had been hoping he would be understood. Rae expressed barriers and issues for her were her own admission of being wrong, and her fear of leaving the to face the outside world minus the structural support of the programme.

Pātai Tuatoru : Third Question. Did you feel supported when you were going through your programme, how and by who? Responses to this question uncovered similarities and differences contained in each individuals kōrero above. An identified difference in the responses by Pūkōrero was from Henare who prior to his attending a Taha Māori programme, [had attempted to go it alone to detoxify and recover]said that his family drove him to stop through their commitment and support, and cleansing of himself inside out and spiritually. With the support of his supervisor who recommended he attend a Taha Māori as a client Henare said he learnt more about addiction from people in recovery in 8 weeks than he did in 3 years of training. Kōtiro said her support came from researching her whakapapa, receiving continual support from the head lady [of the same iwi], and knowing that three of her counsellors were in recovery was an indication to her they were aware of what she was going through. Tama said that his support came from his partner and family. Rae's support by family and friends commenced prior to her entry to the programme and continued throughout. She also gained spiritual support through her connection "*to the big man upstairs*" and through reading 12 Steps, Principles and Promises.

Whakamutunga : Conclusion

The purpose of this chapter was to analyse and discuss data from the Pūkōrero narratives. From the data the themes of Wairua, Whakapapa and Whānau emerged and these are discussed at length within the content of the chapter. Responses to the questions about positive aspects of their detoxification programmes, barriers and issues that arose for each one and ways they felt supported throughout their programmes to enable their recovery were also determined. The emergent themes and responses to the questions were found to be intrinsically connected and integral to the healing of each Pūkōrero and their whānau. Elaborating on the intrinsic connection between the emergent themes and responses to questions I would say that both the answers are found in the context of the data, and are linked to each other and cannot be separated. In describing this intrinsic connection, I realised that it is integral to the healing of each Pūkōrero and their whānau which means that as human beings we do not exist in isolation; our existence as Māori is dependant on our Wairua, Whakapapa, and Whānau connectedness as is evident in the data and portrayed in Figure 2 (p.92). Empowered by Wairua, restoration and healing comes in knowing who we are, connecting and reconnecting with our identity, Whakapapa, and Whānau and knowing where our support comes from. These parts are details of the whole of being human.

Contained in chapters five and six are the essences of the experiential journeys of each Pūkōrero. These journeys borne of commitment, self-motivation, determination, preservation and support from others spurred Pūkōrero on to attend their detoxification from alcohol and other drug-related addictions and recovery programmes. Each Pūkōrero worked hard to 'break the chemical handcuffs' of addiction and to retrieve and restore their lives to a state of health and well-being for themselves and their whānau. My rationale for describing and documenting the emergent themes and pātai responses from the Pūkōrero, reflects my intention to retain and maintain the authenticity of their narratives, tikanga whakaaro me whakamohiotanga to ensure their stories will now be embedded in te kete o matauranga Māori. These chapters have laid the foundation for chapter seven which contains Ngā whakataunga kōrero: Discussion of findings, limitations, recommendations and my own personal reflections.

Figure 2: Wairua, Whakapapa and Whanau connectedness

(taonga from Nelson Marlborough Institute of Technology Year 3 Bachelor of Nursing students 2003).

WĀHANGA TUAWHITU : CHAPTER SEVEN

Whakatuwheratanga : Introduction

This chapter draws together material from chapters one to six and discusses the findings of my study, limitations of the project, recommendations and reflections. Against the backdrop of the literature search which set out to address the historical context of Māori and alcohol, and the relationship between Māori, alcohol and health today, the aim of my study has been to gather knowledge and understanding through the approach of Kaupapa Māori and Narrative Inquiry from the Pūkōrero Māori. Kaupapa Māori and Narrative Inquiry has been a recovery maintenance waka [vehicle] for these Pūkōrero because it enabled them to reflect on the progress they have made since their journeys through their detoxification and recovery programmes from alcohol and other drug addiction. Validation of their reflections are summed up in Temm's (1990) statement of first understanding the past before one can understand the present because the circumstances of the present were shaped by the events of yesterday. Relevant statistical data has provided the background for this study which aims to assist in the prevention of high morbidity and mortality from alcohol and other drug related causes, and the promotion of health and well-being of Māori and others. Three research questions were asked to enable the Pūkōrero to share their narratives with the researcher. The focus of the questions for the Pūkōrero has been on their identifying the positive aspects of their individual detoxification and recovery programmes, surfacing any barriers and issues they experienced, and clarifying the support they received during the process. Answers to these questions have been achieved through kōrero and use of Ngā pātai [Interview questions] with each one of the four Pūkōrero.

Ngā Whakataunga Kōrero : Discussion of Findings

This section focuses on the findings of the research study illuminated through the approach of Kaupapa Māori and Narrative Inquiry and the three specific research questions. Based on their own individual experiences the questions asked of the

Pūkōrero focused on their identifying positive aspects of their detoxification and recovery programmes, uncovering any barriers or issues, and clarifying the support they received. The findings of this study reflect the views each one the four Pūkōrero shared with the researcher *kanohi ki te kanohi* one to one. Through the use of pseudonyms the identity of each Pūkōrero is protected. Each Pūkōrero narrative of their experiential journeys reflect their commitment, self-motivation, determination, preservation and support from others to attend, engage in, be part of, and complete their detoxification and recovery programmes from alcohol and other drug-related addiction. In the next section the findings are described and discussed sequentially.

Wairua : Spiritual Connection

Because Wairua is the spiritual link to the wider environment, the soul, being Māori and cultural identity, in all cases Pūkōrero shared how Wairua has been integral to their recovery. Wairua gave them the inner strength needed to remain committed to self, their whānau and each of their own individual detoxification and recovery programmes. Each Pūkōrero shared their experiences of going through their own detoxification and recovery programmes in chapter five. The descriptions of their experiences were different and yet similar by comparison. For example Henare tried going it alone at first and later attended a programme which he found helpful, whereas Tama, Kōtiro and Rae felt the need to be engaged in a programme with others at the outset. For each Pūkōrero their Wairua had been subjected to attack. Best (as cited in Mead, 2006) asserts, Wairua is part of the person and not located at any particular part of the body. It is immortal and exists after the death of a person and has the power to warn an individual of impending danger through visions and dreams, and is subject to attack. To elaborate, the Wairua connection for each Pūkōrero had been weakened by addiction, thus increasing their vulnerability and subject to attack. However, through the Wairua, sheer determination, commitment, and with the support of whānau and others, these Pūkōrero succeeded in ‘breaking the chemical handcuffs’ of addiction to retrieve and restore their lives to a state of health and well-being for themselves and their whānau.

Whakapapa : Genealogical Connections

A key finding for each Pūkōrero during their journey has been the rediscovery of their Whakapapa, identity and self esteem, being integral to their own healing and discovering the genesis of alcohol and drug use within their own whānau. Reconnecting with their Whakapapa is a vital link to their own identity, self esteem and identification of the origin of their addictions. Reclaiming their Whakapapa, strengthened their Wairua and vice versa providing each one with the endurance required to complete their programmes to overcome their own weaknesses through addiction. With the exception of Rae each Pūkōrero have been able to connect the origin of their individual addictions to their Whakapapa through their tūpuna. Whakapapa is expounded upon in chapter one of this study. Just as my Kaumātua located our genealogical ties as being central to this thesis, so too is Whakapapa central to the health well-being of the Pūkōrero, Whānau, Hapū, and Iwi Māori katoa.

Whānau : Family

The need to reclaim their own individual responsibilities and commitments to their Whānau and the dedicated support from Whānau, are key motivational factors that drove each Pūkōrero to achieve the positive outcomes of success through detoxification and recovery from alcohol and other drug addiction. Recognising the impact their own individual addictions had on their families has been a real awakening for each Pūkōrero, and a major contributing factor that cemented their commitment to go on their own individual journeys of detoxification and recovery. The resultant outcome of their commitment was Whānau healing. Converting dysfunctional Whānau to well functioning strong and positive Whānau. The source and influence of alcohol and other drug-related addiction for three of the Pūkōrero originated from the Whānau and had strong links to their Whakapapa. As described in chapter six the themes of Wairua, Whakapapa and Whānau emerged from the data. These themes were explored and discussed in depth with each theme and found to be interrelated and inextricably linked to one another. To elaborate, each one of the themes of

Wairua, Whakapapa and Whānau directly influence each other because they are all the parts that are integral to being wholesome and complete. Just as the holistic conceptual Te Whare Tapawha Māori [first promoted in 1982 by MWWL] health model of the metaphorical four sided house of Wairua [spiritual], Hinengaro [psychological and emotional], Tinana [physical] and Whānau [family] well-being, requires the harmonious connection between each wall to enable a person to exist in this world. So too is the relationship [as has emerged from the data] of Wairua, Whakapapa and Whānau. As Māori, we are the sum of these parts as no part can exist in isolation. If one part suffers all parts suffer and metaphorically speaking the person disintegrates as does the relationship.

Whakautu ki ngā Pātai : Responses to the Questions.

Responses to the questions of identifying positives aspects of their detoxification programmes, barriers and issues that arose for each one, and ways they felt supported throughout their programmes to enable their recovery were determined. The answers are synonymous with the emergent themes of Wairua, Whakapapa, and Whānau are intrinsically connected and integral to the healing of each Pūkōrero and their Whānau. Elaborating on the intrinsic connection between the emergent themes and question responses is to say that the answers are both found in the context of the data, are linked to each other and cannot be separated.

Whāititanga : Limitations

Positive avenues to address the historical context of Māori and alcohol, the relationship between alcohol and health for Māori, the high morbidity and mortality from alcohol and other drug related causes, and the promotion of health and well-being for Māori and others today have emerged from data of this research. However some limitations related to the study have been identified. The limitations of the research study experience were: the loss of my Kaumātua [kaitiaki/co-navigator/confidante]; having three different supervisors with differing feedback comments at times contributed to my confusion,

procrastination and lack of progress; absence of a Māori supervisor to work with; working within imposed time constraints, such as waiting for the return of 'feedback' in the allotted time from the Pūkōrero on their transcripts; having only a small sample group of Pūkōrero participants [two men and two women] whose age range was 40-60+; and wondering if the group's composition represents the 8.5% voice and sentiments of the Māori struggle with alcohol and other drug addiction in Te Tau Ihu o Te Waka a Maui. Further limitations relate to those contemplating engaging in a detoxification programme, such as, the availability of and access to a Kaupapa Māori residential programme, location of the programme, transport, and support for Māori to reconnect with one's own Māoriness through Wairua, Whakapapa, and Whānau. Other limitations are lack of financial support to enable one to participate in a programme, and being the 'bread winner'[main income earner] for the Whānau and unable to take time out. While self motivation and commitment were key to the success of the Pūkōrero in the study, however, for those imprisoned by their own addiction, a lack of motivation, aimlessness, commitment and associated environmental influences of Whānau, friends and others may contribute to the limitations that impede a decision of commitment to detoxification and recovery from addiction. Marginalisation, isolation, cultural dislocation, loss of trust, absence of tautoko, manaaki, and awhi from Whānau, friends and others caused through addiction is another limitation. The person is then faced with the challenge of regaining trust and support. An additional limitation for the detoxified person in recovery is continued exposure to the same environmental influences of addiction on their return from a detoxification programme. Absence of a close Whānau member or accomplice to walk alongside the Pūkōrero throughout the journey of detoxification and recovery from the decision outset is a limitation. Suggested solutions to address the limitations raised in this section of the chapter are mentioned in the next section under recommendations.

Tūtohutanga : Recommendations

Suggested recommendations to address the limitations [concerns] associated with this study are outlined in this section. It is difficult to address the loss of one's

Kaumātua, who is the Kaitiaki [guide/co-navigator/confidante] however maintaining contact with his Whānau and seeking the guidance of other Kaumātua [with a knowledge of alcohol and drug-related issues] is useful. Having one supervisor with whom to liaise and receive consistent comments addresses the second limitation. In keeping with Kaupapa Māori, request a Māori mentor (nurse researcher/educator) from the outset of the study. In regard to time constraints, negotiate with a supervisor and create a realistic time management plan that contains mutually agreed upon 'check-in' time slots and allowable margins of flexibility for unexpected occurrences from the outset of the study is an avenue to address this concern. To address the waiting time return of feedback from the Pūkōrero, a mutually agreed on time contact plan in place and encouraging the Pūkōrero to maintain contact with the researcher from the outset of the study would be beneficial. With regard to the small number of Pūkōrero, another two participants could have complemented the study and provide a broader scope of narrative insights to strengthen the voice of the 8.5% Māori in Te Tau Ihu o Te Waka a Maui on alcohol and drug-related concerns. Lack of motivation, commitment and aimlessness are ongoing concerns for Whānau, Hapū, Iwi Māori and others, a range of strategies need to be employed to address these because what may work for one person may not for another. Including rangatahi in a study will address the age range limitation. Ongoing promotion of available alcohol and drug rehabilitation residential programmes, Kaupapa Māori programmes, encouragement, counselling and financial support to attend detoxification and increased awareness about available services will assist in addressing this concern. The issues of marginalisation and isolation can be addressed by working in culturally supportive ways and employing strategies that are empowering for the Pūkōrero. Relocation, distance and disassociation from other addicts is a solution for many participants who wish to embark on and complete their journeys of detoxification and recovery to restore their own health and well-being. Having a supportive whānau and whānau members with unconditional love is essential for participants and their healing. As the researcher who accompanied and supported a whānau member through her

journey of detoxification and recovery I know that unconditional love and support was the main solution that helped my girl overcome addiction.

During a Whānau Advancement session at Hui Taumata 2005, strategies to address Whānau advancement such as Whānau support, Whānau healing and Whānau development were proposed (Durie, 2006). Particularly pertinent to this study is the Whānau healing philosophical base of Whānau responsibility for collective action and individual lifestyles, and healing being a collective process facilitated through the exercise of cultural and spiritual values. In my opinion these strategies support the proposed recommendations discussed in this section.

Ngā Hurihuringa : Reflections

Initially the title of this thesis was ‘He rerenga kōrero tenei pa ana te haerenga a ngā kahungatanga,’ meaning ‘the experiential journeys through detoxification and recovery from addiction.’ However, as I journeyed with this work, the need to create a title that would succinctly capture the intent of my thesis and all that it has involved led to ‘**Whakaohonga nā Kahungatanga,**’ meaning ‘**Awakening from Addiction.**’ The words just i puta mai out of me. Confirmation of an appropriate name for the thesis came from Io-matua-kore, te wairua, te hinengaro, āku tipuna me te tangata Māori hoki.

Careful contemplation on how to close this thesis and all that it contains led me to create this whakataukī. “Te hinengaro te tohu o te Pūkōrero me te karangahau nāhi. The mind is the strength of the storyteller and the nurse researcher” (Hughes, 2006). This whakataukī was borne from a desire to reflectively create and encapsulate my journey with this study and represents the connection of our Wairua and Hinengaro (mind) with the art of being the storyteller and the nurse researcher. The whakataukī describes the impact the mind has on each one of us. Our mind houses our ideas, thoughts, feelings, dreams and visions, and is the source from which the seed of this thesis germinated, grew, and materialised from another seed that was planted almost six years ago. That seed [of journeying with my loved one through the ‘landscape’ of alcohol and drug-related addiction], grew into a journey of much learning and has now resulted in

the culmination of a completed work of art. The journey translated into a passion to gather the stories of Pūkōrero Māori to be possible incentives and hope for those wishing to embark on their own journeys of awakening to restoration of health and well-being, as well as complementing the existing data on alcohol and other drug-related concerns for Māori. Employing a Kaupapa Māori approach to work with Pūkōrero Māori proved to be rewarding, satisfying, reciprocally beneficial and therapeutic for us both, because we worked together in a way that was respectful, culturally sensitive, and empowering thus ensuring and maintaining the safety of us both as Pūkōrero and researcher. The experiential learning I have acquired affirms and supports my rationale for using Kaupapa Māori and Narrative Inquiry as the preferred approach to capture the essence and nature of Māori thinking and reality for this study and matauranga Māori. The experiences of these Pūkōrero provide just a glimpse into a problem the impact of which is regionally, nationally and internationally wide. The impact of alcohol and drug-related issues still continue to contribute to the disintegration of individuals, Whānau, Hapū, Iwi Māori, communities and others. I believe my way of describing and documenting the emergent themes and pātai responses from the Pūkōrero, reflects my intention to retain and maintain the authenticity of their narratives, tikanga whakaaro me whakamohiotanga to ensure their stories will now be embedded in te kete o matauranga Māori.

Whakataua mutunga : Conclusion

Throughout my thesis every effort has been made in the documentation of the research to record and structure this work according to tikanga whakaaro and tikanga Māori. This work provides a small snapshot into the lives of four people who have been willing to share their stories and contribute to te kete o matauranga Māori hou [the basket of new Māori knowledge]. No doubt there are many more narratives of awakening from addiction yet to be told. The ultimate aim of the work is the empowerment of Māori and others to seek, break the cycle of addiction, and be able to retrieve, restore, and enjoy improved health and wellbeing outcomes which will ultimately impact positively on the individual,

whānau, hapū, iwi, Māori community, and all others. As is evident in the stories of te Pūkōrero Māori a pathway of freedom from addiction exists.

This timeless whakataukī aptly describes how the ‘*addiction battle*’ can be won.

Nāu te rourou, nāku to rourou,	Your food basket and my food basket
ka ora te manuhiri;	will satisfy the guest;
Nāu te rākau, nāku te rākau,	Your weapon and my weapon
ka mate te hoariri.	will dispose of the enemy.

In conclusion, as nurses we need to be mindful that the key to therapeutic relationships and empowerment of those who are different from ourselves is enshrined in our duty to care, causing no harm, and being culturally aware, sensitive and safe. We need to practice in a manner that is neither demeaning, diminishing, or disempowering. By practicing in a culturally safe manner we recognise and respect the rights of the individual, whānau, hapū, iwi, Māori community, and all others. After all as the recipients of our nursing care it is the individual, whānau, hapū, iwi, Māori community, and all others who determine how safe we really are.

Ko-wai e whakamaharahara.

*E mihi,e tangi,e karanga.Tena koe,tena korua,tena koutou.
I nga rau Rangatira ma, o nga hau e wha, mai ao te whai ao ki te ao
marama.Tena koutou,tena koutou katoa.*

*Huri-noa ki o tatou Kai-hanga.nana nei te timatanga,nana nei te
mutunga,no reira,kei te mihi,kei te mihi ki to matou Ariki-nui,Ariki
Matua o te Ao,e mihi atu.*

*Nga tini aitua o tatou ko wehetia ki te kopua o te whenua,Haere, haere
okioki haere.Kia tatou te hunga ora,tena koutou tena ra tatou katoa.*

*Tenei taku korero tautoko tuhituhi e tonu atu kia koutou mo taku
tuahine Hemaima Hughes o te Iwi a Whakatohea o Opoiki huri-noa
ki te Iwi o te Whanau-a-Apanui tai atu ki Te Moana-nui a Toi Tehua-
tahi.*

Ko Toroa te Arikinui.

Ko Mata-atua,te waka

Ko Tawhiti Rahi te Pa

Te awa ko Waioeka

Te Maunga ko Whakaari.

Ko Tamatea-pokai-whenua te tangata.

Ko Taktimu te waka

Nga uri o Tamatea ko Ranginui,Whaene me Kahungunu.

*Ko Whaene,ka puta Harua-te-moana ka moe kia Hanene poumamu
o-te waka Nukutere. Ka puta a TuTamure. Ka moe a TuTamure kia
Hine-i-kauia-o-te waka Mataatua ka puta mai a Whakatohea*

*Ko tenei ra te korero whakapapa i whakataua-tia taku tautoko mo taku
whanaunga a Hemaima,i rapuhia I aia ona turanga teitei,me ona moe
-moea me nga huarahi mahi matauranga e kimi haere,no reira e
Rangatira ma manaki-tia mai i runga te ara te rangimarie.*

*Ko Horopapera Tamaku Whaanga ahau,no te waka Kurahaupo Te Iwi
ko Rongomaiwahine,te waka Mataatua,te Iwi Whakatohea,Te waka
Takitimu,te Iwi Kahungunu.*

*Taku turangawaewae whenua ko Te Mahia Te Pa ko Ruawhara.Te
maunga ko Te Tara Paikaea.i naia nei e noho ahau me taku hoa
rangatira ki te Tau Iku-o-te-waka a Maui.Ko au te kaumatua mo te
taura here a Kahungunu,me nga kura matauranga a Waimeha.Mo te
Korowai Hauora Trust.Taku mahi, i mahi ahau,mo te Poari Hauora a
Whakatu/Waiharakeke Umanga Hinengaro(NMDHB MentalHealth*

Services) Mahi-a-roro maori. ko au te kaumatua mo tenei umanga me te Kaiwhakahaere. He waru tau, na tau e mahi ahou i tenei mahi. Ko au te kaumatua mo Te Kupenga Whakaoti Mahi Patunga(The National Network for Stopping Violence Services) ki Whanganui-a-Tara. He nui atu nga potae i tautoko ahou i roto tenei rohe, huri noa ki te whanau whanui.

E mihinui kia koe, kia korua, kia koutou. Noho orange mai.

Horopapera Tamaku Whaanga MBE/BEM

11 Stratford St.

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South Island.

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Email HT_JPWHAANGA@xtra.co.nz

10/10/2004

APPENDIX 1b: Letter of Support

16 October 2004

To whom it may concern

HEMAIMA HUGHES - A LETTER OF SUPPORT

This is a letter offering unequivocal support for Hemaima Hughes' application for Ethical Approval of her research proposal entitled

'Detoxification and recovery success narratives of five Pukorero'

First, in terms of the project itself: it is important that this work be done because:

- alcohol and drug addiction is a very serious issue for Maori (and all New Zealanders)
- there may be cultural differences in the underlying precursors, onset and experience of addictions
- motivations to overcome addictions may be different according to culture
- it is crucial to understand cultural differences if treatment processes are to be effective
- the process proposed by Ms Hughes has been designed according to the best evidence available about culturally appropriate research
- it is therefore likely that Ms Hughes' study will elicit valuable information.

Second, in terms of Ms Hughes' own training, qualifications, experience and the positions of responsibility which she has held and currently holds, there can be no question about her suitability and ability to undertake the proposed research project. Ms Hughes' lengthy career in several fields of medicine within the teaching sector, the public health sector, the private health sector, and now as manager of an iwi-based health service provider, has exposed, and continues to expose her to many who are severely addicted to a range of substances (and/or display a range of other addictive behaviours e.g. gambling).

Third, Ms Hughes is well known, highly regarded and widely respected within the Maori communities – tangata whenua and mataa waka - of this region. She is thus well placed to overcome any initial reticence Pukorero may have about revealing their deeply personal life details and thought processes which underpin their addiction and recovery. At the same time her impeccably professional approach will give confidence to the interviewees that their privacy and confidentiality will be maintained at all times during the course of the study and in any reporting of the case studies.

Fourth, while we are not part of Hemaima's close friendship/social group, we have come to know her quite well. By her own demeanour, Ms Hughes would be second to none to undertake such a study. We have interacted with Hemaima for many years in many different circumstances, including professional interactions, participation in hui and wananga on various subjects (some on health and others on a range of issues), and occasionally at social functions. She is a very friendly, approachable person, always willing to help, but, as noted, always the complete professional in any work-related situations.

We have no hesitation whatsoever in supporting Hemaima Hughes' application for Ethical Approval.

Hilary Anne Mitchell, BA, Dip Ed, Dip Teaching.
Maui John Mitchell, JP, BSc, MSc(Hons), Ph D.
Partners, Mitchell Research

APPENDIX 1c: Letter of Support.

Julie Scrimgeour
4 D'Arcy Street
Richmond 7002
NELSON
Phone: 03 5448308
Fax: 03 544 8344

14 October 2004

TO WHOM IT MAY CONCERN

Re: HEMAIMA HUGHES

I have known Hemaima for more than ten years and have worked with her co-presenting Bi-cultural Awareness workshops to multidisciplinary staff groups of the Area Health Board that we were then employed by. We have served together on a number of health services' committees and on a nurse education committee during Hemaima's years as a Nurse Educator at the Nelson Marlborough Institute of Technology.

Hemaima is a person who shows professionalism in all of her work with patients and clients, and in collegial relationships. She has a strong sense of professional ethic, integrity and commitment. She is able to work with empathy and sensitivity whilst at the same time maintaining the boundaries of her relationship.

Hemaima is a considerate and helpful person who enjoys the search for knowledge and will take initiative in seeking results. On a personal level, I have found Hemaima to be objective and measured, reassuring and supportive. She has an ability to make people feel valued and readily at ease in her company.

I can be contacted for comment if necessary.

Julie Scrimgeour
NZ RCN Maori Mental Health
Nelson Marlborough District Health Board

NGATI KOATA TRUST

PO BOX 63 NELSON. PH (03) 546 8018. FAX (03) 546 8994

3/11/04

To Whom It May Concern

This letter is written on behalf of the above Trust to confirm the application for Ethical Approval of a Narrative study of 5 Pukorero made by Hemaima Hughes.

We support this application with full confidence in the ability of the applicant to achieve all milestones relating to this study.

Yours faithfully

Priscilla Paul
Chairperson

TE RUNANGA O TOA RANGATIRA INC

November 2004

Rangiriri Kohe
Te Runanga o Toa Rangatira
c/- 38 Chamboard Place
NELSON

To: The Ethics Committee.

To whom it may concern,

Re: Support letter for Hemaima Hughes Alcohol & Drug Research.

It is a pleasure to take this opportunity to support Hemaima's ethical application for her proposed Alcohol & Drug research which will be from a Māori perspective.

I have known Hemaima for a number of years and especially over the last few years as I have had the opportunity to work closely with her.

Hemaima has served in positions representing Iwi health boards namely P.H.O, university and polytechnic (tutoring). Nelson Marlborough Ethics Committee, Iwi Social Services (manager), NZ nursing board, and others that carries with it an enormous amount of trust and responsibility.

In addition to the above her strength as a mother and wife can only be admired as I observe the relationship she has with her husband and whanau.

It is my understanding that Hemaima will interview a number of Māori in recovery and those that work in the field of addictions. Hemaima has been an active member on the Nelson Marlborough Ethics Committee for a number of years and I believe she will manage the confidentiality of the information shared by the participants in process. I have consented to be a participant in Hemaima's project and where honesty, trust and integrity are important I have no doubt that Hemaima would give most excellent service.

Naku noa, na

Rangiriri Kohe
Addictions Counsellor/Clinician
Ngāti Koata Health & Social Services

APPENDIX 1f: Letter of Support.

Fax: 03 520 9932
Phone: 03 520 9653

Nelson Marlborough
District Health Board

Corporate - Hauora Maori
Wairau Hospital

Private Bag 18
Nelson, New Zealand

29 October 2004

Hemaima Hughes
301 Ludd Valley
RD 1 Nelson

Tena koe Hemaima,

Support for Detoxification and recovery success narratives of five Pukorero

I pleased to provide this letter of support for Hemaima Hughes with the research project as above.

I have read the information provided and understand that the project involves engaging with five Maori people who have successfully completed detoxification and recovery from addiction. With the intent to gain insight and understanding into their shared experiences. The method of data collection will be through "kanohi ki te kanohi" - face to face contact.

In evaluating research proposals I usually ask of and apply the following questions to determine the researcher's approach to the requirement to meet Maori ethical considerations. Those questions are:

1. Determination of ethnicity. *How and who determines ethnicity in this proposal? Does the project have an analysis method to gauge accuracy of the collection of ethnicity? How will participants be selected?*
2. What questions will be asked in the face to face interviews? *Are Iwi able to contribute or comment about these questions?*
3. What process for feedback regarding the outcome of the project to Iwi will take place? *Will Iwi Maori be able to determine the feedback mechanism? Is researcher available to meet kanohi ki te kanohi (face to face) if invited by Iwi?*

I am encouraged to see that Hemaima has more than met these requirements in her research proposal. It is wonderful to see a Maori based proposal that contains Maori values and honours Maori beliefs. I recognise the value of the research in identifying for Maori positive aspects of detoxification programmes by clarifying and exploring common experiences, as well as identifying barriers and issues. This has relevance in advancing Maori health and will be a valuable contribution to further research and future planning and funding of detoxification and recovery programmes.

In closing, I would like to say that Hemaima has the full support of myself including any assistance I may be able to give. I also support her in her future education aspirations and congratulate her on maintaining a Te Ao Maori focus in her research.

Noho ora mai ra,

na, Aroha Metcalf
Director of Maori Health
aroha.metcalf@nmhs.govt.nz

APPENDIX 2 : Whakamohiotanga mo Pūkōrero/Information Sheet for Participants.

WHAKAMŌHIOTANGA MO PŪKORERO

INFORMATION SHEET FOR PARTICIPANTS

Ingoa Rangahau: He rerenga korero tenei pa ana te haerenga a ngā kahungatanga.

Research Title: Narrative Study of 5 Pūkōrero (storytellers) experiential journeys through detoxification and recovery from alcohol and other drug addiction.

Tena koe,

Ko Hemaima Hughes toku ingoa. He tauira o te paetahi kura o tiaki tūroro me whakawhānau, Te Whare Wānanga o te Upoko o te Ika a Maui.

Greetings to you,

My name is Hemaima Hughes. I am a student of the Graduate School of Nursing and Midwifery, Victoria University of Wellington.

Te Tari/The Study

Kia ora koe/thank you for your interest in this study which invites you to share your story of your journey through the landscape of detoxification and recovery from alcohol and other drug addiction.

It is my understanding that very little written information exists about Māori who have been through detoxification and recovery programmes such as the one you have been through. Therefore my reason for wanting to carry out this research with you is to enable stories like yours to be told and written. It is hoped that your story will provide Māori and others with encouragement and the incentive of wanting to be free from their addictions.

Participating in the Study

As a participant in this study I have chosen to call you Pūkōrero because I believe this term honours you as the orator and source from whom the story (knowledge) flows. Before the study commences contact will be made with you by telephone and a time and place for us to meet kanohi ki te kanohi/face to face to discuss the research will be mutually agreed upon.

At our kanohi ki te kanohi meeting I will discuss the objectives of the research with you which are:

1. Describe the positive aspects of your detoxification programme for you.
2. Explore barriers and issues that arose for you?
3. Identify and describe ways you felt supported throughout the programme which enabled your recovery.

This may be the first meeting to set up for the interview process or the meeting may become the korero/interview which will depend on what is mutually agreed upon. At this meeting you will be asked to sign the consent form which is attached. The korero/interview is expected to take approximately 1-2 hours.

Should there be a need for follow up korero/interview this will be negotiated between us.

The korero/interview will be semi structured, and opened ended questions will be used to enable you to share your journey. Your story will be recorded on tape to capture the essence of your korero. You may choose to have Whānau support with you during the interview and that is kei te pai /okay.

Once your interview is completed the recorded information will be heard and transcribed by me. The transcript will be given to you to read to check for accuracy of information, make comments and changes if need be. The transcripts will then be returned to me to make the necessary changes. The transcripts will be returned to you once again to ensure the changes have been included. All going well the information from your transcript will then be incorporated into the thesis. You will have the opportunity to comment on the draft thesis.

How secure will the data be?

All information collected from the korero by me will be stored in a fixed locked cabinet in my office and I will be the only one who will have access to the cabinet. The key to the cabinet will be stored in a safe place. At the completion of writing up of the thesis you will have the choice of having your own tape and transcript returned to you or it will be kept for five years when it will then be destroyed.

How will the information/data be used?

The information gathered from you will contribute toward my thesis. A copy of the thesis will be made available to you. The findings will be shared at hui/conferences, possibly in journals or books.

Ōu Tika/Yours Rights

You have the right not to take part in this study and you can refuse to answer any questions or choose not to korero/talk about any aspect of your experiences you do not feel comfortable sharing. You can choose to leave the study at any time and can request parts of the interview to be deleted or not recorded. The information that I collect will be respected and kept in confidence by me. You will be asked to choose a pseudonym to protect your identity. Place names and identities of support persons will not be revealed. As part of the writing up of the research direct quotes will be used because it is your stories that are significant and make the research meaningful. You need to feel comfortable knowing that others will see what you say while remembering they will not know who you are.

Being a researcher who identifies as Māori I have consulted with Mana Whenua o Whakatu and Mataawaka/Urban Māori who have given their approval for this mahi/work. This study has the approval of the Nelson Marlborough Ethics Committee. Should you have any concerns regarding this study you can contact Nelson Marlborough Ethics Committee Administrator Cathy Knight (phone 03 546 6219, fax 03546 7295, email cathy@pss.co.nz), or Chris Walsh my supervisor and senior lecturer at the Graduate School of Nursing and Midwifery, University of Wellington (phone 0800 108 005 or 04 495 5233 extension 8329, 78 Fairlie Terrace, Christine.Walsh@vuw.ac.nz).

Also if you have any queries or concerns regarding your rights you can contact a Health and Disability Services Advocate on 0800 377 766.

APPENDIX 3: Whakaki Whakaaetanga/Consent Form

WHAKAKI WHAKAAETANGA/CONSENT FORM

Ingoa Rangahau: He rerenga korero tenei pa ana te haerenga a ngā kahungatanga.

Research Title: Narrative Study of 5 Pūkorero (storytellers) experiential journeys through detoxification and recovery from alcohol and other drug addiction.

Participants name:.....

I have read and been given the participation information sheet dated
for the above mentioned study and have understood an explanation of this study

I have had an opportunity to ask questions and am satisfied with the answers to my questions, and I know that I am able to ask more questions at any time should I have any concerns.

I understand that I may withdraw myself (or any information I have provided) from this study (up until data analysis) without having to give reasons or without penalty of any sort.

I understand that any information I provide will be kept confidential to the researcher and her supervisor Chris Walsh.

The published results will not use my name and any identifying material will be removed at the time of transcription

I understand that all the material gathered from me will be destroyed five years after the completion of the study

I understand that I will have the opportunity to comment and give feedback on my interview transcript and that a draft of the initial findings will be sent to me for comment and these will form part of the analysis

I understand that the information that I provide will be used for the purposes described in the participant information sheet and will not be released to others without my written consent.

I agree to have my interview audio taped and understand that I have the right to ask for the audio tape to be turned off at anytime during the interview.

I agree to take part in this study

Haingatanga o te Pūkorero

/Participant's Signature: _____

Date: _____

APPENDIX 4 : Rārangi Tohutohu mo ngā pātai / Interview Guidelines for Questions.

Research Title: He rerenga kōrero tenei pa ana te hāaerenga a ngā Kahungatanga

Narrative Study of 5 Pūkorero (storytellers) experiential journeys through detoxification and recovery from Alcohol and other drug addiction.

Rārangi Tohutohu mo ngā Pātai / Interview Guidelines for Questions

Kia oraTe ingoa o te Pūkorero
Hello to.... name of the participant.

Ngā mihi mahana ki a koe (name of participant)
Warm greetings to you

Kei te pehea koe e (name of participant) me tōu whanau hoki?
How are you, and your family?

E pai ana ne?
Well?

Tīmata karakia ne?
Shall we begin with karakia/prayer?

Ngā pātai mo koe ne
Questions for you okay.

Korero mai ki au mo tōu haerenga mo tōu kahungatanga
Tell me about your journey from your addiction/s.

1. A hea i tīmata ai?
When did it start?
2. Ki hea i tīmata ai?
Where did it start?
3. Na te aha?
Why? How? (What reason)
He aha koe i pena ai?
Why did you do that?
4. Nā wai koe i ārahi me whakamārama?
Who led you and showed you?
5. A hia ngā tau nāianei?
How many years now?
6. E hiahia ana koe ki te korero ētahi atu?
Do you want to talk some more?

APPENDIX 5: Kai tuhi-ā-ringā/Transcriber/s Confidentiality Form

**Ngā Rerenga o Ngā Pūkorero
The Survivors Stories**

Kai tuhi-ā-ringā/Transcriber/s

Muna Whakaaetanga/ Confidential Agreement

In my role as kai tuhi-ā-ringā/transcriber, I agree that the confidentiality o Ngā Pūkorero / of the Storytellers will be maintained and that I will not talk about anything I have heard in my role as transcriber. I will retain no information in any electronic or written form and will return all data both raw and transcribed to the researcher.

Kai tuhi-ā-ringā/Transcriber/s: _____ **Date** _____

Researcher: _____ **Date** _____

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Freephone 0800 108 005, Email nursing-midwifery@vuw.ac.nz Website: www.vuw.ac.nz/nsemid

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