

**A Cultural Approach to Music Therapy in New Zealand: a Māori  
Perspective.**

A dissertation presented in partial fulfilment of the requirements for the degree of

**Master of Music Therapy**

at Massey University, NZ School of Music,  
Wellington, New Zealand.

**Dennis Jon Kahui**

2008

## **Abstract**

The main theme of this study is to form a culturally appropriate approach to music therapy concepts from a Māori perspective that could be inclusive and accommodate both Māori and Tauwi (non-Māori) Rangatahi (adolescents) in health care settings. In order to provide a descriptive account of the holistic aspects of introducing Māori musical concepts in a music therapy setting a qualitative design was employed. The study draws on my personal journal entries, an interview with Kaumātua (Māori respected elders) regarding the appropriateness of introducing and altering traditional Māori musicality to accommodate the patient's needs and a case study involving the Haka as a music therapy intervention strategy with a young Māori patient diagnosed with schizophrenia.

My findings show that as a music therapist consultation with Kaumātua regarding anything related to Māori cultural aspects was essential. I also found that when working with a Māori Rangatahi who is immersed in Māori culture, it created an atmosphere of containment, familiarity, enjoyment, engagement and an environment that facilitated the achievement of therapeutic goals. Te Whare Tapa Whā Māori mental health model is well suited as a music therapy assessment tool to the characteristics of the physical, emotional, spiritual and family context of the Haka.

I also found that Tauwi music therapists wishing to introduce cultural elements must first learn about Māori culture and the people in order to confidently understand the music. Tauwi Rangatahi may also benefit from the introduction of Māori musicality as a therapeutic means by being an inclusive member of the community and the positive psychological effects. For example, Rangatahi benefited from learning the proper pronunciation and meaning of the Haka, which in turn gave them a sense of achievement. I also found that some Māori protocols fit well with the protocols of music therapy, such as the beginning and endings with a hello and goodbye song.

## Acknowledgements

Rau Rangatira ma, tena koutou tena koutou, tuatahi, me mihi ki te runga rawa nananei ngā mea koutou, tuarua, me mihi ki te iwi, no reira tena koutou tena koutou tena tatou katoa.

There are so many people I need to acknowledge because without them I would not be where I am today. The life and educational experiences of the past and the present have drawn me to a profession that centres on the passions that are dear to me, such as my culture, helping people, learning from people, and music making. Thank you for sharing your precious time with me where conversations both short and long contributed to the direction of my research and learning. Thank you for your physical and spiritual energy, the tears and laughter, the musical journeys, your devoted love and support, and for giving me the chance, motivation, belief and choices to present a paper that you helped create. This paper reveals the whimsical power and beauty of music, therapy, people and culture. The list of acknowledgements is in random order because each experience is unique and sits side by side in how it has contributed to this paper and my learning. I have withheld the identities of specific organisations and people's names due to confidentiality reasons.

Marte Lie Noer (Music Therapist) & Husband Alan Davidson (Music Lecturer, Otago University). Daphne Rickson and Sarah Hoskyns (Music Therapy lecturers and coordinators, Massey University, Wellington). Fellow Music Therapy colleagues. Mary Hepburn (Visiting Music Therapist, Wellington). Anna Maitland and Andrew Tutty (friends and Music Therapists). Morva Croxon (President of the New Zealand Society of Music Therapy). Kaumātua, Occupation Therapist, Senior Staff, Support Staff and Rangatahi (The Acute Mental Health Facility for Rangatahi). Toa (Case Study Participant) and his whānau. Mum, Dad, brother and sisters and their whānau. Friends in Tromsø, Norway. Claire Yendoll (Ethics Committee). Bronwyn Campbell (Māori Studies Tutor, Massey University, Wellington). Jocelyn Bourgeois (Rotary Club of Port Nocholson, Goal Setters Award). Patrick Robinson (Longlife friend). Random acquaintances throughout Aotearoa and other countries. Local Kaumātua, friends and relatives (Aotearoa Marae, Okaiawa, South Taranaki, North Island). Finally, to my amazing wife Viktoria and mother of our beautiful daughter Taisja, this path would not be possible without you by my side, Ich liebe dich mit alles meine Frau. This study has received approval until April 2007 from the Central Region Ethics Committee. Approval has been extended until 10 November 2008.

## Contents

Abstract	ii
Acknowledgements	iii
Contents	iv

## Chapter

1.	Introduction	1
2.	Indigenous Cultures, Music and Healing	5
	2.1 Introduction to Literature Review on Music, Therapy and Culture	5
	2.2 Cultural Healing	6
	2.3 International Music Therapy Literature	9
	2.4 Community Music Therapy	12
	2.5 Music Therapy in New Zealand	14
3.	Māori Culture and Music Therapy	17
	3.1 Māori Culture: a Personal Perspective	17
	3.2 Colonial History	20
	3.3 Māoritanga – Some Māori Traditions and Customs	22
	3.4 Māori Music	26
	3.5 Integrating the Haka into the Health Care Sector	30
	3.6 Māori Health	33
	3.7 Māori Cultural Elements in Music Therapy	35
	3.8 Māori Values and Music Therapy in Practice	36

4.	Methodology	39
	4.1 Method of Intervention Strategy	39
	4.2 Ethical Consideration	41
	4.3 Participants and Data Collection	42
	4.4 Music Therapy	44
	4.5 Data Analysis	45
5.	Keehi Akoranga. Case Study	47
	5.1 Kete: E tū mai rā e Kare. Profile of the Participant	49
	5.2 Kete: Music Therapy Setting	50
	5.3 Kete: Therapy Goals and Aims	53
	5.4 Kete: Waiata Mai. Session Begins	54
	5.5 Kete: Kupu Whakatepe. Assessment	61
6.	Tātaritanga Patapatai. Interview Analysis	65
	6.1 Kete: Prior to Recording the Interview	66
	6.2 Kete: Pūnaha Māori Ne. Māori Protocols a must	68
	6.3 Kete: He Kokonga Whare e Kitea he kokonga ngākau ekore e kitea. Work experience of Kaumātua prior to working at Facility	70
	6.4 Kete: Te Haerenga (The Journey). Māori Musicality and Music Therapy	71
	6.5 Kete: Māramatanga (Enlightenment). Closing the Hui	77
7.	Discussion	79
	7.1 Introduction	79
	7.2 Kete: Māori	80

7.3 Kete: Kaumātua	82
7.4 Kete: Rangatahi	85
7.5 Kete: Haka	89
7.6 Kete: Music Therapy	90
7.7 Summary and Discussion	94
8. Conclusion	99
Bibliography	101
Glossary	107

## Appendix

A1.	Interview with Kaumātua	113
A2.	Journal Entries	121
	A2.1 Kete: The Greeting	123
	A2.2 Kete: Music Therapy and Rangatahi	123
	A2.3 Kete: Te Haka	128
	A2.4 Kete: Hinengaro	131
	A2.5 Kete: Māori Relations	134
	A2.6 Kete: Ko Tromsø ki Te kainga ināianei (Tromsø is where I live now)	137
	A2.7 Kete: Kupu Whakatepe. Concluding points	139
A3.	Ethics Approval and Extension	
A4.	Information Sheets and Consent Forms	





## Chapter 1

### Introduction

Kia ora, e mihi atu nei ki a koutou, kia tau, kia tatou katoa, i roto i te whiwhinga kotahitanga, tena koutou, tena koutou.

Ko Aotea taku Waka

Ko Turi taku Rangatira

Ko Taranaki taku Maunga

Ko Waingongoro taku Awa

Ko Ngāti Ruanui me Ngā Ruahine-rangi ōku Iwi

Ko Okahu taku Hapu

Ko Aotearoa taku Marae

Ko Denis Jon Kahui taku Ingoa

Kia ora my name is Dennis Jon Kahui. The above comment is an acknowledgement to you the readers in the hope that as we learn from each other, the quest of unity is achieved and that we are able to assist those who may benefit from what we have learnt. I am currently a Masters Music Therapy student under the New Zealand School of Music at Massey University in Wellington.

The main theme of my research is to form a culturally appropriate approach to music therapy concepts from a Māori perspective that could be inclusive and accommodate both Māori and Tauīwi (non-Māori) Rangatahi (adolescents) in health care settings. By intertwining Tikanga Māori (Māori culture) with Pākehā (Western) mainstream music therapy programs, the aim is to form a relationship that is safe, professional, and respectful to both teachings. Tauīwi (non-Māori) may gain a better understanding and insight into Te Ao Māori (the Māori world) through music therapy participation and/or observations. Māori participants may rekindle or continue their connection to their culture.

As part of my degree requirement I have undertaken an ongoing practicum at an Acute Mental Health Facility (the Facility) for Rangatahi (adolescents), where Rangatahi in the age group 14-19 are treated for acute psychological symptoms. I visited the Facility once a week for some time period in my first and second year of the Masters, which provided me with the opportunity to introduce Kapahaka and other Māori concepts to music therapy strategies. The Facility embraces a bi-cultural approach to the assessment of patients, and I found it an ideal place to conduct my research in terms of general observations (journal entries), a case study where I use the Haka (Māori 'war' dance) as a means of musical intervention and an interview with Kaumātua regarding the introduction and alteration of cultural concepts in music therapy sessions. The fact that I use the Haka as a means of musical intervention had me questioning myself, i.e. why do I consider the Haka to be 'music' when it involves 'dance', and how can I utilise a Māori concept that involves 'performance' to be an inclusive means in music therapy. I will go into further detail about the nature of the Haka, as music, and how the term 'performance' of the Haka can find its place in music therapy in Chapter 3.1.

In order to provide a descriptive account of the holistic aspects of introducing Māori musical concepts in a music therapy setting a qualitative design was employed. The study gained ethical approval from the Central Region Health and Disability Ethics Committee, and all participants were fully informed about the process of the study. Consent was provided by the participant of the case study, his parents, the team leader, the occupational therapist/therapeutic day program coordinator and Kaumātua.

Being the only Māori on the course, I soon realised the cultural expectations that come with being Māori. Introducing Pūoro Māori (Māori music) into my practicum has been an intuitive and natural journey. I feel that Māori inclusion offers the music therapy profession in New Zealand an alternative scope in which to venture, where the music, well-being of people and cultural aspects are taken into consideration.

Some of the findings of my study show that implementing Māori cultural elements into music therapy sessions was greatly promoted by the bi-cultural approach of the Facility. As a music therapist consultation with Kaumātua regarding anything related to Māori cultural aspects was essential. For example, when altering Māori music to accommodate the patient's needs and to promote a safe and inclusive working environment it was important to consult with Kaumātua. I also found that when working with a Māori Rangatahi who is immersed in Māori culture, it created an atmosphere of containment,

familiarity, enjoyment, engagement and an environment that facilitated the achievement of therapeutic goals. Te Whare Tapa Whā Māori mental health model (Durie 1994) is well suited as a music therapy assessment tool to the characteristics of the physical, emotional, spiritual and family context of the Haka.

Tauiwi music therapists wishing to introduce cultural elements must first learn about Māori culture and the people in order to confidently understand the music. Obtaining the respect and trust of the Māori community is important when utilising their cultural connections. It is more important to create a network and spend time amongst the Māori people than adopting solely a theoretical process.

Tauiwi Rangatahi may also benefit from the introduction of Māori music as a therapeutic means. For example, learning the proper pronunciation and meaning of the Haka gave Tauiwi Rangatahi a sense of achievement. I also found that some Māori protocols which fulfil important functions at gatherings fit well with the protocols of music therapy, such as the beginning and endings with a hello and goodbye song.

I hope the findings of my research provide fellow music therapy colleagues and others some guidance of how to go about implementing Māori music into music therapy sessions, but it also takes into consideration the musical needs of fellow Māori and Tauiwi who are patients in healthcare sectors.

In Chapter 2 I discuss the indigenous cultures, music and healing practices in Alaska, America, the Pacific, Canada, Australia and South Africa. I also give a short overview of community music therapy and how this corresponds with Māori elements. The discussion highlights the importance of a holistic healing approach to health and the well being of indigenous people within a music therapy setting.

In Chapter 3 I look at Māori culture and music therapy in more detail. It includes a short history of the colonial history in order to give the reader a background understanding of the social and political issues surrounding the Māori of today. I then discuss some Māori traditions, customs and music with focus on the Haka in the health care setting. The Haka is a Māori performance that forms the basis of my case study. Finally, I discuss Māori health and what is important when thinking of including Māori cultural elements in music therapy.

In Chapter 4 I provide an overview of the methodology and data analysis.

In Chapter 5 I give a detailed description and assessment of my music therapy case study with a young Māori patient diagnosed with schizophrenia. I look at the Haka as a form of musical intervention.

Chapter 6 looks at detailed accounts of an interview undertaken with Kaumātua, who are the respective elders at the Acute Mental Health Facility for Rangatahi. Kaumātua played a decisive role with regards to the Māori concepts that were used in music therapy sessions. These accounts are mentioned in the case study. Throughout my practicum Kaumātua support and guidance have played an important role in my approach to structuring workable ideas of how fellow music therapists can incorporate a cultural approach.

Chapter 7 brings together the results from the case study, the interview analysis and the journal entries. I discuss these results in order to address my main question of how to form a cultural approach to music therapy concepts from a Māori perspective that could be inclusive and accommodate both Māori and Tauīwi Rangatahi in health care settings.

Chapter 8 concludes, while the Appendices provide the raw data in terms of the interview with Kaumātua, the journal entries, the ethics approval letters, the information sheets and the consent forms.

I would like to note that I had originally submitted this study in January 2007. However, I was kindly provided the opportunity to revise and re-submit this study by 1 March 2008.

## Chapter 2

### Indigenous Cultures, Music and Healing

#### 2.1 Introduction to Literature Review on Music, Therapy and Culture

Traditional music plays an influential role for indigenous people in the way of how a person carries themselves whether it is personally, in a family setting or within the community. I feel that when a person shares their music, one can distinguish themselves from others.

From a personal perspective, throughout my academic years I have observed the mastery and musical skills of classical music performers. Coming from a non-classical musical background I felt unmusical in the presence of such an intimidating musical display of articulation. The melody, modality, tempo and its instrumental voices carried a specific and natural ownership of the music that reflected a culture, a time, and a tradition.

In time self reflection carried me back to my roots, where I began to feel unintimidated and musically enlightened again because my peoples' way of being carries melodies, rhythms, dance and instrumental voices that connect to a culture and a time of old but yet appeared so new to many.

By looking at other countries I want to share the importance of how music and dance becomes a major part of the healing process. In Māoridom higher forces become a predominant part of the everyday process of acknowledgement and wellbeing. Song and dance are undertaken to bring togetherness, support and safety to all those in the present and spiritual realms.

The Alaskan Eskimo, American Indian, fellow Polynesian and Māori tribes all carry with them the importance of song and/or dance in the healing and remembrance of rituals and customs. Music goes hand in hand with the culture.

In order to understand what music therapists have to face when considering working with diverse ethnic groups in music therapy sessions, I want to focus on aspects of

international music therapy literature that share the challenges and barriers music therapists from around the world face.

In Aotearoa we have a large population of diverse ethnic groups. In the healthcare sectors I have encountered few areas where cultural and musical sensitivity created problems. But I feel that having undertaken a paper in ethnomusicology in my bachelor years and a world culture paper as part of the Masters of Music Therapy degree benefited my musical application greatly.

Stige (2004) makes the point that community music therapy is not a new approach but rather one of the oldest forms of music therapy to exist. Indigenous cultures have used the means of music as a medium to assist them in the healing process for many generations. There are issues that arise when some music therapists work within a therapeutic and musical context that consist of diverse cultures, and in the following discussion I highlight some of these issues.

## **2.2 Cultural Healing**

In this section I want to provide a selected overview of some of the international literature in regards to alternative healing practices of indigenous cultures. There are some experiences of music therapy with indigenous cultures in Australia, Canada and South Africa. I also describe more general healing experiences of the Native Americans and Polynesian Islands, since they are very similar to Māori beliefs and provide an insight into how Māori values can be applied to a cultural approach of music therapy in New Zealand.

### **2.2.1 Revitalisation of Alaskan Music**

Johnston (1978), a professor of music at the University of Alaska, undertook research looking at Eskimo and Indian music in Alaska. The distinctive sound and social patterns of Alaskan Eskimo music are a learned social act. They are shaped not only by Eskimo culture, but also by their Arctic environment.

Johnson had no cultural reference for its use of microtonal inflections, asymmetrical pulse, nasal timbre, glottal pulsation, and lack of vertical harmony (Eskimo singing is always in unison).

The social context of Alaskan Eskimo music is full with psychological associations which are elusive to temperate zone peoples. For instance, present-day musical ceremonies mark the time of spring whaling, and the time of mid-winter socialability. Songs praise ones hunting skills, express relations with whaling spirits, serve as mementos of heroic and humorous encounters with sea mammals.

Although Johnston does not discuss Eskimo music in relation to healing rituals, he notes that many social problems such as alcoholism, suicide, mental illness and unemployment are connected to the neglect of psychological needs of self-esteem, peer-group support, continuity in value orientation and being able to succeed in traditional Eskimo ways as well as in the white community. Traditional Eskimo music and dance is a vital part of their culture but had been banned and suppressed for the first part of the century by misguided missionaries. In an effort to tackle their social problems, Eskimos have started to assert their traditional culture and have, for example, demanded and obtained dance classes into the school for formal credit.

Johnston's study highlights the central role traditional music and dance plays to the spiritual, mental and physical well being of the Eskimo culture. I feel there is a shared link with the Māori Haka and music here in the sense that Haka and Waiata are very important to the wellbeing and social support of individuals.

### **2.2.2 American Indian**

Struthers, Eschiti & Patchell (2004) describe four healing accounts by Native Americans who continue to utilise indigenous healing as an approach to treat imbalances and disease. They emphasised the holistic approach to healing by Native Americans, where the spirit world and traditional ceremonies play an important role in cultural life. Relative to this, Dufrene (1990) writes that myths, prayer songs, chants, and instrument playing are used to return patients symbolically to the source of tribal energy. Native American traditional healers or shamans draw upon a vast body of symbolism passed down from one generation to the next. Dufrene observes that many young people are trapped between tribal values (unconscious behaviour) and values

from schools, church, etc. In the 1950s and 60s Native American heritage experienced a revival when health professionals came to recognize the value of native therapeutic resources, such as the Native American medicine wheel.

### **2.2.3 Polynesian Islands**

King (1983) is a Kahuna or healer in the Polynesian Islands and describes the Huna as being a major part of the spiritual tradition of the Polynesian peoples. Huna refers to the aspects of the hidden realms of reality or knowledge. Huna is a practical way of life that is based on intuitive knowledge and inner guidance. Huna is a tool that is utilised in a manner that centres on self being guided to a path of balance or health. The Kahuna are the transmitters and maintainers of the spiritual tradition of Huna. The very few individuals who are selected to become a Kahuna usually carry the royal bloodline.

King (1983) identifies three realms to his healing. The first is intuition-centred where the spirit, mind, body and mastery over life are focussed upon. The second is the Lono, which is intellectually-centred. This centres on areas such as the use of natural resources such as sunlight, sea salt, and crystals. The final realm is the Ku. This brings forth the sensual and emotional aspects of life. This form of psychotherapy helps to open up oneself to reveal expressions of repressed feelings and traumas.

Modern psychoanalysis (famously founded upon Freud's work) focuses on the treatment of mental and emotional disorders and adjustment problems through the use of psychological techniques rather than through physical or biological means. Freud described two distinctive parts of an individual; the conscious and the unconscious. The conscious domain captures the reality as the individual perceives it, while the unconscious domain includes all aspects of memories, emotions, drives and instincts not easily perceived by the individual. The main form of therapy here is that it is a verbal exchange or therapeutic interaction between the therapist and the patient. Once the therapist has gained trust from the patient, goals can be set to help patient seek a positive outlook towards self and wellbeing.

There are a number of links between the traditional Kahuna approach and modern psychoanalysis. Firstly, the Kahuna is of royal blood and 'graduates' to become a healer similar to the long time of study required for a Western therapist to be trained. Secondly, the Kahuna focuses on the hidden causes of trauma just as the Freudian



theory focuses on the unconscious. And finally, the sharing of emotions when the trauma is relived creates insight and understanding of the hidden source of the original traumatic event. Armed with the right skills, guidance and mutual trust, the Kahuna or therapist can help those individuals who carry an imbalanced approach to self or display destructive behaviour or emotions by way of interaction.

## **2.3 International Music Therapy Literature**

The use of music as therapy aims to address the psychological, physiological, social, cognitive and emotional needs of individuals in health care sectors. Music therapy is undertaken in various health care settings with individuals who display diverse physiological and psychological challenges of any age regardless of musical skill or background. When working with a multi-disciplinary team as I had done at the Mental Health Facility for Rangatahi, the team works together and refers patients to various disciplines as part of the patient's healing process.

### **2.3.1 Canada**

Sloss (1996) undertook an exploratory study to examine cross-cultural approaches to music therapy in Canada. Her study focused on the many challenges music therapists faced when preparing a music therapy approach with a diverse ethnic group. Her survey of 83 music therapists working with diverse client groups highlighted the many challenges they faced. Music therapists generally felt strongly about the importance of cultural musical knowledge, and many learnt about multicultural music through experience, research and other methods (such as music listening, colleagues and clients).

She concludes that music therapists in Canada feel the university curriculum did not prepare them with the sufficient tools for their multicultural environment.

The importance of including cultural elements suitable to the cultural environment a music therapist is faced with has also been shown in other studies. For example, Dos Santos (2005) comments that currently most music therapists in South African Cape

Town townships are 'white'. Within such a diverse ethnic environment she found it a huge challenge to work with 'white' music therapy intervention concepts in a native environment.

Ruud (1998) states that by acknowledging patients' connections with their ethnic musical codes, the music therapist can lay a foundation for musical dialogue with the patient. Ruud also stresses that respect for one's musical identity, musical human rights and human dignity needs to be taken into consideration.

In Aotearoa the country is very multicultural and there are diverse religions, customs and protocols to consider, even though the majority of ethnic groups in Aotearoa do speak English.

From a music therapy perspective, the number of ethnic groups at the Mental Health Facility for Rangatahi contained four and more Rangatahi from other cultural backgrounds.

In relation to Sloss's conclusion of the importance of cultural musical knowledge, I did have an advantage as a Māori music therapist who was trained through the conventional means of music therapy methods, but with the exception of having knowledge of my Māori methods of musicality and aspects of Pacifica. Being familiar and fond of various styles of music such as rock, blues, classical, RnB and heavy metal also played an important different role when it came to music in a culture whose youth is influenced by many new genre of music. Culture took into account the individual's family history, their belief system, customs and protocols.

When undertaking music therapy sessions with Māori Rangatahi, for example, I was able to venture into an area where I felt I could connect emotionally, physically, spiritually and musically by utilising specific areas of Māoridom. With guidance and support from Kaumātua, self confidence and cultural knowledge I was able to take such a path.

### **2.3.2 Australia**

The 'Sing and Grow' program discussed by Abad and Edwards (2002) is based in Queensland. Sing and Grow is an Australian Commonwealth Government funded program. This programme is undertaken in a community setting, and provides

opportunities for families to undergo weekly music therapy sessions over a ten-week period. Family members that face any form of physiological and/or psychological challenges can enter the program.

Each music therapy session carries the conventional music therapy method of opening and closing with a welcoming and goodbye song. During the session children and parents take part in action songs, instrumental play, dancing, and quiet time.

The program uses music therapy to enhance child development where action songs and dance help to develop fine and gross motor skills while singing tends towards the promotion and development of language.

In a more recent publication on the ‘Sing and Grow’ program Williams and Abad (2005) investigated the cultural identity and framework and their own preconceived ideas in order to design a therapy program. They found that the establishment of the program involved a process of learning for both music therapists and families in order to create a workable therapeutic environment.

Although this program is not primarily related to a cultural approach to music therapy, it shares a number of similarities with a Māori perspective. For example, the protocols of the programme connect well with the protocols of Māori culture, such as the opening and closing the doors of therapy with a song or Karakia. The Sing and Grow programme also emphasises a communal approach, which connects well with the communal associations of Māoridom in terms of whānau approaches (this will be discussed more in the next chapter). Another positive aspect of this programme is that it is voluntary and free of admission. This means of family support can become an inviting proposal for families who have members with financial difficulties or may feel uncomfortable receiving help from ‘normal’ forms of health assistance, as is often the case with Māori. Given that the inclusion of Māori elements in music therapy is a very new field, it will likely involve a similar learning process as described by Williams and Abad (2005).

### **2.3.3 South Africa**

Maiello (1999) describes the South African history and identifies the social, economic and cultural differences between ethnic groups and ‘white’ domination. He finds that

reactions to apartheid and racial segregation have brought forth a disregard and denial of cultural differences in working towards intervention strategies on health issues.

Specific rhythms, sounds, music, movements and dances are all expressive means of connecting with the spiritual world in many indigenous cultures. Rudd (1998) acknowledges that indigenous music therapy methods can be either used alone or alongside other healing services in the treatment of issues such as stress management and other chronic injuries.

The music therapy approach I took at the Mental Health Facility for Rangatahi was both from a planned and unplanned approach. Intuition played a major role in determining whether a Rangatahi or group would benefit from a fixed or unfixed cultural approach or a conventional music therapy session. Group sizes and individual music therapy sessions were unpredictable. So one had to adjust to the moment.

## **2.4 Community Music Therapy**

Community music therapy is a realm I am very interested in since it shares many connotations with Māori approaches (see Sing and Grow programme). Community music therapy with Māori communities for example, would be relevant to restore individual and/or social challenges.

The following provides a brief overview of the literature that has emerged in order to help understand, promote and construct a workable path for community music therapists in cultural diverse environments. Aasgaard (1999) points out that community music therapy concentrates on the relationship of individual's immediate environment and the social surroundings. Community-based intervention programmes need to take into account the many areas that can support health centres.

Stige (2002) outlines five areas of interest regarding community music therapy: community healing rituals of traditional cultures, the practices of conventional modern music therapy, the traditions and activities of community music, the models of sociotherapy and milieu therapy (an approach from one's immediate environment) and the approaches to community work.

Stige states that the *intra-disciplinary* perspective is given by the need to position oneself in relation to conventional music therapy, while *inter-disciplinary* perspectives are involved when learning from sociotherapy, milieu therapy, and approaches to community work. He believes that traditions represent the cultural and social capital of the community. Traditions of community music do not only exist in relation to genres and forms of organized activities, but also link to values and social practices of that community. Working with musical and cultural traditions within an individual's environment that is respected and understood is a mutually inviting passage of venture.

Stige also believes a *global* perspective brings forth a holistic approach of traditional healing rituals that one may take. For example, the Māori Mental Health Models of Te Whare Tapa Whā (the four dimensions of wellbeing) and Te Wheke (the octopus) focus on the holistic wellbeing of a person and would be in line with Stige's argument.

Stige outlines ways in which music therapists may benefit from traditional healing rituals. One area centres on how the therapist may reflect on their own theory and practice and welcome other traditions of theoretical and practical assumptions as well. The second investigates how the therapist may find patterns of similarities of both traditional and modern practices. The third focuses on how the knowledge and healing rituals of different cultural contexts can be managed by the therapist.

Stige's observation that traditions represent the cultural and social capital of a community is very much true for Māori culture. Māori have a very strong focus on the Whānau (family) and wider community, and a lot of Māori traditions are based on group interaction and nourishing the individual through the group's support.

#### **2.4.1 Re-evaluating one's situation as a music therapist**

Pavlicevic (2004) spent time in Thembaletethu, located in the southern region of South Africa, over a three day period working in a community based arts project which was committed to assisting the highly disadvantaged. On introduction to the community arts project, Pavlicevic and the other therapists were greeted with a song, and after some of the formalities, every single person (70 women) introduced themselves.

Pavlicevic was startled by the difference in the cultural setting. She had to step back and re-evaluate her situation as a music therapist because the people there already knew how to move to the music and create their own energy. She looked at her situation as an

induction to the specific culture at hand by observing the singers, the music, the songs and their dance.

She notes that there are socio-cultural aspects of musical understanding that are ignored by traditional music therapy practices. I do find this statement by Pavlicevic to be true when looking at it from an Aotearoa perspective.

By looking at music one can see the divide between certain social groups. While working at an acute Mental Health Facility for Kaumātua (elderly) I found that there were many who had lived in Aotearoa all their life and never knew much or anything about Māoridom or traditional Māori music.

As a child, I was taught songs and dances by listening and observing the Kaiako (teacher). In my case, this was a born-in process to learning. Māori and/or Tauīwi who wish to learn Māori culture are sometimes invited to a live-in process, where the sharing in everyday duties on the Marae (Māori village) becomes part of the learning process.

I do feel passionate that if fellow music therapists wish to learn and understand Māori music, one venue of application is by way of either spending quality time on a Marae, at a Kōhanga Reo (language nest) or undertaking a certified degree in Māori that centres on customs, traditions and music. An alternative would also be to offer a tailor made course in Māori culture as part of a music therapy degree, which would give music therapist students the possibility to immerse and familiarise themselves with some of the ground roots of the Tangata Whenua of Aotearoa.

## **2.5 Music Therapy in New Zealand**

Music therapy is a health profession that is blossoming throughout Aotearoa. The NZSMT (New Zealand Society of Music Therapy) supports the development of a full-time university program. The Conservatorium of Music at Massey University based in Wellington, New Zealand, is the only program that trains graduates to become professional music therapists. The two-year program is developed in association with the New Zealand School of Music.

The music therapy course is run by certified music therapists Daphne Rickson and Sarah Hoskyns. The two-year curriculum for the Masters of Music Therapy (MMusTher) degree is a certified course that prepares students who want to undertake a profession in the music therapy sector. The degree includes papers in music therapy principles and methods, selected music of indigenous cultures/world music, special topic paper, undergoing practical work, and case work and research. The Masters of Music Therapy degree in 2005 has just passed through the first group of graduates.

Having an interest in ethnomusicology, the inclusion of world music as part of the training in my Masters at Massey enabled me to venture back to my Māori roots and re-evaluate just how I can support my people, and Tauīwi (non-Māori) by way of Pūoro Māori (Māori music). Māori culture in New Zealand is familiar to some, but from an in-depth perspective is only truly understood by few. What we need from anthropology is some methodology to help in the understanding of how music, therapy and social contexts work together and also how some of the workings of contemporary music therapy can be understood as a specific cultural practice.

My discussion on cultural healing highlights the importance of a holistic approach to health and the well being of indigenous peoples. Māori have educated themselves in the Pākehā society but there is still a difference in the approach to health applications. For example, chants within Māori culture deal with the holistic healing of a person, and acknowledge the important connections Māori have between the physical and spiritual world. The notion of whakapapa relates to Whānau connections. Whānau can act as a form of safe house of one's identity. Whakapapa can break the walls of isolation for patients. I feel that Waiata is regarded as a regurgitated voice of past experiences and story telling that serve as an expression of love, grief, anger, and triumphs.

I believe there is a need for those music therapists who want to work with different cultures to re-evaluate their western music therapy methods. In my experience, integrating some Māori elements into western music therapy methods can be fairly different from the standard approach. For example, Māori have many Waiata that suit a specific occasion but the choice of song is negotiated spontaneously based on an intuitive approach. Western music therapy methods, on the other hand, sometimes entail a more structured and planned approach. However, when implementing music therapy sessions from a Māori cultural perspective I often use parts of conventional music therapy models, but it is difficult to summarize them under one theoretical umbrella. For

example, the opening and closing of a music therapy session is similar to the Māori protocol on a Marae of opening and closing with a Waiata. On the other hand, the Māori concept of Whānau allowed me to form a therapeutic relationship with a Rangatahi instantaneously, even before the music therapy session began.

I would like to point out that when using Māori music it is important for Tauwi music therapists to consult Kaumātua if ever thinking about improvising with Waiata, such as fusing Karakia with other genres of music (e.g. with Jazz, etc.). To do so without the right support can come across as culturally offensive. As a Māori music therapist I too consult Kaumātua on a regular basis, however, I do have much more freedom because of my cultural connection and knowledge.

In the next Chapter I will discuss some of the Māori cultural elements in more detail. One of them is the strong emphasis on Whānau. Community music therapy models could mirror a Whānau approach. Māori think in Whānau terms, i.e. traditionally Māori individuals rely on Whānau for support, confidence building (identity), food provision, financial aid and social companionship. Māori individuals could benefit greatly from treatment within a community setting because hidden issues which are exposed can be addressed by Whānau intervention strategies.



## **Chapter 3**

### **Māori Culture and Music Therapy**

#### **3.1 Māori Culture: a Personal Perspective**

This chapter provides an overview of Māori culture. In order to understand Māori and how a music therapist can utilise or apply Māori concepts, it is important to gain an insight into the ways Māori express tradition and customs. By looking at the historical events of colonialism I want to draw out some causes and effects that have moulded the Māori of today. I would also like to point out that these statements and opinions are from my perspective and do not intend to disrespect my people or Pākehā in any way or form.

Māori are very proud people. We are very passionate about who we are and what Aotearoa means to us, no matter what level of Māori cultural understanding and knowledge an individual has. Orange (1987) describes how Māori have, through the course of colonial history, passionately reasserted their identity and defended their hope for justice. Based on my experience of growing up in a Māori community, I believe there are still some grudges towards Pākehā in relation to the hegemonic traits they placed on Māori in the past. More specifically, Māori feel strongly about how Pākehā culture impacted upon Māori continuation of cultural connections and collectiveness, such as by banishing the language (Reedy 2000), leaving Māori practically landless by the turn of the century (Byrnes, 1998), and alienating Māori from their culture by imposing Western religious and secular ideologies (Durie, 1999).

For Māori to seek equilibrium in the political system of the bi-cultural governance and mutual leadership of Aotearoa, Māori refer back to the 1840 Treaty of Waitangi to remind Pākehā of the reason why a truce was made. Māori see themselves as active Treaty partners with the Crown and rely on the partnership created by the Treaty that requires the Crown to actively protect the interests of Māori (Gover & Baird, 2002).

The Treaty is always a powerful reminder of what both parties went through historically, and what areas need to be addressed in order to move forward as one

people. The balance of power has always been tilted towards Pākehā needs at the expense of Māori. But the efforts of Māori activists, politicians and public demonstrations have regained a lot of momentum in order to restore a holistic persona of cultural expression for all Māori, and Tauīwi (non-Māori). Byrnes (1998) describes how land marches and wider efforts of Māori activists climaxing during the 1970s and 1980s led to the Treaty of Waitangi Act of 1975, which established the Waitangi Tribunal. This has provided a forum for Māori to present their grievances and have their claims heard.

Gover & Baird (2002) discuss the complexities surrounding non-traditional and traditional Māori collectives, and how this creates difficulties with respect to dealings between the Crown and Māori. The issues surrounding identity also apply to individual Māori. In my opinion Māori have assimilated to Pākehā society, where the capitalistic means of living have created a separation between financial gain, education and the way of living amongst individual Māori. There are differences to the extent Māori have immersed themselves into Pākehā society. I have Māori friends who prefer to live off the land and function in a realm where simplicity fits best. Other friends are activists and seek to resolve many of the injustices brought on by Pākehā in a more forceful way. And then there are Māori who look out through both eyes and tend to utilise both realms. Finally, there are also some who do not speak or know much about Māori culture at all but prefer to submit themselves holistically to the Pākehā ways of being. From the last example just mentioned, these individuals also tend to refer to themselves as Aotearoa Māori.

Conventional music therapy is built on concepts drawn from Western health care systems. I would like to point out that as a Māori music therapist working with Māori and Māori cultural concepts in the Mental Health system, I found that the musical connections and interrelationships I made with each Māori individual depended on how much of my culture he or she knew and was willing to learn, the way I presented it and expressed myself, how I approached each individual and session, and most importantly, having internal and external support and advice from Kaumātua and other sources of cultural assistance helped me greatly in my approaches.

As mentioned above, the journey of the colonial era has left a bitter taste for many Māori. A brief outline of the colonial history of Aotearoa describes the political changes

that affected the Māori way of being. In recent times the resurrection of the Māori language has been an uplifting momentum to Māori self esteem.

Genealogy, the Marae, mythology, the Haka and Waiata reflect the practices, customs and musicological aspects of Māoridom. The musicalities of Māori such as instrument use, song, chant and dance are acknowledgements to the mortal and immortal realms within Māori culture.

Kapahaka is the present day acknowledgement to the different segments of musicalities that was expressed in the past. The language, actions and the way the segments are performed are expressions that identify the individual or group as a specific Iwi (tribe) or Hapu (sub-tribe). Kapahaka is an integral part of contemporary Māori society and the culture, and it is a celebration where aspects such as identity, knowledge, and expression can be articulated.

One of the segments performed in Kapahaka is the Haka. As part of my case study I observe an individual ‘performing’ the Haka in a group setting. The Haka was used in the past to prepare the men for war. It involved a vigorous regime that provided the warriors with physical, psychological, spiritual and group support and strength. Today the Haka continues to be an integral part of Māoridom, where it is seen at specific ceremonies and many public occasions.

Defining the performance aspect of the Haka as music therapy is an approach that deserves some thought. The Haka as a dance displays many musical qualities. It is a powerful form of musical expression which involves vocal, body percussion, group and physical elements. There are no other props or musical instruments to accompany the Haka. The music comes from the body and voice.

The Merriam-Webster On-line dictionary defines performance, amongst other things, as “Implementation: a) a public presentation, the ability to perform; b) the action of representing a character in a play.”

Given the definition in a) it is straightforward to define the Haka performance from a stage perspective, i.e. the Haka participants are culturally driven and have a will to share and display their tribal ways with an audience.

I believe the latter definition mirrors more closely of what I think performance means from a music therapy perspective, i.e. the word ‘to perform’, ‘performed’ and ‘performance’ relates to the actions Rangatahi partake in during the musical process of

the Haka. The Rangatahi have no stage and they have no audience. The Haka performance then involves repetition to promote learning, learning to promote understanding, understanding to promote knowledge and knowledge to give the expression of the Haka the necessary characteristics that reflect cultural appropriateness.

The Haka has been an additional part as an intervention strategy within music therapy sessions at the Acute Mental Health Facility for Rangatahi. I will provide more detailed explanations about the different types of Haka that Māori perform, and elaborate on the Haka which I share with the participant in the case study.

Finally, I talk briefly about the Māori health models, which are discussed in more detail in the next chapter on Methodology, and what role music plays in Māori health.

### **3.2 Colonial History**

Māori society prior to colonisation was of communal nature, where tribes resided on Māori villages called Pā. Scattered around different regions of Aotearoa were many Pā sites. Each commune lived, worked, ate slept and fought as one large family (New Zealand Encyclopaedia, 1995).

Between 1769 and 1814 a large influx of British sailors entered and settled in Aotearoa. From 1814 to 1870, missionaries followed their British counterparts and brought with them their Western belief systems and religion. They also brought with them musical instruments and hymns. Traditional Māori music was closely tied to traditional Māori customs and life, and particular song genres accompanied particular events, rituals, processes or festivals (McLean, 2004). From the late 19th century onwards, Western style melody, harmony and instrumentation had a profound influence on Māori music.

Māori were never defeated by the British, but with increasing British numbers overwhelming pressure was placed on the Māori population. In 1840 Māori rangatira (chiefs) signed the Treaty of Waitangi with the British Crown to ensure that Māori would be protected and that European settlers had the right to self-government (Byrnes, 1998).

Under the Treaty the Māori people were guaranteed Rangatiratanga (chieftainship) and possession of their lands, forests and fisheries, but soon after they were subjected to injustices by settlers who systematically began to strip them of their most important assets, Taonga (land, fisheries, language, religion just to name a few). Today there are ongoing political and social efforts to find reconciliation and justice for what happened in the past (Byrnes, 1998).

### **3.2.1 Times are a changing**

The growth of the Māori population, mixed Māori-Pākehā relationships, and the move from the country to the cities had led Māori aspirations to integrate the culture into Pākehā ways of living. Māori culture learnt on urban Marae is not only for the benefit of city Māori, but also to distribute the teachings in as many areas as possible to both Māori and Tauīwi. Māori throughout Aotearoa can congregate at the Marae and recapture or continue to immerse themselves in the Mātauranga (knowledge) of Māoridom.

A number of political, economic and social institutions have been developed to support the integration of Māori culture in Pākehā society. The Minister of Māori Affairs and Māori Deputies ensure Māori interests are promoted in the public domain (Reedy, 2000)

Māori radio and a Māori television channel have provided Māori with a productive and inclusive means of communication for all Māori. From an educational perspective Māori students are arriving at higher levels of education where both Māori men and women play key roles in all aspects of the various professions of employment.

### **3.2.2 Māori Language (Te Reo Māori)**

During the settlement period of Aotearoa, Missionaries lived, traded and worked with Māori. In turn missionaries had to learn to speak the Māori language. With the overwhelming numbers of settlers arriving to Aotearoa the Māori language was no longer spoken by missionaries and English became the main language (New Zealand Encyclopaedia, 1995).

In the early 1900s, the speaking of Māori was forbidden by schools and punishment was dealt to those who did so. One of the motivations by the Education Minister of that

time, Mr T B Strong, was to activate a quick assimilation of the Māori population into pākehā culture. The result from this policy severely damaged the Wairua (spirit) of the Māori (Barrington, 1976).

In 1981 Māori women led the first ‘kōhanga reo’ (language nest) pre-school Māori language immersion programme with the aim to promote bilingualism among Māori children (Reedy, 2000)

Soon thereafter, the Māori language was declared a ‘Taonga’ (treasure) by the Waitangi Tribunal, to be protected under the terms of the Treaty of Waitangi. Finally, in 1987, the Māori language became an official language of Aotearoa.

The Māori language is now making a comeback and is now taught and encouraged in the school system, as are many Māori traditions. There are varying Māori dialects on different parts of the island, but there is no problem communicating between dialects. Many Māori songs are being sung throughout Aotearoa, when long ago Māori songs would have stayed within tribes or regions of Aotearoa.

### **3.3 Māoritanga – Some Māori Tradition and Customs**

#### **3.3.1 Visiting the Marae**

As part of the world music segments of the Music Therapy Masters degree in Wellington, our class paid a visit to the University’s Marae. To many in the class it was a new experience. For me, I found it to be a humbling opportunity to support and speak on behalf of fellow students and lecturers as the Manuhiri (visitors) were welcomed onto the marae of the Tangata Whenua (people of the Marae).

The Marae is a sacred meeting place that plays an integral part of all Māori day to day ceremonial practices. Māori life evolves around the Marae and it is the centre of community life. For example, official functions such as celebrations, weddings, tribal reunions, and funerals take place there (New Zealand Encyclopedia, 1995). The purpose of visiting the university Marae was to get a practical experience of the cultural functions of introductory and welcoming procedures to become part of a larger group or Whānau (family).

The proceeding of such a Hui (meeting) on a Marae follows a very strict Māori protocol, which is determined and enforced by the Tangata Whenua. Manuhiri are treated respectfully and it is up to the Tangata Whenua to ensure everything is organised and hospitality is extended to the visitors.

Once you become part of the Whānau you are expected to contribute to some of the work on the Marae. In relation to our visit, all Manuhiri went to the kitchen where they prepared dinner for the Tangata Whenua, and washed the dishes and swept the floors afterwards.

During the whole preparation of food Kaumātua were in another room sharing mythological stories by reading and describing the drawings and carving displayed in the meeting house. Parts of the stories carried Waiata which were sung by the Kaumātua.

Outsiders to the Marae must show utmost respect when entering. As the Manuhiri move slowly towards the Marae a Karanga (welcoming chant) is sung. This task is always undertaken by the women.

Once the visitors are inside the Marae, the greeting formalities can begin. Acknowledgements are given first to all those who have passed on and the higher forces, then to the people and finally to the visitors. During the exchange of speeches, it is protocol to conclude with a Waiata.

Following this is the placing of an item of on the ground, such as a Koha (gift from the Manuhiri to the Tangata Whenua). Only when the item has been accepted the visiting tribe is welcomed fully as part of the Tangata Whenua.

Finally the initiation of the hongi confirms the welcoming. The hongi consists of a gentle pressing together of the nose and forehead, whilst simultaneous inhaling and exchanging of the breath is shared between two people. The Hongi is a sign of unity.

### **3.3.2 Tapu and Noa**

The term Tapu is difficult to describe but it refers to spiritual restrictions and implied prohibitions. A person, object or place which is tapu can not be touched by humans (New Zealand Encyclopedia, 1995).

At the Acute Mental Health Facility for Rangatahi some patients could be described or diagnosed by Māori as being Tapu. Some patients even admit to feeling that a Tapu has been placed on them. In some circumstances, Kaumātua are brought in and they initiate a Noa (which is similar to a blessing) to lift the Tapu off the patient.

### **3.3.3 Mihimihi (introductory speech) and Whakapapa (Genealogy)**

A Mihimihi takes place at the beginning of a meeting or after the Pōwhiri (opening ceremony). The Whakapapa describes the lineage of descendants and identifies each individual by their whānau and Waka (canoe and/or tribe). Māori describe the line of descendants, i.e. the Uri (offspring), according to the various orders of genealogies. A person identifies who they are by giving specific geographical details that associate them with their tribal area (New Zealand Encyclopedia, 1995). Here is an example of my Mihimihi with the connection to Whakapapa.

<b>Ko Aotea Taku Waka</b>	My Canoe is called Aotea
<b>Ko Turi Taku Rangatira</b>	The chief is called Turi
<b>Ko Taranaki Taku Maunga</b>	My mountain is called Taranaki
<b>Ko Waingongoro Taku Awa</b>	My river is called Waingongoro
<b>Ko Ngāti Ruanui me Ngā Ruahine-rangi ōku Iwi</b>	My Tribes are called Ngāti Ruanui and Ngā Ruahine Rangi
<b>Ko Okahu Taku Hapu</b>	My sub-tribe is called Okahu
<b>Ko Aotearoa Taku Marae</b>	My Marae is called Aotearoa
<b>Ko Dennis Kahui Taku Ingoa</b>	My name is Denis Kahui

In most cases the geographical information tends to connect Māori together much more than their actual name. For example, at the Acute Mental Health Facility for Rangatahi where I undertook my practicum, staff and patients would be encouraged to introduce themselves by way of Whakapapa. Through this means of introduction, I managed to make many links with patients who shared the same Maunga, Waka or/and Iwi.



### **3.3.4 Consultation with Kaumātua**

When being welcomed onto the Marae the first voice to be heard is from a Kaumātua. The main speakers in a meeting are Kaumātua. They are the keepers of the culture and language and pass down knowledge throughout generations. In Māoridom the Kaumātua receive utmost respect from the younger generations. At the Acute Mental Health Facility for Rangatahi I was able to consult Kaumātua at will when faced with cultural uncertainties. I have been very fortunate to have a Koro, Kui and a Pacifica liason officer as part of the Kaumātua team to assist me. When implementing music therapy sessions including cultural elements, it was essential for me at time to seek guidance. My main point is consulting Kaumātua is very important.

### **3.3.5 The Concept of Whānau (family)**

Whānau features highly in Māori culture. I feel that Māori in the whole of Aotearoa see one another as Whānau. Whether I am in my car or in the city or townships, outside my own community in Aotearoa, acknowledgement from Māori to Māori are a natural gesture. These gestures are initiated by either the subtle raising of the eyebrows whilst lifting the chin upwards in a flicking motion, full eye contact with hand gestures, shaking the others hand, saying Kia Ora (hello) or initiating a Hongi. The Hongi is a gesture that brings both individuals into the same sphere. It is an intimate gesture and form of acknowledgement that goes beyond words. I can only say that it brings togetherness, familiarity, and introduces you as an extended member of the Whānau.

From a Māori music therapist perspective, the Whānau concept is embedded in the way I present myself and the way I treat fellow Māori and Tauwi Rangatahi and staff. One of the policies of maintaining a professional gap between therapist and patients is interpreted in a different manner from a Māori perspective. The policies are implemented for safety reasons, and I understand them. Boundaries that I experience are not being ignored but are presented in a different way. At the Acute Mental Health Facility for Rangatahi, the concept of the Hongi and social gestures already create bonds and cultural associations way before the music even begins.

I was acknowledged by Māori Rangatahi as Matua, which means parent and uncle. This form of acknowledgement keeps within the realm of Whānau, though does not distance myself from my position as a therapist. I look at myself as being an extended family

member who will treat them in the respectful manner that is expected. The boundaries between Māori Rangatahi and myself as a therapist are governed by mutual understanding and culturally dictated respect.

In music therapy sessions, learning is a mutual task. As a Matua and music therapist, by keeping to the natural functions of Māoridom in the music therapy realm I am introducing the Māori music in a cultural manner.

### **3.4 Māori Music**

#### **3.4.1 Kapahaka**

The following describes the way I understand and appreciate Kapahaka performances. Kapahaka is the term used for the Traditional Māori Performing Arts. Kapahaka is a stage performance where groups from various tribes from all over Aotearoa meet in one region to compete against one another. The performances in Kapahaka are of high standard and present a high quality of execution. Performers wear traditional costumes where designs and colour represent their Iwi.

Kapahaka acknowledges the various segments of the traditional musicalities of the Māori. These segments include, Waiata, Poi (ball dance), which is performed by the women, Waiata ā Ringa (action song) and the Haka taparahi (a dance of defiance).

Groups in Kapahaka are judged by the way they expressed themselves and by the quality of execution. Māori themes that capture these aesthetic qualities go under the umbrella of Ihi, Wehi and Wana.

Each theme represents the highest form of praise any performance can receive. To understand the themes of Ihi, Wehi and Wana one must observe or/and listen and feel the practicalities of the performance.

Ihi represents the integral component from which Wehi and Wana are projected. Ihi is the authority, charisma, enthusiasm, hypnotic phase, pride, nobility, spirit, which conveys Māori values at its highest regard. To achieve Ihi is to achieve perfection, and the respect from the audience. Praise is acknowledged by loud cheers, whistling,

stomping of the feet, through tears and where groups of the audience spontaneously stand up and perform a chant or Haka in response to their performance.

Ihi can be felt when the hairs stand up on the back of the neck. This can come from both performer and observer.

Wehi is the emotion of fear generated by anxiety or apprehension in case one gives offence to the gods, or a response of awe at the presence of a divine power. Wehi is a strong spiritual and emotional response, in contrast to the psychic nature of Ihi.

Wana describes the aura surrounding the performer while Ihi and Wehi possess him. Wana is the, fear, shiver, and awe-inspiring feeling exerted from the performer. Wana refers only to the expressive qualities of movement and voice in an active performance. A Haka can have Wana providing it is charged with Ihi and Wehi. Unlike Ihi and Wehi, Wana only last as long as the performance.

At the Acute Mental Health Facility for Rangatahi there were many occasions where the Haka had created a lot of response from everyone that participated, those who observed the performance and from others who left their offices and followed the music. As the facilitator of the of the music therapy session, I was very proud of the way the Rangatahi carried each other from the understanding process of the Haka to the performed process.

The Wana for example was a quality that I felt became the energy guider for fellow Rangatahi. Being honest with Rangatahi and sharing your true energy of inner music of the Haka performance seemed to influence the state of mind of the Rangatahi of how to culturally apply themselves appropriately. Once achieved, the aura of the Wana seemed to become larger where the Rangatahi would bring the music and dance to one contained mass of togetherness and where the Ihi and Wehi became instilled.

### **3.4.2 Waiata (song)**

I will only be brief with the Waiata section because this is a continuous explanatory part of this paper. Waiata highlights the poetical nature of the Māori language.

Modern Māori is spoken in a regular rhythm and phrases are frequently broken up with pauses in between words and sentences. However, words in more ancient spoken Māori, especially in old forms of karakia, can carry a wealth of meanings similar to that of a

proverb in its poetical form. There are some words, which nowadays can not be accurately explained or described since they refer to Māori mythology and ancient belief systems and values. The Waiata of today carries a new breath. It is a breath of both Pākehā musical influences, such as evenly structured melodies and cadences, and Māori lyrical content and mythology. For example, I played Māori stick games with Rangatahi using rolled up magazines with sticky tape around them. This game involves a group environment, tests coordination by sticking to fixed sequences such as tapping and throwing the stick to your partner, observation skills and being aware of your stick partner. Keeping to a rhythm, the song was in sequence with the actions (in  $\frac{3}{4}$  time), and most importantly it was fun. Here is the music sheet:

**E Papā Waiari** *titi tōrea*

The musical score is written in treble clef with a key signature of one sharp (F#) and a time signature of 6/8. It consists of four staves of music. The first staff has a repeat sign and a first/second ending bracket. The second staff has a repeat sign. The third staff has a repeat sign and a first/second ending bracket. The fourth staff has a repeat sign.

Lyrics for the first staff: E papā waiari, ta - ku nei mā-hi, ta - ku nei mā-hi, he tu - ku roi mā-ta. ... tu - ku roi mā-ta.

Lyrics for the second staff: E au - e ka mā-te au E hi-ne ho - ki mai rā.

Lyrics for the third staff: Mā-ku e kau-te ō hi koi-ta - nga mā-ku e kau-te ō hi-koi-ta-nga! ... hi-koi-ta-nga!

Lyrics for the fourth staff: E au - e ka mā-te au E hi-ne ho - ki mai rā.

### Translation:

Verse one: Oh darling, come back to me, o elder Waiari, my habit has been, my habit has been, to shed tears.

Chorus: Alas I will die; oh girl, return to me, Alas I will die; oh girl, return to me

Verse Two. I will count your footsteps I will count your footsteps

Chorus: Alas I will die; oh girl, return to me, Alas I will die; oh girl, return to me.

### 3.4.3 The Haka

Haka is a Māori war dance. The lyrics are chanted loudly and with punctuated expression. Arm movements and the stomping of the foot create a rhythm and emphasises the lyrics. A Haka prepared warriors for war. It was a form conditioning and discipline program that determined who was ready for battle (New Zealand Encyclopedia, 1995).

In the past the Haka was performed to inspire and energise all those who gathered in moments of peace and war. Māori have many Haka that are performed for various occasions and specific purposes. The Haka today is represented as a national symbolic dance that expresses Aotearoa identity.

Haka is made up two words. Ha means breathe, while Ka means to energise. Put together the Haka means to open up oneself, to energise the self holistically, to inspire the spirit and to breathe with intention.

The execution in some Haka required warriors to be in sync with one another. A Tohu is an omen that can be brought forth when an individual or individuals were unable to manipulate and coordinate specific movements, such as the timing and height of their jumps. A Tohu can bring devastating consequences to a war party. Individual warriors who had difficulties with the Haka were either reprimanded or left behind in disgrace when the war party went off to battle. When the movement were in sync, this signified good fortune and supreme warriorism.

Haka Pōwhiri for example is performed during the rituals to welcome visitors onto the marae. This type of Haka is performed by both male and female. Both genders perform different roles in the Haka. The males are able to flare their bodies openly while displaying their fearsome grimacing. As for the women, they keep a more feminine mannerism to their performance. Their body parts tend to be in a tighter form of mobility. Two of the features are keeping the leg closer together and having the elbows below shoulder height so not to reveal the armpits. The male chant tends to be animalistic but with punctuated control. The women's vocals can carry a higher tonality to it. I can compare it to the higher pitched sounds heard in a Sami Yoik or an American Indian chant. Chanted together, the sound can awaken the gods and awaken the awe-aspiring themes of Ihi, Wehi and Wana.

The Haka Pōwhiri is what I am presenting in the case study with Toa my participant (participants name has been changed). The Haka is recognisable to many Māori and Tauīwi in Aotearoa. The elements generated in this Haka touch the spiritual, physical, vocal, psychological and environmental aspects of the individual.

By utilising something from a Māori cultural concept that individuals may find interest in, whether they know it or would like to learn it, has positive benefits for both patient and therapist.

Ngeri is a short Haka. This Haka does not have set actions, this allows the performer to use actions that they deem appropriate to accompany and emphasise the lyrical content. They are primarily used as an exhortation to urge the group on towards communal or set goals.

A Haka such as this that allows the performer to express their interpretation of the lyrics in their way has inviting ideas that could be an active means of intervention as a Māori approach in music therapy sessions.

### **3.5 Integrating the Haka into the Health Care Sector**

#### **3.5.1 Therapeutic accompaniments**

I know that the Haka is an energised form of movement that can improve neuromuscular efficiency. The strong breath expressions expand and contract the diaphragm, the strong vocalisation of sound can create a tremendous energy build-up and release. The movements can be performed fast or slow depending on the intentions of the performer or facilitator. When performed with high intensity, the Haka becomes an anaerobic activity which pumps the whole body with oxygen. In turn there is a need for excellent physical conditioning, patience and discipline when practicing and performing the Haka repetitively. When performed slowly, some of the haka movements can be compared to that of Tai chi, which I have actually employed in a music therapy session.

In order for a music therapist to employ the Haka as an intervention strategy in music therapy sessions, they have to understand the people. By understanding the people then the therapist will be able to properly understand why it is performed the way it is.

For myself the Haka has played a natural journey throughout my upbringing. The knowledge I obtained has been through oral and practical means. Carrying the Haka is not like a light switch that can be switched on at will. The Haka is always there, it is not asleep but resting. Throughout the haka process ultimate warriorism is achieved through controlled expression.

### **3.5.2 First Haka performance: Toia Mai**

The Haka Pōwhiri that I am presenting with my case study participant consists of two Haka performances. The order of the performances is fixed and they are performed in sequence.

The first performance is called Toia mai and symbolises the pulling of the visitor's canoe to the safer shores of the visiting Marae. The Haka is initiated just after the Karanga. A woman from the host side initiates a Karanga first to indicate to the visitors to move forward on to the Marae. A woman from the visiting side returns the call and begins to move forward onto the Marae. The purpose of these two Karanga is to weave a spiritual rope to allow the Waka of the visiting group to be pulled onto the Marae.

After the women doing the Karanga have woven the rope, the Haka Pōwhiri pulls on the canoe of the visitors. The title Toia mai means to pull the canoe. The chants of the Haka Pōwhiri and the physical actions symbolically represent the rope by which the visitors are pulled. Often those doing the pōwhiri hold green branches in their hands, which should be specially chosen ensuring that there are both light and dark leaves (often silver fern and kawakawa) representing life and death, and reminding us that that life and death are interwoven.

Both Haka are performed in  $\frac{3}{4}$  time. The bold lettering is used to identify the strong beat of the Haka and the x represent the rest of the beat.

Leader:	<b>A xx Toia Mai xx.</b>	Pull
Chorus:	<b>Te Waka.</b>	The canoe
Leader:	<b>Ki Te Uru x ngā.</b>	Land
Chorus:	<b>Te Waka.</b>	The canoe
Leader:	Ki Te Moe x ngā.	Rest
Chorus:	<b>Te Waka.</b>	The canoe
All Together:	<b>Ki Te Takoto Rāngai</b>	To the resting place
	<b>Takoto Ai Te Wa x ka xx.</b>	to lay the canoe.

### 3.5.3 Second Haka performance : Ka Mate ka Mate

The second haka performance was first performed by Te Rauparaha, a chief of Ngāti Toa and of Ngāti Raukawa descent (Karetu, 1993). This is probably the most performed Haka in New Zealand by both Māori and Tauīwi. One of the disturbing issues I have observed when some Māori and Tauīwi perform the Haka is the lack of quality where pronunciation, actions and energy have no essence.

One can only properly express the energy of the Haka once one has learnt the story behind the dance. At the Facility for Rangatahi, one of the main goals is to be able to learn to pronounce and understand each word and understand Te Rauparaha reasoning for the Haka, and then to perform it in a manner that you feel that justifies his and your moment.

<b>Ka Mate! Ka Mate!</b>	I die! I die!
<b>Ka ora! Ka ora!</b>	I live! I live!
<b>Tenei te tangata puhuru x huru</b>	This is the hairy man
<b>Nāna nei i tiki mai whakawhiti te rā!</b>	Who fetched the sun causing it to shine!
<b>Haupane xxx kaupane xxx!</b>	One upward step! Another upward step!
<b>Haupane kaupane</b>	One last upward step!
<b>Whiti te rā!</b>	Then step forth! Into the sun that shines!
<b>Hi!</b>	



### 3.6 Māori Health

Māori medicine plays a huge role in the cultural well-being of Māori. McIvor (1998) noted that waiata in traditional Māori medicine was used to assist individuals with the healing of minor and major injuries.

By carrying and sharing traditional Māori melodic tonalities, rhythmic patterns and their physical aspects (such as the Haka) in the music therapy arena, the aim is to include and achieve the psychological and physiological healing benefits Māori concepts/traditions/practices have to offer.

Rochford (2004) argues that Māori have suffered social and economic losses due to colonisation and as a result suffer worse health than Pākehā. He believes one should use the Māori traditional view of the world to develop a holistic health model.

Dr. Mason Durie (1994) describes Te Whare Tapa Whā model which was developed at a Hui of Māori health workers in 1982. The four cornerstones of health are Taha Wairua (spiritual realm), Taha Hinengaro (thoughts and feelings), Taha Tinana (physical realm) and Taha Whānau (family realm). Other Māori health models have also been utilised in the health sectors, such as Te Wheke (the octopus) model and the Ngā Pou Mana model (Durie, 1994).

In 2000 the government made reference to the Treaty in the health legislation, according to which one of the Crown's obligations is the commitment to improve the Māori Health status for future Māori so they will have the same opportunity to enjoy at least the same level of health as non-Māori (Rochford, 2004).

In regards to Māori being treated in the mental health sectors the Mental Health Foundation of New Zealand is dedicated to ensuring that the Treaty and its Articles are honoured, enacted, upheld and incorporated into Māori interventions ideologies. The Mental Health Foundation interprets the Articles of the Māori version of the Treaty as

#### Article I

Ko te Tuatahi – Kāwanatanga: achieve Māori participation in all aspects of mental health promotion. In practice this means meaningful Māori participation at all levels of the organisation.

## **Article II**

Ko te Tuarua - Tino Rangatiratanga: achieve the advancement of Māori health aspirations. It involves the organisation creating and resourcing opportunities for Māori to exercise Tino Rangatiratanga over Māori health.

## **Article III**

Ko te Tuatoru – Oritetanga: promote Māori mental health outcomes. In practice this means prioritising of mental health promotion action, which will bring about positive health outcomes for Māori.

He Korowai Oranga is a Māori Health strategy that was released by the Health Minister in a 2001 Hui. The strategy proposed four pathways towards the aim of improving family health (Ministry of Health, 2001).

- |                |   |
|----------------|---|
| Pathway One:   | Partnership with Māori                  |
| Pathway Two:   | Māori participation                     |
| Pathway Three: | Effective Health and Disability Service |
| Pathway Four:  | Working Across Sectors.                 |

The Acute Mental Health Facility for Rangatahi was a bi-cultural service. It followed the framework of Mason Durie's Te Whare Tapa Whā model. The facility's philosophy is of care and development focusing on Māori frameworks and a mainstream clinical model. This philosophy involves a holistic approach to well-being. The recovery of the Rangatahi tends towards individual responsibility, family participation, their strengths, symptoms and disability (C&C DHB, 2006).

It also utilised a five part plan of interrelated strategies that has proved to be essential to improving Māori mental Health outcomes (Durie, 1997). These strategies include aspirations to be active participants in society, obtain autonomy and control, alignment of health services for Rangatahi, employment development and provision of access to Māori resources such as the language.

### 3.7 Māori Cultural Elements in Music Therapy

This chapter provides an overview of some essential elements in Māori culture. Having entered academic study in the latter years of my life and having been brought up in a Māori community, I bring life experiences to my music therapy journey. Including Māori cultural elements has been intuitive and a natural process for me. The music therapy masters programme has taught me standard approaches that I was able to fuse with my culture because music therapy concepts, such as opening and closing a music therapy session with a song, coincide with Māori protocol.

For Taiwi in order to include Māori elements in music therapy sessions, I feel it is important to learn the following:

- recite Whakapapa (Mihimihi);
- know some popular and regional Waiata;
- being able to correctly pronounce Māori words;
- having a basic repertoire of Māori vocabulary (e.g. Whānau, Kaumātua, etc.)
- understand the meaning behind Waiata;
- understanding the meaning behind the Haka;
- being familiar with basic Marae protocol;
- understanding pre-colonial (mythology) and colonial history (e.g. Treaty of Waitangi);
- understanding the ladders of acknowledgement of individuals (e.g. Kaumātua are well respected, Matua fulfil the role of uncle or parent and Rangatahi);

In order to learn these elements, one has to immerse oneself in the community for some time. This might include visits to Marae, spending time with Māori people or even become part of the Kōhanga Reo group. It is not about reading from books or the internet, what truly enables you to understand Māori culture relies on living networks and experiences rather than written texts. Showing interest and effort to learn Māori

knowledge gives a person more community respect and credit, and in turn the individual gets twice as much back.

### **3.8 Māori Values and Music Therapy in Practice**

The Facility provides adequate space in order to undertake music therapy session at any time of the day. With music therapy just being a very new and additional part of the therapeutic day program, resources such as musical instruments are limited. The Facility does have a music room that holds a 7-8 piece drum kit, an electric piano and an acoustic guitar. Many of the instruments played at the facility are provided from the Music therapy resources. In saying that, one of the benefits of using the Haka in music therapy is that you use your whole body as an instrument.

Traditionally, Māori traditions were passed down orally, such as Waiata, Karakia and Haka. However, in these present times, I have used both oral and non-oral means in music therapy sessions depending on the therapeutic goals. For example, I would challenge a Rangatahi with cognitive difficulties by asking him or her to recite a Karakia orally. On the other hand, when working in a large group with diverse ethnic backgrounds I would write the Haka lyrics on the white board to make it easier for all to follow.

Many of the Rangatahi come from different backgrounds, personalities and cultures and nationalities. Many of them come from the wider group of the socially disadvantaged. The injustices from the past have far reaching effects on the socioeconomic class of Māori in the present. In a music therapy session some of the cultural elements should be opened and exposed rather than hidden. For example, the Haka carries footprints of the past but utilising it in the present reconnects individuals with their cultural identity. It reawakens spiritual energy of the past and carries it into the present. By exposing oneself within a Haka, Rangatahi are tapping into an ancient form of connecting with the inner self.

As a Māori I aspire to integrate my culture into Pākehā society. As a youngster there were times where exchange students would live on the Pā (Māori village) and learn the

culture. On their final day the locals would celebrate and share food, stories, songs and dances together. On one occasion I remember nine exchange students had been secretly practicing and closed the concert with a Haka. They then choose a leader from their group. As he opened the doors to their final moment on the Pā, he spoke in Te Reo Māori and followed the protocols in its respected manner, which brought tears to many of the local people. While they performed everyone was cheering them on. The aesthetic qualities of Ihi, Wehi and Wana were felt by all. The nine non-Māori individuals had the elderly in tears and locals were in awe many days afterwards.

The point I am trying to make here is that learning and teaching the Haka or any other traditional form of Māori musicality does not only involve visiting to a Marae but a more intimate process where one takes that extra energy and time out to open themselves to an experience and journey in its live-in form. Once the individual begins to disconnect themselves from their ways of everyday life and meet their new experience in the middle, then the learning will become more apparent.

There are also courses that can be taken that focus on Māori culture and the music. While looking through a website I came across an Arts and Science degree based at a North Island University that offers a Bachelors degree in Māori music. Kōhanga Reo (language nests) are brilliant institutions to be part of because song are a major part of the learning process to the language, mythology and knowledge.

All the places that have been mention are excellent forms of learning about the people and Māori music. On a final point, the positive outcome is not only did one learn the culture, music, language and dances but also learnt about the people and their way of being. In turn the learner becomes part of the extended cultural family.

Any successful introduction of culturally based programmes into the music therapy community relies on individual Māori and Pākehā taking an interest in immersing themselves in the cultural aspects of both Māori and Western approaches to healing and applying them in practice. I believe a Māori based cultural course as part of the Music therapy education would add value to the profession because Māori are the Tangata Whenua and occupy a special place in the diverse culture of Aotearoa.

The Marae opens doors for Māori and Tauīwi who wish to learn Te Reo. For example, my mother attends weekly lessons to reconnect with her language and culture. This is an example of how Māori are being drawn back to their roots in the form of community

learning. This type of learning is based on the Whānau concept rather than being an official course. Clearly, there is room for community music therapy programmes that can assist those with mental health issues.

Referring to Pavlicevic's (2004) experience in South Africa (see Chapter 2), I want to point out that Māori already know how to move to music and use the energy of song and dance.. Pavlicevic's (2004) points out that in these situations music therapists working in such an environment have to re-evaluate their positions as music therapists. For example, Pavlicevic observed the singers, the music, the songs and the dance of the African women in order to gain an insight into the mechanics of their way of being.

From my experience, there is a difference between what the Māori people already know musically and what a music therapist brings to the session. The difference is that there is a fixed Māori reason behind why certain musicalities and actions are performed. But the music therapist evaluates the needs of an individual in a manner that accommodates their mental health. When teaching a Haka to Rangatahi who would self-harm, I would change specific movements or words in order to introduce a safer passage of inclusion to accommodate their needs. Another point I continue to stress throughout this paper is that with consultation with respected Māori elders has allowed these musical and physical changes to become culturally appropriate with music therapy.

## Chapter 4

### Methodology

In order to provide a descriptive account of the holistic aspects of introducing Māori musical concepts in a music therapy setting a qualitative design was employed. It allows the exploration of the meaning and experiences of the patients involved rather than looking for findings with statistical inferences. Qualitative research is often used in health care professions where understanding human emotions and experiences are important. Aigen (1998) notes that qualitative research is well suited to music therapy research where emphasis is placed on experiences.

#### 4.1 Method of Intervention Strategy

Identifying an existing particular methodology that reflects the qualitative approach taken in this study is difficult. For example, the use of Māori concepts in the case study music therapy session implied that there was a strong element of intuition: the many aspects of physical, vocal, and spiritual activity that are present within Kapahaka in a music therapy setting are spontaneous and creative.

The closest methodology approach that reflects the case study to some extent is action research (which grew out of critical theory) and the particular tradition of participatory action research. It is important to note, however, that the case study is *not* action research because action research involves repeated cycles including elements of reflection, diagnosis, plan, action and evaluation. The case study is only one cycle and as such can not be understood as action research. However, action research and participatory action research in particular grasp some of the aspects that are brought forth within the chain of events that occurred in the case study.

Action research is defined by Cohen and Manion (1980) as “small scale intervention in the functioning of the real world and a close examination of the effects of such

intervention.” They note that action research is a self-evaluative approach, where modifications are continually evaluated within the ongoing situation, the ultimate objective being to improve practice in some way or another.

Participatory action research is highly relevant if a culture-centred perspective is taken (Stige, 2002). It aims to achieve a planned change in a setting of participants involved, and in their relationship to it. It is a communicative approach where music therapy is studied in a context that is connected or relevant. Participatory action research tries to identify how music therapists relate the social and cultural context in their work to the participants’ lives. It usually consists of a number of steps including reflection (i.e. the concern relevant to music therapy such as health issues), diagnosis (the examination of the concern in relation to social or cultural situations by finding facts, self-inquiry, etc.), plan (how to solve the problem and how roles and responsibilities are shared among participants), action and evaluation (Stige, 2002). This should be part of a circular process with an ongoing possibility of modifications.

These steps reflect to some extent the research approach of this study: in the first step I reflected on the needs and benefits of Māori participants to rekindle or continue their connection to their culture when Western structures of power are dominating. In the diagnosis I utilised Kaumātua to examine the cultural implications of using Māori concepts in music therapy, as well as discussing the cultural elements with the group itself during and before sessions. Then I established a plan, executed it and evaluated it in my research findings. However, as mentioned before, while music therapy session had been ongoing, the actual case study represents only one cycle.

Some of the aims and context of the cultural approach presented in this study share the focus and characteristics of participatory action research. Such as:

- The health and wellbeing of indigenous people is the main focus
- A sense of personal and community belonging
- The individual’s personal and social context that contributes to both positive and negative experiences
- The practices of transforming power and empowering individuals
- The containments of social change
- The studying of one’s practice in order to improve it



- Participatory influence in sessions
- Comparing current or fixed practices with appropriate change
- Encourages and stimulates communication

## **4.2 Ethical Considerations**

Before the commencement of the study ethical approval was gained from the Central Region Health and Disability Ethics Committee (Ref No: CEN/06/10/085). Approval was extended until 10 November 2008 (see Appendix A3).

Given the age group and the immediate psychological vulnerability of the Rangatahi at the Facility, ethical considerations had to be of a high standard. For example, some of the population were reaching sexual maturity and were at an age where the direction and success of treatment was partially the responsibility of Rangatahi themselves.

Consent for participation was sought through a third party from the Rangatahi, the parents, the team leader, and the occupational therapist/TDP (Therapeutic Day Program) coordinator of the Facility. The TDP coordinator approached Rangatahi from the Facility and invited them to partake in the project. Rangatahi were given information that the project concealed their identity, that they could pull out of the project at any time and that pulling out of the project would not alter their situation within the Facility or further access to music therapy. It was also noted that the music therapy session was to be audio recorded, and the project needed their consent and most importantly their parents' or caregivers signed consent. Parents were given the opportunity to partake or observe the music therapy session at hand.

During the research period, the discharge rate of Rangatahi at the Facility was very high, and in turn it became very difficult to recruit a participant who was involved in regular music therapy sessions.

Consent for the interview was also sought from Kaumātua<sup>1</sup> by the researcher. The identities of all participants are concealed.

---

<sup>1</sup> Consent forms and information sheets can be found in the Appendix A4.

### **4.3 Participants and Data Collection.**

Data was collected from various sources which gave an insight to an array of perspectives from members at the Acute Mental Health Facility for Rangatahi such as an interview with Kaumātua, clinical notes, personal journal and the case study. Below is a list of sources of how data was gathered. Alongside them are the procedures that were undertaken.

#### **4.3.1 The Acute Facility for Rangatahi**

At the Acute Mental Health Facility for Rangatahi, Rangatahi are treated for acute psychological symptoms. They are aged between 14-19 years. I have undertaken several of my training placements there between 2005 and 2007 as part of my Masters programme in Music Therapy at Massey University, Wellington.

#### **4.3.2 Participant for the case study**

The chosen participant is Toa, a 19 year old Māori male. He had been diagnosed with schizophrenia. He is fully immersed in Māori culture where Māori is his first language. The TDP coordinator conversed with Toa's parents and then organised a meeting with them at their workplace. They were given the option to partake in the case study as observers. They did not attend due to personal circumstances. The case study consisted of a single music therapy session that was audio recorded. It was undertaken in a group of Rangatahi with the presence of Tiari, the Pacific Liaison officer. The case study was easier to interpret by focussing on one participant within a group environment. Facial and tonal expressions, physical movements and the social connection of the individual were analysed and interpreted as a whole. The music therapy session on the day of the case study did not differ from any of the other days at the Facility.

The music therapy session was undertaken in the Facility's recreation room, which is regularly used for music therapy sessions. The audio recorded case study took 19 minutes and 30 seconds.

#### **4.3.3 Interview with Kaumātua**

Kaumātua were approached by the researcher, i.e. me. I deliberately chose all three Kaumātua who worked at the Acute Mental Health Facility for Rangatahi. The titles that are given to conceal their identity are in the acknowledgement of cultural status within Māoridom i.e. Koro (elderly man) and Kui (elderly woman). As for the Pacifica Liaison worker at the Facility she is represented by the symbol of the islands, the white rose or Tiari.

All three individuals give a personal and intimate account of their perspective to the questions I propose to them in the interview. The interview carried Māori protocols with a relaxed and informal characteristic nature. It was an audio recorded interview, which I then transcribed (included in the Appendix). The interview was undertaken in the Kaumātua office and took 43 minutes and 53 seconds.

#### **4.3.4 Clinical notes**

Clinical notes were sought out from the Facilities office. I used them as a personal reference to the background and condition of patients. None of the clinical notes are disclosed in this study.

#### **4.3.5 Personal Journal**

A journal was kept throughout the research process. The journal allowed me to establish a reflective account of the events from my perspective. The aim is to present my thoughts, feelings, concerns and reactions and to ensure that the research undertaken mirrors the events as closely as possible (included in the Appendix). Journal entries start from early March 2006 to the final days of my music therapy journey in February 2007. It should be taken into account that having an extension on my paper has created a six month time gap of absence from my work. This time gap lasted from February 28<sup>th</sup> 2007 to August 29<sup>th</sup> 2007.

#### **4.3.6 Storage of data**

During the study all data (audio tapes, transcripts and interview notes) remained in a secure cupboard at my home. After the study these data will be stored and locked in a cabinet at the Conservatorium of the New Zealand School of Music, Wellington. After ten years all data (including audio tapes) will be destroyed.

### **4.4 Music Therapy**

#### **4.4.1 Music Therapy intervention**

Well-established international music therapy strategies have a strong Western focus. The introduction of Kapahaka and Māori concepts to music therapy strategies at the Acute Mental Health Facility for Rangatahi has been an interesting, restructured, intuitive and natural journey for me. I want to emphasise that Māori orientated music therapy intervention strategies differ from that of original Kapahaka practises. The population at the Facility are of mixed ethnic origin and displayed a variety of personal challenges related to their mental wellbeing, which may create performance and culturally sensitive “irregularities”.

#### **4.4.2 Aims**

The main theme is to form a cultural appropriate approach to music therapy concepts from a Māori perspective that could be inclusive and accommodate both Māori and Tauīwi Rangatahi in health care settings. The aims of the project are:

- a) To intertwine Tikanga Māori (Māori culture) with Pākehā mainstream music therapy programmes and to explore how this happens in an adolescent unit in New Zealand;
- b) To utilise the psychological and physiological healing benefits that Māori concepts/traditions/practices have to offer, by carrying and sharing traditional melodic tonalities, rhythmic patterns and their physical aspects of Māori music (such as the haka) in music therapy;
- c) To consult respected elders/senior staff about this and to consider their views;

- d) To provide a better understanding and insight into Te Ao Māori (the Māori world) for Tauīwi (non-Māori), may it be either patients or staff through music therapy participation and/or observations; and
- e) To have an approach as a researcher and clinician that is safe, professional, and respectful.

#### **4.4.3 Research**

The research was conducted in terms of general observations (journal entries) from the researcher's experience at an Acute Mental Health Facility for Rangatahi, a case study where the Haka is used as a means of musical intervention and an interview with Kaumātua regarding the introduction and alteration of cultural concepts in music therapy sessions.

### **4.5 Data Analysis**

#### **4.5.1 Case study analysis**

The case study has been interpreted and analysed in Chapter 5 based on the audio recordings.

#### **4.5.2 Interview analysis**

Māori protocols played a big part in how the interview was conducted. For example, the interview was opened and closed with a Waiata and food was brought by both the Kaumātua and me. It is not a planned event to bring food but rather a natural gesture. The general spirit of the interview was relaxed and informal.

The interview was recorded on MP3. The interview was listened to numerous times first to get a general feel of the conversation. It was then transcribed according to its natural conversational contents. For example, cultural colloquial expressions and grammar such as 'for real' and 'to relieve all those whatever' were included. The interview is

transcribed to include all important statements verbatim. Paragraphs of the interview were numbered and assigned an exact time.

Due to unforeseen circumstances, i.e. the holiday period and unavailability of Kaumātua, transcription notes were only briefly reviewed with Kaumātua afterwards. However, general discussions with Kui and Tiari indicated a very positive feedback of the interview.

#### **4.5.3 Journal analysis**

Journal entries were made either straight after the music therapy session or later in the evening at home. Given the extension on this study, new entries were added. Journal entries are numbered and dated.

## Chapter 5

### **Keehi Akoranga. Case Study**

Here I will outline events undertaken throughout the case study with participant. First, I provide a brief literature review, which focuses on those with symptoms of psychosis and the influence of music. This is relevant to the participant's mental health and the use of the Haka as a music therapy intervention strategy. I then discuss the framework of the Māori perspective utilised in the study and its application.

Silverman (2003) undertook a meta-analysis which was conducted through quantitative research of 19 studies. These studies centered on the symptoms of psychosis and the influence that music had. Silverman's results showed that music was an effective tool in suppressing and combating the symptoms of psychosis.

The study showed that there were no differing effects when it came to organised and unorganised music (i.e. he found that it is not the type of music that mattered but the engagement in the music therapy process). Silverman felt that further quantitative research was needed in order to refine specific aspects of music therapy interventions effective for those with psychotic symptoms.

Ulrich, Houtmans & Gold's (2007) research aimed to study the effects of music therapy for schizophrenic in-patients needing acute assistance. They concluded that music activity lessened patient's negative symptoms while improving interpersonal relationships. The positive aspect of improving interpersonal relationships through music was to utilise the practice in the clinic so the patient could function confidently in society.

One of the main conclusions of these studies is that it does not matter so much what type of music is used, but rather the engagement with music itself is important. My focus is to engage Toa in a music orientated setting that he is passionate about and that will help him to achieve some of the results Silverman and Ulrich, Houtmans & Gold discuss (e.g. improving interpersonal relationships through music).

Within the aura of the Haka, there are many realms of Māoridom which it taps into. As discussed in Chapter 2, Mason Durie (1994) has developed a model that outlines four

realms of intervention towards Māori mental health issues to assess a patient. Durie's (1994) approach is the Te Whare Tapa Whā model that focuses on the Whānau (family realm), Tinana (Physical realm), Wairua (spiritual realm), and Hinengaro (emotional realm) dimensions of Māoridom as a holistic framework with which to view well-being or good health. For a patient to be considered to be of good health, the individual must achieve some balance on each level of realms stated.

Due to confidentiality there will be a name change to the participant in this case study. I will refer to the individual as Toa which means warrior in Māori. I utilise Durie's model to first describe the profile of Toa, the music therapy setting, the goals and aims and to what extent these goals have been met.

I define Whānau to include the medical, social and family framework as well as historical occurrences, concept of Whānaungatanga (extended family), relationship with friends and support networks. Tinana refers to the physical well being and behaviours, leisure activities and how he functions in a group environment. Wairua concentrates on areas such as the understanding and experience of spiritual and cultural aspects, deep seated feelings, confidence and self esteem. Hinengaro refers to his cognitive process, ability to share emotions, communication, talent recognition, strengths and core beliefs and values.

Introducing the Haka in a group context keeps to the nature of a music therapy kapahaka session regularly undertaken at the facility. I wanted Toa to participate in this group setting of a regular kapahaka session so as to keep the session as natural as possible.

When assessing Toa I saw a young man who was isolated and distressed, which contributed to his psychological challenges, such as frustration and violent behaviour. One of the aims in the music therapy session was to contain him (make him feel safe), to help express himself and channel his frustration and aggression into a physical release, and to change his condition. I felt these goals were met in that Toa was fully engaged in the musical process throughout the music therapy session, that he found musical expression and physical release and that a connection with others in the group was made. There appeared to be a temporary relief from his condition, which was reflected in his actions during and after the Haka.



## 5.1 Kete: E tū mai raa e Kare. Profile of the Participant

### 5.1.1 Taha Whānau

*Background:* Toa is a New Zealander. He is nineteen years old.

*Admission:* After the parents had observed a three month deterioration of Toa's mental health and numerous accounts with the authorities, he was referred to the Acute Mental health Facility for Rangatahi.

Toa had had extensive drug and alcohol abuse prior to his admission. Also he was known by the authorities to be roaming the streets numerous times at night where confrontations would erupt between him and local street kids. It was also noted that he carried a weapon wherever he went for protection

*Family:* His parents are both Māori and the family's first language is Māori. The parents of Toa have laid a strong cultural foundation for him. He is fully immersed in Tikanga Māori.

*Social:* Toa displays a gentle, charismatic and cheeky nature, which carries calmness and peace. On the other hand he can express explosive energy, which is released when agitated, not getting his way or when play fighting with fellow Rangatahi.

### 5.1.2 Taha Tinana

*Physical appearance:* He is of solid build and can come across as an intimidating figure. He appears to be a very confident individual and someone who is very proud of his Māori heritage.

*Physical Health:* Due to medical care, Toa has put on quite an amount of weight.

### 5.1.3 Taha Wairua

*Spiritual:* His spiritual presence was not evident until the latter stages of his therapeutic process. The first time it came out when he shared his Whakapapa with the group in Te Reo Māori. Over time he started to express himself more and more in terms of his spiritual connections to Māoridom, e.g. he would Pūkana, Wiriwiri and mimic the

mannerisms characteristic to an individual immersed in Māori culture, such as taking a warrior stance at times.

#### **5.1.4 Taha Hinengaro**

*Diagnosis:* Toa had been diagnosed with schizophrenia. He displays symptoms such as paranoia and delusional thinking. He also admitted to having auditory hallucinations, where he would talk in tangents to others and self, and spontaneously laugh aloud whilst walking about the facility. Grimacing was another feature, where the distortion of the face would be directed at fellow patients, staff or self. Paranoia became evident whilst Toa was in a relationship, which escalated into obscure and sometimes threatening behaviour.

I reflect on two areas of observations regarding Toa. The first is his gentle, charismatic and cheeky nature, which carries calmness and peace. The second observation reflects his explosive energy, which was released when he became agitated or when play fighting with fellow Rangatahi.

*Expressive and receptive to music:* Toa comes from a very musical family, where siblings and parents all sing and play two or more instruments. Some of his musical interests are performance in Kapahaka (where he is the male leader), playing guitar, drums and harmonica, singing and rapping, listening to R'n'B and rap music, and dancing.

### **5.2 Kete: Music Therapy Setting**

As outlined above, I use Durie's Māori health model to describe and assess my music therapy intervention strategy.

#### **5.2.1 Taha Whānau**

The relationship that was built between Toa and me was based on many factors. These factors included:

- the visual and auditory connections (simply seeing and hearing that one is Māori);
- the physical connections (Hongi, special handshakes, etc.);
- the cultural connections (sharing Kai, Waiata, understanding, etc.);
- The spiritual connections (intuitive gestures through Karakia, etc.);
- The musical connections (performing the Haka, singing Waiata and games);

*Participants:* Tiari is a regular support team member who has participated many times in music therapy sessions. Tiari brings authority and ease to the environment. Rangatahi, staff and I treat her with the utmost of respect. Being of Pacific Island decent she understands the protocols, language and musicalities of Māori culture. Support staff members are usually present in most music therapy group sessions. In this case study the staff member present was working one-on-one with a Rangatahi who required constant surveillance.

*Physical Environment:* Toa is very aware that he is at the Facility because of medical reasons and that undertaking the Haka differs from what is seen on the Marae, stage or other occasions. In addition, the situation is different because fellow Rangatahi are participating in the Haka, but at the same time are there for mental health reasons.

The music therapy session was undertaken in the recreation room at the facility. It is a very large rectangular room. By dividing the room into two parts, the aim was to push aside the lounging comforts of the couches to one side of the room, and set cushions strategically on the floor in a semi circle in front of the white board on the other side. People can be seen passing by the windows of the entrance swing doors and this can be distracting for Rangatahi, so I set the props in a way where the Rangatahi had their backs to the doors.

### **5.2.2 Taha Tinana**

Through observations of Toa in previous music therapy sessions, it had been quite difficult to involve him in or stop him from wandering away from the music.

When introducing aspects of Māoridom into music therapy, such as Kapahaka, I have observed positive results in relation to his attendance record and participation. Toa has a high interest in virtually anything Māori. I feel it is due to his family's strong approach to Māoridom.

I found that introducing the Haka to Music therapy sessions has engaged Toa in the therapeutic process. His awareness of the alternative setting of the Haka in the Facility does not deter him from participating fully in music therapy.

### **5.2.3 Taha Wairua**

As the facilitator of the session, I am presenting something that is very close to my people. I know I have the support from Kaumātua and staff but from a Māori point of view I also have support from my Tipuna. This provides a protective foundation for me and what I bring to the Rangatahi from a spiritual point of view.

### **5.2.4 Taha Hinengaro**

I saw Toa as being an individual who was alone. He would wander the facility wearing a walkman to help distract the audio hallucinations. His incongruent facial grimacing or preoccupied thoughts created distance from fellow Rangatahi because of his paranoid and aggressive behaviour towards them. The Haka is a way for Toa to convey himself in a natural manner. I feel that Toa is most comfortable in this musical environment.

When assessing Toa, observations revealed a young man who isolated himself from others, where audio hallucinations would create negative effects such as distress, paranoia and aggressive and threatening behaviour.

### **5.3 Kete: Therapy Goals and Aims**

#### **5.3.1 Taha Whānau**

- Build a trusting relationship;
- Allow him to be confident and comfortable around fellow Rangatahi;
- To be part of the larger group;
- One way to connect with Toa was to engage him in something that he enjoyed and was totally connected with. With Māori culture playing a major role in his family and social life, I wanted to use aspects of Kapahaka, such as the Haka, to engage him in a music process;

#### **5.3.2 Taha Tinana**

- Some of the therapeutic aims were to help him express himself in a safe, energetic and contained environment;
- The Haka is highly energised and creates an excellent form of release;
- He is a solidly built young man who seems to enjoy physical release;

#### **5.3.3 Taha Wairua**

- To create an environment where Wehi and Ihi (aesthetic expressions) could be felt;
- To receive assistance from Toa in organising and structuring the Haka in a manner that meets his spiritual needs (Toa knows about the spiritual heights of his cultural dimension, and I want him to feel comfortable in a process that allows him to experiences it);

#### **5.3.4 Taha Hinengaro**

- To engage Toa in any form of musical expression;
- Give him the opportunity to share his talent with others;

- By showing Toa in his most comfortable environment, I want to see if his mental condition interferes with his performance;
- Through the energy release of the Haka, I want to observe any change of his condition afterwards. How does he relate to fellow Rangatahi after the session? How does Toa feel afterwards?

## **5.4 Kete: Waiata Mai. Session Begins**

### **5.4.1 Short overview**

The music therapy session took 19 minutes and 30 seconds. I will give a short description of the beginning Waiata and focus briefly on the practicing of the Haka. The main section I will focus on will be the actual performance of the Haka. The performance of the Haka has many variables and factors to consider. Toa's delivery of the Haka is an important element to consider because he is the conductor, the mood meter, the leader of the group. I know that he has led a Haka performance in the past, but his personal experiences as a performer of the Haka, the physical environment, circumstances, situation and frame of mind, all contribute to the approach and interpretation expressed. I will give detailed description of Toa before, during and after the Haka.

### **5.4.2 Beginning**

It is 9:30am and the first music therapy session of the day. The weather outside is very warm and everyone appears to be in good spirits. The music therapy session is part of the everyday practicum schedule at the facility, with the exception that I am undertaking a case study.

The therapeutic day program coordinator and I pre-warned the Rangatahi before the session started to assure them that the session was going to be audio recorded. I continued by confirming that the individual of concern was Toa and that all those who

took part would not be mentioned by name but by participation. Tiari gave the final word and stressed the importance of my concerns

#### **5.4.3 Tiari's role**

Tiari plays a natural motherly and musical role at the Facility and in the music therapy session. Tiari is seen by all as a grandparent, a presence of authority and a nurse.

Tiari's authority role throughout the music therapy session is evident in the audio recording. Even though I facilitate the group, Tiari supports me in the same way that is normally seen on the Marae, at Kapahaka practices and performances and at home.

#### **5.4.4 Opening Waiata**

The protocol of beginning and ending a meeting with a Karakia or Waiata is an integral part of Māori culture. Protocols of music therapy models and Māori concepts have some parallels with one another when it comes to the opening of a session or meeting.

I suggest to the group that we should choose a Waiata to open the music therapy session. Tiari brings the Rangatahi to attention and instructs them that we are going to start the Waiata with 'Te Rōpū Rangatahi e' (the adolescent group). This song was first song during the Second World War. The song draws together shared memories of loved ones who had been lost. While showing grief, the singers also express earth-shaking pride in the achievements of those who went away and later to those who entered new chapters in their life. The first line of the waiata is usually sung by a group that reflects the tribe of where they come from. In this case, the first line has been altered to acknowledge the group of Rangatahi at the facility, hence the lyrics, Te Rōpū Rangatahi e.

#### 5.4.5 E Te Iwi e

Leader: Te rōpū Rangatahi e

All: Aue!! E karanga e Te Iwi e

Leader: Kua eke mai nei

All: Kua eke mai nei

Ki runga Te Marae e

Leader: Mauri a mai

All: Mauri a mai

E ngā mate ō Te Motu nei

Leader: Me ngā tini roimata

All: Me ngā tini roimata

E maringi whanui e

Leader: Titiro e ngā iwi

All: Titiro e ngā iwi

E ngā mahi ō Te Motu

E hora atu nei e

Leader: Ruana Te whenua

All: Ruana Te whenua

Whati Whati Te Moana

Hi ha hi ha

Leader: Aue Te Aroha

All: Aue Te Aroha

Te mamae Ia Aue (sing whole song twice)

(Song ends with a loud and erupt finish) Ruana Te whenua Whati Whati Te  
Moana Hi!!



### *Translation*

Rangatahi are calling to the people who have just set foot on the Marae. Bring with them the memories of all those who have passed and the overflowing tears that have been shed throughout the journey. Look at all the people throughout the land. The ground shakes the sea quivers. Oh the love and the pain from within. The ground shakes the sea quivers.

This Waiata has a call and response attachment to it. There is no one rule of who leads and who follows because everyone carries each other. There are punctuated areas of the verses which opened the floor to another form of expression and participation to those who wish to fill that void. This is usually expressed in the leader elements of the Waiata (Aue, Titiro e Ngā Iwi, Ruana Te whenua, Hi ha Hi ha, Ruana Te whenua Whati Whati Te Moana Hi). The Waiata as a whole is structured for communal use. It has space where harmonic, chant, physical, and internal and external spiritual elements can be released.

After the Waiata, the Haka follows. The Haka performance is two minutes and twenty-five seconds long.

#### **5.4.6 Using written text to Haka**

I write out the text of both ‘Toia mai’ and Ka mate ka mate’ on a whiteboard. There are various nationalities present in the group and written text will help guide them.

##### **5.4.6a *Compromise***

I asked the group how the Haka should be sequenced. Toa shares his knowledge with the group “You can mix them both together bro”. I turn to Toa and ask for the sequence pattern. After some negotiation we decided to sing Toia Mai twice and Ka mate ka mate once. The time signature is in  $\frac{3}{4}$ .

##### **5.4.6b *Pressure***

The group starts to focus on Toa and they tell him to start us off with the Haka, because he is good at it. Toa was very reluctant to start due to all the pressure placed on him.

#### 5.4.6c *Setting*

I start to arrange the group into two lines. Whilst doing this, one of the group members of non-Māori descent spontaneously did a “Pūkana” (tongue out, eyes wide open including the vocal sound that is expressed with it), which was very appropriate for the occasion.

During all this, Toa is standing by the double doors trying to catch a breeze because it is a very warm day. He is very quiet and appears to be observing myself and the others. I give a practice run of the Haka in relaxed form first. Toa is very familiar with the Haka and momentarily closes his eyes while practising.

#### 5.4.6d *Negotiation*

Here we hit a snag, the last line of “Toia mai” is sung in a slightly different manner. It is either Iwi (Tribal) dependent, has been taught that way or open to variation.

1 2 3 1 2 3 1 2 3 1 2 3 123 1

Ki te ta~ko~to ra~ngāi ta~ko~to a~i te waa~kaa Hi

Verses

1 2 3 1 2 3 1 (2) 3 1 2 3 (1) 2 3 1 2 3 123 1

Ki te ta~ko~to ra~ngā i ta~ko~to a~i te waa~kaa Hi

#### 5.4.6e *First Attempt*

We practice Toia mai again twice and it works well. During this moment Toa is starting to become animated and Pūkana while calmly performing the actions with a masculine and feminine mannerism, for example, Toa loosely raises arms up and down with the lyrics and systematically flexes on ‘te Waka’.

#### **5.4.6f** *Tiari leads Haka movement*

Tiari leads the group in 'Ka mate' haka practise. Only Toa and I are performing the movements, which are improvised movements that are lyrically expressed. The movements are very soft and delicate, Toa smiles because I am mimicking him.

#### **5.4.6g** *Second Attempt (more emphasis)*

I prepare the group to practise both Haka, I add a little more power behind the voice. Toa is participating calmly. His voice, which carries a baritone like tonality, is very distinctive on the audio.

#### **5.4.6h** *Rangatahi and Staff put pressure on Toa*

The group focuses a lot on Toa as the group and staff supporters place pressure on him. I catch Toa's gaze and point to myself that I will start the Haka. In return Toa closes his eyes and there was about 15-20 seconds of silence.

Toa taps two movements of the Haka before he opens his eyes and at the top of his voice he leads us into the Haka.

The leader role that Toa undertakes is very vocally commanding and physically expressive, so much so that the group all turned round to look at him and were, for a moment, totally quiet, though they regained momentum.

Toa's whole body comes into play, especially his facial expression that follows the lyrical content that was being illustrated. His vocal outlet is in unison with his body movements, which are very tense, restrictive and of a slow and purposeful manner.

He is in a very low stance and is performing the haka with a mixture of 'pulling the canoe' action movements, and lyrical connected movements where the actions mimic the words.

His words and actions are very articulate and natural. During specific words Toa would Pūkana momentarily during the chorus part (which was a two second interval, where he seemed to be pulling the canoe with his tongue, head, arms and body), with dilated eyes, and the Whētero (protruding tongue) before leading us back into the next line.

The eyes are said to be the windows of the soul, and in turn the eyes can express what the rest of the body cannot. I feel that such an expressive dance can help and make an individual mentally and physically fit, by freeing the mind and channelling the energy in a positive and controlled manner. Another aspect I learnt was that the Haka was used to belittle the enemy with such actions. For Toa, I felt that the enemy he was belittling or confronting was his own demons.

During 'Ka mate' Toa's physical movements became even more animated. He stomped his feet and pounded his chest hard, he seemed to be entering a different dimension where even though a group member was standing arms length right in front of him, his performance seemed to be freer. As the last line was approaching Toa turned to me and Pūkana, which I took as a 'your turn to lead' and not a challenge.

#### **5.4.6i** *Toa calls and I respond*

I continued for one more round of both Haka. Then I turned slightly towards Toa and he appeared very controlled and was performing with greater movements and gestures. Sweat was streaming down his face and he would flick his head to the performance to get rid of the sweat. His Haka was much freer and in rhythm to the beat of the feet and lyrics. As we neared the last words of the Haka, Toa squatted deep and let out a huge cry (like a spewing sound) as he initiated the Whētero and Pūkana to end the performance. He held his stance for about five seconds grounded in his moment.

Everyone applauded each other as we hugged and Hongi (touch noses gently). I congratulated Toa on an impressive performance. In turn he initiates a Hongi and says "cheers bro that felt awesome".

#### **5.4.6j** *Toia Mai*

Leader A TOIA MAI!

Pull!

Leader: KI TE URUNGA!

Land!

Leader: KI TE MOENGA!

Rest!

Chorus: TE WAKA!

The canoe!

Chorus: TE WAKA!

The canoe!

Chorus: TE WAKA!

The canoe!

All: KI TE TAKOTO RUNGA I TAKOTO AI TE WAKA!

To the resting place  
to lay the canoe!

#### **5.4.6k** *Ka mate Ka mate*

Leader: KA MATE! KA MATE!

We are going to die!

Chorus: KA ORA, KA ORA!

We are going to live!

Leader: KA MATE! KA MATE!

We are going to die!

Chorus: KA ORA, KA ORA!

We are going to live!

All together: TENEI TE TANGATA, PU'RU-HURU NA'A NEI TIKI, MAI  
WHAKA-WHITI TE RĀ! UPANE! KA UPANE! A UPANE! KA UPANE! WHITI  
TE RĀ! Hi !!

This is the man so hairy, who fetched and made the sun shine, together, all together  
peace, together, all together peace, to the shining sun!

### **5.5 Kete: Kupu Whakatepe. Assessment**

There were times where I felt uncomfortable about some of the decisions or motivational techniques that were made by Tiari during the session. Encouragement seemed to fall into the sphere of peer pressure. But then again, her role at the Facility and relationship with Toa differs to that of mine.

#### **5.5.1** Taha Whānau

When it came to leading the group in the Haka, Toa became hesitant and very aware of his situation as the leader. There was a lot of pressure placed on him by Rangatahi and Tiari. Toa became silent for quite a moment. I did not know whether he would show anger, stay silent, walk out or participate. After the moment of quietness, I observed a

change in Toa's bodily movements. It was evident that he used the quiet time to psyche himself up.

From beginning to the end Toa's confidence and energy was growing and he seemed to engage himself in the musical process. I feel that Toa enjoyed sharing himself and his culture with everyone that was present (Rangatahi, support staff and observers).

### **5.5.2 Taha Tinana**

The physical expression of power, strength, using the body as a percussion instrument and the intensity of slapping his body, legs and his grimacing gestures revealed that Toa was highly engaged in the physical release of his energy. With myself being the facilitator and support from Tiari, and knowing that Toa was very familiar with his culture, I feel we had set a very safe and protected environment. All together, I feel that Toa had been invited into a contained realm of therapy and culture.

### **5.5.3 Taha Wairua**

Despite having prior knowledge of the Haka structure, I still asked the group for their input of how to organise the Haka. I did this in order to actively engage them into the music making process. Toa added his knowledge as to how to structure and organise the Haka, which allowed him to perform it in a way familiar to him. This in turn made it comfortable enough for him to meet his requirements and spiritual needs.

The Wehi and Ihi illustrate the energy felt during the Haka from the participant, the group and therapist. A justifiable Haka can only be achieved when an individual puts all their energy into it so as not to insult the higher forces. Toa had a sore throat and tender body afterwards which justifies that holistic energy of the emotional, physical and spiritual requirements in a Haka. Wehi represents the fear generated by Toa by acknowledging the intrinsic understanding of the Haka. Ihi is the spine tingling effect which could be felt by both performer and listener. From an observational perspective, it was an awe inspiring performance. Toa seemed to be quite exhausted momentarily drifted off to sleep.

#### **5.5.4 Taha Hinengaro**

The movements and gestures presented by Toa unveiled a young man who is very passionate, knowledgeable and proud of his Māori culture. The physical input Toa brought into his performance is something that is rarely seen and understood. It was controlled, articulate and carried movements and gestures of understanding. The beat that Toa initiated was of a slow tempo. The freeness of his vocal expression is something that is rarely witnessed when someone performs the Haka at the Facility. Toa began with a deep toned chant. He chanted in a long, strong and controlled manner. Each word connected totally with his physical expressions.

Being the leader of the group gave him the opportunity to share his knowledge and talent with fellow Rangatahi. His vocal and physical presence was felt by all, which was reflected by the Rangatahi response to his calls. As he got consumed in the music he also carried a sense of awareness with expressions of acknowledgement and the sharing of leadership roles during his performance, where he signalled for me to lead as well. Toa was fully engaged in the musical process. Experiencing a comfortable environment, in which his mental condition was contained.

The acknowledgement from Rangatahi after the performance brought a humble smile to Toa. The group congratulated one another with a Hongi and hugs. The performance left deep impressions long after the event. For me it was an amazing opportunity to experience such an amazing individual in a music therapy environment.

For further treatment Toa has now been transferred to an intervention program that is fully focussed on Tikanga Māori.

Me mihinui ki a koe e taku hoa, Kia Kaha.





## Chapter 6

### **Taataritanga Patapatai. Interview Analysis**

This is an account of the interview I undertook with Kaumātua at the Acute Mental Health Facility for Rangatahi. I recorded the interview in their office. The recorded interview took 43 minutes and 53 seconds. In fact, we shared food and talked for while prior to me announcing that I was about to turn on the audio recorder.

I felt very uncomfortable asking the Kaumātua so many questions and I felt out of place taking the lead role in the interview. As I discuss below, Kaumātua are highly respected in Māori culture and throughout my practicum I have sought guidance from them.

Because of ethics confidentiality issues I intend to use the Māori terminology such as Koro and Kui to acknowledge the Elderly Māori support workers. I will use Tiari (the Pacific white rose) to acknowledge the Elderly Pacifica support worker who also is present in the interview. Koro, Kui and Tiari are the cultural representatives at the Facility. They cater for families and caregivers who wish to seek cultural assistance. For example, if parents wanted to include cultural elements in the intervention strategy, they may prefer to discuss such issues with Kaumātua than with the mainstream support team. Kaumātua have all been a major part in my practicum and have supported me unconditionally throughout my practice.

One crucial area that concerned me was the musical alterations to cultural aspects of my music therapy sessions that I had implemented. Kaumātua have been very supportive in my endeavours to musically adjust cultural performances for reasons I will later specify. Kaumātua participation and opinions to the study are a huge contribution, not only culturally and academically but also to the mental health system and to the movement in music therapy in Aotearoa.

Findings showed that observations made by Kaumātua from music therapy sessions gave evidence of the therapeutic ideals that Māori culture has to offer. Rangatahi, especially the boys, benefited from the musicalities of Māori centred approaches.

The cultural spectrum of the interview followed the guidelines of a Māori, Pākehā and an academic protocol. Dialogue from Kaumātua was consistent with the terminology

used in music therapy. Comments such as ‘it was very therapeutic’ and ‘to have some release in the way of music’, reflected the beneficial traits of music therapy. The importance of Kaumātua consultation proved to be of great relevance when wanting to implement Māori cultural ideas to the music in therapy sessions.

As participants and observers in my music therapy sessions, Kaumātua had a good cultural understanding of my work, and of why I altered concepts the way I did. There were fellow Māori who I conversed with from outside the realms of the mental health sectors who at times felt negative about me altering such concepts.

However, I feel passionate about having to sometimes alter Māori musical performances. I felt there was a need to introduce a strategy that promotes inclusion for all Rangatahi that is safer, and that accommodates their individualistic personalities and mental health issues.

The interview was going to be undertaken with only Kui and Tiari because Koro had other appointments. About five minutes into the interview Koro finishes his appointments early and walks in as the Kuiā share their Whakapapa. Koro joins the Kuia and me and we proceed with the interview.

The sharing of food is a natural process in a Hui. In saying that, there is ongoing consumption of food and beverages throughout the interview.

This interview is quite long, but as I discuss later, time is not the issue here. I have categorised relative concepts and placed them into Kete (baskets). The content of each Kete provides the basis for the analysis by theme. I focussed on points that I felt that were important or relevant to my cultural application.

## **6.1 Kete: Prior to Recording the Interview**

### **6.1.1 Myself facilitating the interview**

My practicum experience at the Facility was undertaken side by side with Kaumātua. The natural approach from my perspective was to facilitate the music therapy groups with Kaumātua support. When I wanted to discuss serious issues with Kaumātua, such

as the altering of traditional dance movements to create a safer and equally expressive interpretation, I always became apprehensive. On my cultural shelf, I place Kaumātua at the highest level, i.e. they are the guardians and teachers of Māori culture. Having to lead the interview with Kaumātua was a nerve racking experience. The nervousness in my voice is evident virtually throughout all of the audio recording.

### **6.1.2 Relaxed atmosphere**

Māori are very relaxed and communal people. In the Kaumātua office the atmosphere was no different than any other gathering. The only exception was that this was a university project which took me out of my comfort zone. I played the role of the interviewer and did not take on my usual passive role. Before turning on the audio recorder I gave Kui and Tiari visual cues.

### **6.1.3 Food**

The sharing of food plays a big part in Māori culture. It is customary to offer food or to present some form of Koha<sup>2</sup> to a Hui (meeting). In our case, Kaumātua and I brought food along. The bringing of food creates a social system that promotes togetherness, calmness, and a homely and communal appeal. It also acts as an offering to those who may be less fortunate.

### **6.1.4 Keeping the interview on track**

Facilitating the interview also came with the responsibility of keeping it on track. There was a tendency of conversations straying from the actual topic. I had to repeatedly regain their attention and bring the interview back to the questions asked.

---

<sup>2</sup> Koha often involves the giving of gifts by visitors to a host Marae. Traditionally food has been the offering. Taonga (treasured possessions) are sometimes offered as Koha. Nowadays, money has become an additional form of Koha.

### **6.1.5 Story telling.**

In my opinion I feel that it is quite normal for some Māori and Pacific Islanders to extend their conversations and take that extra time out to chat. Relatives and acquaintances, including myself, can have a tendency to converse beyond the question that was originally posed. Replies could comprise a practical experience or someone else's experience, rather than a written text.

During my interview with the Kaumātua there were quite a few moments where short answers were given first, and then the conversation continued with stories by Kaumātua similar to travelling through chapters in a book. They would venture into another realm recounting life experiences prompted by the question asked.

Time is and should not be an issue, where patience is a virtue. Listening to Kaumātua sharing their life's journey, no matter how irrelevant it may seem to be to the actual question, should be appreciated. I am not submitting wholesomely to everything that Kaumātua express to me, but I give them my respect and show interest in how they lived.

## **6.2 Kete: Pūnaha Māori Ne. Māori Protocols a must**

### **6.2.1 Opening Waiata**

The three Kaumātua and I were from different tribes. Already being familiar to one another and, when sung together, our immediate tribal melodic structure to well known songs were not very different from each other. The opening Waiata 'Aue te Aroha' acknowledges Māori language, the youth of today with a special focus on well-being and the importance of love. The Waiata contains a simple but direct lyrical structure. It is sung at a slow tempo and allows the words to be accentuated. There is a structured melodic line, but there is also a freer harmonic approach to the Waiata where voices can spontaneously and subtly colour the melody. In this opening Waiata I am following both Kui. I am a split second behind them so I have to listen carefully so I know when to come in (A1.5, p.114).

### **6.2.2 Whakapapa (Genealogy)**

Sharing Whakapapa to a group is an oral acknowledgement of where one comes from. One shares genealogy from a geographical and ancestral view point. This gives the listener a ‘background check’ of Tāhuna (Chief), Waka (canoe), Awa (river), Maunga (mountain), Iwi (tribe affiliation) and Hapu (sub-tribe).

In the interview there were introductory situations which altered the cultural norms in relation to Whakapapa. There was one major point that became obvious to me. Undertaking the interview via audio recorder created an unusual situation for Kaumātua and me.

In normal circumstances when someone new enters a group it would be customary for everyone to share their Whakapapa. In this case, we knew that this interview was going to become included in my research, so I did not share my Whakapapa because I was focussing on the Kaumātua. However, Kaumātua shared their Whakapapa.

The sharing of Whakapapa in this manner is unheard of in terms the customary appropriateness of Māoridom. The academic aspect of this interview in terms of its agenda altered the verbal and the physical presence, and the traditional concepts of Māoridom. But all in all, Kaumātua responses and reactions to the whole interview situation were open and accepting.

Kui shared her Whakapapa first (A1.8, p.115) and Koro last (A1.11, p.115). There were many family connections that were made between the three of us. As for Tiari being of Pacific Island decent, her geographical and family connections differed immensely. Working at the Facility, I have heard Tiari share her Whakapapa many times. The exception here was that she spoke it in another language. The chronological factors of the Whakapapa were maintained, Tiari just spoke in her mother tongue (A1.10, p.115).

### **6.3 Kete: He Kokonga Whare e Kitea he kokonga ngaakau ekore e kitea. Work experience of Kaumātua prior to working at Facility**

#### **6.3.1 The value of gathered experience (A1.12 – A1.17, p.115)**

This section focuses on a short background overview of Koro and Tiari. With respect to other Kaumātua, an area that stood out for me was that they had previous employment in a profession that coincided with their present employment.

In normal circumstances I would never ask Kaumātua such direct and personal questions. But because it was an interview I felt it was an opportunity to be more intimate and personal.

At the Facility for Rangatahi I only found out about the Kaumātua previous work experience through the interview, even though I had been there for approximately a year and a half. Through Whakapapa, I only knew who they were and where they were from.

Koro had been a Māori studies tutor for ten years prior to working at the Facility, while Tiari came from a nursing background.

Koro facilitates Te Reo Māori (Māori language) classes with Kui as part of the day program timetable at the Facility. They also support patients with and parents who wish to seek a Māori guidance councillor.

Kui comments that being at the Facility was a kind of graduation for her as a Kaumātua, she considers her position as an honour. Kui's presence offers patients a positive female role model, as well as supporting families in meetings and a cultural perspective towards intervention strategies.

Tiari supports patients and families who seek a Pacifica approach to treatment. Tiari has a nursing background that offers families a Western and Pacifica perspective to intervention strategies.

## **6.4 Kete: Te Haerenga (The Journey). Māori Musicality and Music Therapy**

### **6.4.1 Observation made by Kaumātua in Music therapy sessions.**

Here I am taking sections of a quote from Koro and I will elaborate on it. In response to my question as to what observations were made by Kaumātua in music therapy sessions (A1.22, p.116), Koro said “I found it was very good actually, their response to be able to have someone come in and bring some instruments so they can actually take part in the sessions” (A1.23, p.116).

At the Facility for Rangatahi there is a small music room that contains an electric piano and a drum kit. There are also two acoustic guitars that are kept in the Facility office for Rangatahi and staff usage. I spent two practicum days a week at the Facility. As a music therapy student I brought a variety of instruments to the Facility. The Rangatahi were always excited when they knew music was part of their day program. Having made musical and personal connections with the Rangatahi there, I observed positive responses by the Rangatahi when I entered the Facility with my instruments. The Māori protocol of starting and finishing with a Waiata or special thought fits in naturally with a music therapy theme. Plus a musical release seemed to be a sometimes subtle and explosive means of expression for Rangatahi.

### **6.4.2 “Distraught Thoughts”**

Koro also said “I think it helped quite a few of them who perhaps were rather distraught in their thinking to have some release perhaps in the way of music” (A1.23, p.116).

Toa, who is the main focus of my case study, appeared to benefit from music therapy sessions. Somewhat distraught in his thinking, part of the music therapy centred on Toa releasing his thoughts to me by way of lyrical conversation, which is called rapping or battling<sup>3</sup> in American terms. I would answer and question him back in the same manner. We would support each other by beat boxing while the other rapped, or we would rap over a CD beat of his favourite rap star. The lyrical content is freestyle where the lyrics are thought of right there on the spot. We would rap about the Facility, fighting, girls,

---

<sup>3</sup> Battling: freestyle vocalisation with no written or pre-planned scriptures, just a straight off the cuff lyrical conversation.

drugs, friends, Whānau, and being Māori. After each completed conversation he would give me a special hand shake, touch opposite shoulders together and hongi, which were signs of approval. We would rap for the whole music therapy session. From observations and participation Toa appeared very honest and free about expressing himself in this manner.

#### **6.4.3 Percussion Time**

Koro continued “...or to be able to even to bang on a percussion instrument...”(A1.23, p.116).

Using the Facility’s music room, for example, I found it a good opportunity to welcome a Rangatahi to a one-on-one session. I was introduced to a young boy who was very quiet, shy and of passive nature. The young boy always wanted to play the drums so I thought I could reach him through ‘emotional drumming’. Strumming my guitar while asking him questions in a semi modal voice such as “how are you today” got a snare beat (which I could not determine whether he was happy or sad). Telling him that I disliked aggressive people got a harder beat on the snare, which gave me the impression that he disliked them too. After some time in the session he appeared more comfortable as he adjusted the whole drum kit to suit his beating distance. I played a sad slow melody on the guitar, swayed back and forth on the seat and waited for him to enter, it took some time but he entered the music. Changing the emotion of the music many times he followed with both assertiveness and hesitant participation. Ending the session with our version of Metallica’s song ‘unforgiven’ brought a nice closure to this first music therapy session together.

#### **6.4.4 Vocal Opportunity**

Koro also said “...or to perhaps sing loud...”(A1.23, p.116).

The vocal release in a Haka by Rangatahi in a music therapy session has a huge effect on them psychologically. The vocal expression from the participant during a Haka is not a yell or a scream, but an intrinsic build up of vocalised eruption that is released to the fullest, but one that is ultimately controlled. Expressing oneself in this manner involves releasing ones inhibitions. There are the physical movements, which play an equal part



in this performance, but overall the vocal aspects have healthy benefits such as the pumping of the heart, opening up the internal organs of the diaphragm and exercising the voice box.

#### **6.4.5 Written Agenda**

“...or help to put their thoughts down on the board...”(A1.23, p.116).

Writing thoughts down on the board in a group or one-on-one setting has been an open and non-intrusive way for participants to participate and share their thoughts in music therapy. The exchanging of lyrics to a popular song or writing poetry seemed to give Rangatahi a sense of satisfaction, or sometimes a sense of guilt or anxiety for revealing something so personal.

With one particular Rangatahi, we invented a word association game. We negotiated ideas and rules where the game structure was that one person would write a single word on the board and the other would reply with a single word underneath. If the leader chose to use three words of articulation then the other had to match it. We would create it like a story where there was a beginning and an end. By exchanging starting roles allowed one another to tell their story. The name of the game was to be as honest as possible.

#### **6.4.6 Scribe**

Finally, Koro said “...you can make up a Waiata (song)” (A1.23, p.116).

Making up a Waiata creates a feeling of ownership. The melody of the words, and the ways the instruments are played (if any) can reveal many things. For example in a group music therapy setting the ownership of the song would be communal. In a one-on-one situation it can be more personal.

On one occasion, Toby (name changed) wanted to write a Māori song. Toby always wanted to speak Māori but was never taught how. Kui stated that the best way to learn Māori is through songs. Kui and I worked together to help Toby create a Waiata. Toby gave us his ideas and we translated them into Māori. Toby also created the melody for it.

Tenei Mātou Ngā Rangata

Tenei mātou	We are
Ngā Rangatahi	The Rangatahi
Ō ngā hau e whā	Of the four winds
Whānau	Family
Tinana	Physical
Wairua	Spiritual
Hinengaro	Emotional
E mihi atu nei	Greetings
Kia koutou	To you all
Kia ora rā	Greetings

**6.4.7** What do Kaumātua think about me wanting to implement a cultural approach to music therapy and what are their thoughts about the Kapahaka section of the TDP (Therapeutic Day Program)? (A1.25, p.116)

**6.4.7a** Kui commented that it was “amazing”. Music can motivate, stimulate, accommodate and communicate. She quoted that “It seems that they look forward to the days when there’s music, and they’ve responded really well, like you always have a good response to attendance...And for you especially, the cultural part of it...”(A1.26, p.116).

Kapahaka had become an integral part of my music therapy sessions. Understanding some of the practicalities and methodologies of music therapy supported my ideas of how I could introduce my culture as an inclusive role to mental health care from a professional viewpoint.

**6.4.7b** Kui continued with “...the response from the males that we got from your sessions, they really enjoyed that, they really responded well as you know...it’s very therapeutic”(A1.26, p.116).

The responses from Kaumātua about the question at hand were positive. Receiving positive feedback from Kaumātua has given me some peace of mind. I had a lot of self doubts about whether the altering of Māori concepts was an appropriate approach to take.

**6.4.7c** Kui felt very passionate about the need to place more emphasis on the Kapahaka section as part of the therapeutic day program. Kui stated that it did the boys really good to relieve them of what she calls “all those what ever, to let it all go” (A1.26, p.116).

I am passionate about preserving my culture and do not want to disrespect my people. However, after observing and working with Rangatahi and Kaumātua at the Facility, I have received positive feedback that the altered approach to a Haka performance as a music therapy intervention strategy has been a positive experience.

I would approach Kaumātua regularly if I had any queries in relation to alterations in lyrical changes or movements to Kapahaka sessions that I felt may become culturally inappropriate. I found the above comments to be a reassuring prospect that as long as guidance is sought from the right sources, then one is able to venture into sensitive grounds in relation to Māori cultural concerns.

**6.4.8** “...relieve all those whatever.....let it all go...” and “...for real” (A1.26, p.116)

Māori grammar sometimes carries a simplistic yet creative approach in relation to verbal, physiological and psychological aspects. For example, in a conversation with my sister, she might say “do you remember that time when he gave it his all?” This reference would reflect a shared moment in the past. The Māori listener would use intuitively know what the speaker is referring to. When some relatives speak in English, the grammar is generally structured in the same form, where subject and objects are very vague and unspecific in the grammatical sense. Some examples and explanations given by Kaumātua also carry this natural means of conversation

**6.4.8a** I intuitively interpreted Kui saying that to “relieve all that whatever” meant that the Haka was a great way of relieving some of the boys of whatever intrinsically and externally stops them from functioning properly.

**6.4.8b** “To let it all go” felt like she was saying that someone had been lost and walking around in a maze for ages but who had finally found their way out, and then lets out a mighty roar of satisfaction or freedom.

The first two explanations referred to how Kui felt when observing Rangatahi in music therapy sessions. She was very expressive using body language and enthusiastic tonality to describe the words “relieve and let it all go” as she spoke about how the extracting of specific energy was a positive thing.

**6.4.8c** The term “for real” is a comment I would regularly use during the continuous practising of the Haka ‘Toia Mai and Ka mate ka mate’. “For real” meant that there was no more practising and it was time to perform the haka to the best of ones ability.

Kui talks extensively about the participant (Toa) and an observation she noted. She emphasised how Toa would seek confirmation from me before and whilst performing the haka by looking at me and saying “for real Matua”. Matua means parent or uncle. Showing this form of acknowledgement to address someone is quite an honour and a respectful terminology. Nowadays this term is sometimes lost to today’s Rangatahi where outside influences create disparities in cultural understanding.

Tiari recalled a time when I allowed the girls to take part in the male role of the Haka. She noted that staff came to observe what was happening because of the volume created throughout the whole building where the large group opened up and released themselves musically to express the emotions required to create a justifiable Haka (A1.27, p.117).

**6.4.9** Are there any Māori cultural issues (such as the altering of Haka movements and lyrical changes) that may be detrimental to my approach? (A1.28, p.117)

As mentioned earlier in this paper, I was quite concerned about the cultural path I was taking during my practicum journey. I felt in some cases that the altering of specific Haka movements was inevitable. I knew that some movements were too aggressive for specific Rangatahi, where a more controlled and disciplined environment needed to be implemented to accommodate their own and other Rangatahi needs. Also some actions

in the Haka conveyed a self-harming effect where immediate intervention needed to be applied.

Kui commented by saying that there was nothing culturally detrimental about the approach and suggested that there was a lot of room for it. I am quite pleased by her response and the way that she felt about the allowance of room to open up the door slightly for cultural change (A1.29, p.117).

Kaumātua were positive and noted that there was a need to continue having someone at the Facility that carried the culture and was able to involve patients in intervention strategies from a Māori cultural approach (A1.29, p.117).

Koro quoted, “I think it’s been excellent, I can’t think of any instances with being detrimental“(A1.30, p.118). Koro found nothing that would get in the way of my approach as far as the music therapy and the cultural side of things is concerned.

I do not disregard any of the advice given to me from persons from outside the mental health arena, but I do find validation in the words from persons who work in the mental health sectors in New Zealand and are keepers of Māori culture.

## **6.5 Kete: Maaramatanga (Enlightenment). Closing the Hui**

### **6.5.1 Closing Waiata**

We closed the Hui with the hymn Whakaria Mai (how great thou art) made famous to New Zealanders by the well-known Māori singing virtuoso and honourable Sir Howard Morrison. Koro finally sealed the Hui with a Karakia (A1.35, p.119). The Karakia acknowledged all the higher forces that came into play throughout the interview, i.e. our Gods and Ancestors, to the conversations made about change with respect to our culture, the blessing that allows Kaumātua and me a safe passage after and beyond the meeting, so that harm may not come to us.

### **6.5.2 Final thoughts**

I am very grateful to Koro, Kui and Tiari for allowing me the opportunity to present them and their thoughts to help the reader get a brief insight into Ngā Kete of developmental processes and ideas. This interview contributed to the opening up and sharing of Māori cultural alternatives in order to accommodate Rangatahi and all those in health care sectors.

## Chapter 7

### Discussion

#### 7.1 Introduction

This chapter provides a qualitative analysis of the results from my research. These results are based on the case study undertaken with Toa (Chapter 5), the interview with Kaumātua (Chapter 6 and Appendix A1) and entries from my journal (Appendix A2).

The main aim of my research is to identify a cultural approach from a Māori perspective that could accommodate both Māori and Tauīwi Rangatahi in the music therapy settings. The question is *how* one can intertwine Māori cultural approaches with Pākehā mainstream music therapy approaches, and this question is explored by my experiences in a Rangatahi Facility. More specifically, the questions I have asked myself are:

- How can I best provide a Māori cultural approach to music therapy intervention programmes?
- What are the personal views of Kaumātua?
- What happens when using the framework of the Haka?

I analyse my experiences with regards to these question in the hope to provide a guideline as to how a therapist can work with Māori concepts and Rangatahi. My main observations are grouped into Kete, where each Kete draws on the observations and linkages made between my case study, the interview and my journal entries.

## 7.2 Kete: Māori

### 7.2.1 Being a Māori music therapist

My thoughts on being a Māori music therapist are not directly drawn from any of my sources but are more a general reflection on the research process. Entering the Master music therapy degree has been an inspiring and captivating journey. The whole criteria of what music therapy means appeals to my outlook in life. Music therapists bring a range of values and ideas to the mental health arena and abide by an ethical code (for example, members of the Association of Professional Music Therapists must sign the Association's *Code of Professional Ethics and Discipline*, see copy in Appendix III of Bunt & Hoskyns, 2002). Bunt & Hoskyns (2002) emphasise that one of the most important principles and values of a music therapist is to always act in the best interests of the patient, whilst maintaining a professional space and respect for confidentiality of the patient. They also note that training music therapists need to be able to integrate their musicality with a sound therapeutic base and an open attitude to the patient's beliefs and values. Patient and music therapist meet in the music therapy space where each brings their own musical histories, values and life experiences.

“Don't let school get in the way of your education” (Mark Twain). This is a quote that I feel is very appropriate to my life. Due to unforeseen circumstances I left school at a very early age, only to re-enter the education system at a university level in my late twenties as a Bachelor of Arts student. In doing so I had brought forth ten plus years of life experiences to my degree.

When I began my Masters of Music Therapy training I found out that I was the only Māori music therapy student and Māori to go through the degree I did not feel bothered by it at all. But in the latter stages I felt myself naturally being guided towards ‘my’ cultural understanding of what music and therapy meant to my people. Being in Aotearoa and as a Māori student undertaking such a degree, I felt my environment subtly pushing me towards my cultural heritage. At times it felt like I had little control over it but in the end I concluded that I had absolute control over the whole situation, it was just the pressures and challenges that consumed my mind and my obligations that made me feel out of control.



Discussions with lecturers, Kaumātua and relatives gave me a valuable perspective of the positive aspects of Māori contributions and the challenges I may face as a music therapist. With no literature on Māori music therapy, I conducted my research by linking concepts and research results into categories such as Māori music, Māori healing and music therapy.

The Acute Mental Health Facility for Rangatahi embraces a bi-cultural approach to the assessment of patients. It follows the conventional ideologies of Western means of medical interventions, with the added consideration of the Māori applications to mental health and well-being.

With my practicum being undertaken at a bi-cultural Acute Mental Health Facility for Rangatahi I was positioned in an environment that spoke for both sides of my upbringing. Working with Māori Rangatahi offered me a more workable foundation where my cultural applications were understood.

Connecting with Rangatahi as a young adult carried a mutual understanding of me not being as old as their parents and not being too young to not be taken seriously. I feel that the respect that was given by and received from Māori Rangatahi was not based on a verbal agreement, but based on a nurtured point of 'knowing' where each other stood.

When dealing with Māori Rangatahi in a Māori nature placed me in two realms, one was of Matua (part of an extended Whānau) and the other as the Music therapist (the profession). This was a point that had to be made clear to Rangatahi, and sometimes also as a reminder to myself. I did question myself of how could I find a balance between my position as a Matua and therapist. What I found was that I could not help myself from not thinking like a music therapist, it had become a natural part in my chain of thought.

### **7.2.2 Te Hongi**

The Hongi is an integral and unique form of greeting that distinguishes Māori from other cultures. Its meaning is grounded in the following: the allowing of each other to enter one's personal space, the physical contact aspect that goes beyond the conventional hand shake and the short space of time that is experienced whilst noses and forehead are joined and breaths are being shared (A2.1.1, p.123).

An example I would like to share that is outside the music therapy field was when I was in France during the Rugby World Cup. One of the most stereo typical connections the French made with Māori focussed on the Haka. I consciously decided to introduce certain French acquaintances to the Hongi. I explained the meaning and actions behind the hongī, and performed the Hongi with them once only. I only initiated the Hongi once because I wanted their first experience to stand alone and not take it into a game-like process. The synchronising actions of the breath and feeling each others' emotional energy brought a very emotional response. Some were almost brought to tears, while others were lost for words. Meetings them throughout the week, the Hongi became a natural process and our friendships became much stronger.

With the natural presence of the Hongi at the Facility, relationships are formed quite instantly even before music has begun. Not all Rangatahi or staff Hongi, and obviously it is not the only means of introduction or creating a patient-therapist therapeutic relationship.

For me, I cannot separate myself from the Hongi, it is a cultural gift. Pākehā and Taiuiwi who associate or relate to Māori in one way or another would Hongi as well.

### **7.3 Kete: Kaumātua**

#### **7.3.1 Natural part of the musical process**

Initiating and/or supporting me musically in music therapy sessions is a natural process that Kaumātua partake in (e.g. **5.4.4**, p.55, **6.4.1**, p.71, **6.5.1**, p.77). Their musical participation is equal to what is seen on the Marae. Kaumātua lead in song, facilitate and spontaneously become part of the music. One thing I observed throughout my time on the Marae is that when someone has a speech, he or she would close that speech with a Waiata. Those in the audience who know the Waiata would stand and accompany him or her in song.

Taking the Marae practice into the Facility creates a natural environment that I am familiar with. Music therapy sessions can sometimes involve me working with Kaumātua, being facilitated by Kaumātua or no participation but observation by them.

Tiari for example, accompanies the singers by playing the guitar or ukulele when someone is arriving or being discharged from the Facility (5.4.3, p.55). On numerous occasions it was quite natural to see Tiari sitting in the lounge playing the stringed instruments alone or with Rangatahi.

### **7.3.2 Authority and respect**

Authority and respect are highly dependent on age, i.e. the elderly. Authority and respect stand side by side when acknowledging Kaumātua (6.1.1, p.66).

Kaumātua presence at the facility brings forth not only the health liaison aspects of support, but it also brings a homely appeal as a nurturer of grandparent status. Their presence promotes the Whānau concept. Rangatahi, whose disciplinary actions are somewhat out of order, learn from Kaumātua of what is acceptable behaviour. Also their disciplinary actions on most occasions are taken much more seriously and immediate by the Rangatahi, with less debate. It would be quite regular at the Facility to see Kaumātua disciplining, negotiating, cuddling, and singing with Rangatahi. Kaumātua bring a wealth of life and work experience to the Facility (6.3.1, p. 70).

During the interview for example, for me being a young adult and the interviewer, it was a humbling experience to share a levelled opportunity of conversation with Kaumātua.

Because the interview was motivated by a university means and the importance of Kaumātua opinions and inclusion as part of my research, this allowed me a unique opportunity to speak with Kaumātua on a level that stepped outside the usual conversational norms (6.1.2, p.67, 6.2.2, p.69). My questions were more direct, answers from Kaumātua were much more formal and the fact that Kaumātua attention was towards me made the process much more serious.

### **7.3.3 Support**

Having such support from Kaumātua throughout the practicum has been a comforting and an important part of the learning and teaching process. Kaumātua also expressed their support verbally of what I was doing in the interview (6.4.7, p.74). With their presence on site enabled me to have instant and physical access when in need. This

access to Kaumātua support has benefited greatly to my productivity and clarifications to uncertainties and certainties with concerns to my cultural approach to music therapy sessions (e.g. **A2.4.2**, p.132).

There have been times when the visiting of my Marae, phoning relatives, conversing with people around the university campus, on the streets and pubs have all contributed to my research where I have searched for answers from other Kaumātua in order to settle cultural queries.

### **7.3.4 Consultation**

Throughout the practicum, the seeking of confirmation from Kaumātua was always a focal point to continuation when alterations to Māori cultural aspects were implemented. Positive feedback from Kaumātua straight after music therapy sessions and within the interview confirmed that there were no areas where the altered cultural approach undertaken in music therapy conveyed detrimental factors to the cultural side of things (**6.4.9**, p.76).

Whilst living in Norway I took it upon myself to teach a primary school the Haka Pōwhiri (Toia Mai) as part of their end of the year school production. Observing that the children (aged between 5 and 7 years of age and speaking virtually no English) had difficulty with the final line of the Haka I consulted relatives and family members back in New Zealand with a game plan I had in mind. Because it was a welcoming chant I changed the ending and kept it simple (**A2.6.1** p.137). Relatives and family members gave me positive feedback and felt it was no problem.

The point here is that consultation does not have to occur with everything that one does, but when uncertainty is present the sharing of thoughts with the wider community offers you clarity and support.

### **7.3.5 Working with interventions and compromise with Kaumātua**

Working together with Kaumātua on music therapy interventions was an uplifting experience. It showed me that change to specific Kapahaka performances were possible but could only be given unless the reasoning was appropriate.

Kaumātua are the keepers of Māori culture, and any suggestions I had in mind were to go through them or other sources first. I was not told to do this by staff or Kaumātua themselves, I was taught this as a child.

Translating Māori Waiata to English seemed to be a plausible suggestion to ask Kaumātua to do because of the diversity of the groups at the Facility, but my nervousness took over (A2.4.2 p.132). In the end the Rangatahi were my motivator.

There were many other times when I would ask myself questions that focused on the consultation of Kaumātua and the altering of Kapahaka concepts.

- Who do I think I am to ask such questions?
- What if Kaumātua reject my ideas?
- I am Māori, so I am sure I have some room to exercise my ideas?
- Hope my people do not feel ashamed of me.
- How old do I have to be before I can make my own decisions with respect to cultural alterations?

And finally: who do I listen to? I posed the question: “what do you think about me altering specific aspects of kapahaka to accommodate music therapy?” to Māori individuals. One outcome was that I received the three different answers from three people who were from the same tribe (A2.5.3 p.136). My role was perhaps to consider their views carefully and respectfully and to make a decision with integrity based on the consultation process.

#### **7.4 Kete: Rangatahi**

Throughout my paper the majority of the people mentioned are of Māori descent. Also the content of the paper is directed towards Māori concepts, Māori Mental Health models and Māori protocols and customs from a Māori perspective.

In this section I direct attention towards Pākehā and Tauīwi Rangatahi and their place as learners, participants, sharers and observers of Māori approaches in music therapy.

Māori and non-Māori Rangatahi who have participated in the Haka at the Facility have been given the correct meaning and instructions to perform it in the respective manner it deserves by Kaumātua, outside sources and me.

#### **7.4.1 Working with Pākehā and Tauīwi Rangatahi**

Using Māori approaches with Music therapy concepts has been a learning curve for most Pākehā and Tauīwi Rangatahi. There are times when Pākehā Rangatahi would share with me and/or the group a particular song that represents their school (sung in Māori) or a Waiata they remembered as a child.

My observations of their participation in music therapy have made me push towards the ideas of assisting their needs as much as possible when implementing a Māori cultural approach. These needs are issues such as creating an atmosphere towards a therapeutic means, a place of inclusion, keeping the concepts simple and at times raising the level in order to challenge them, creating a safe environment, learning from and listening to them, creating a realm with understanding and meaning and most of all, making it fun.

From a cultural perspective, under the umbrella of the Acute Mental Health Facility for Rangatahi lies a bicultural system of containment, community and Healing. With the Facility being a bi-cultural unit, Rangatahi have learnt to adjust and take on the rules and protocols that it uses.

From a music therapy perspective, Pākehā and Tauīwi Rangatahi responded well to the cultural approaches (A2.3.4, p.130). Many would give praise and felt grateful about learning Māori arts, such as the Haka.

I stated it before (see Chapter 3) and I will state it again, those who want to implement Māori musicalities in music therapy sessions must first learn about Māori culture and the people on a practical basis in order to confidently and properly share what you have learnt.

#### **7.4.2 Cultural approach by cultural means. (A2.2.1 p.123)**

Tangi Tamaiti (weeping child) was a Rangatahi who carried a very strong cultural background. Coming from the country to the city to undergo treatment, Tangi Tamaiti took a while to get used to his new surroundings. He was diagnosed with having auditory hallucinations. When he talked to nature (e.g. birds) the outcome was always the same, heavy crying, anxiety attacks, appearing to be lost, and singing and chanting.

He reminded me of my Kui who spoke little English but carried the old and traditional mannerism of Māoridom. Kui would talk with us and all that was nature in a song-like voice. Tangi Tamaiti carried many of the same traits.

At one stage he was outside the Facility and was reacting emotionally to his hallucinations pleading for guidance. Observing momentarily, the cultural and music therapy side of me took over, and I made myself present by playing my guitar and joined him in song. I felt that supporting him (both musically and physically) and bringing the moment to a conclusive and natural end allowed Tangi Tamaiti to go through the full process of his experience with no disruptions. I ended with a Karakia, which was a request from him. Tangi Tamaiti's anxiety appeared to settle where crying had slowly diminished and conversations became more "coherent".

The inner most cultural side of me saw a Rangatahi who was saturated in culture. My observations of him differed immensely from many other observers. I wanted to show them that what may have looked unusual behaviour to them was in fact slightly similar to what I had observed as a youngster. The only exception with him was his highly emotional responses and reactions to his hallucinations. Such as anxiety attacks.

#### **7.4.3 Changing the rules (A2.2.2 p.124)**

As a music therapist at the Facility, I have formed many non-musical relationships with Rangatahi. Here I will briefly discuss short experiences I had with one Rangatahi in particular. Having spent a lot of time talking and taking part in activities that he was interested in, I concluded that our relationship contained mutual trust and containment.

Even though he had much disinterest in music, I thought of a way to involve him in something therapeutic and something he enjoyed. I shared my idea with him and he agreed to try. Creating a 'Word Game' through word associations was motivated by

what motivated him. I changed the therapeutic approach based on my intuition of what would be best for the Rangatahi. Intuition has played an important part in my approach to music therapy all the way through.

#### **7.4.4 Hip hop influence (A2.2.3 p.126)**

Musically, hip hop uses rap as an outlet, a rapper uses a rhythm style of speaking while expressing in rhyme. This is rapped acapella or with accompaniment. This can be achieved in two ways, electronically such as with turn tables or drums machines or acoustically such as by making turn table impressions and drumbeats with the mouth.

When two people rap against one another, this is called a battle. This is usually a non violent means to settling disagreements and other issues.

At the Facility, there were many Rangatahi who connected themselves with the Hip hop movement. One boy in particular would speak to me in rap. When he did so his whole body would be animated. His head, arms legs and facial gestures matched the words he was conveying. I decided to meet the boy from where he was at and battled against him. He conveyed messages of violence, street status, strength, calling me names and the people from my region, and speaking with a lot of foul language.

I saw a boy who was angry, lost and had something to say. In turn, my messages countered his. They expressed words targeting his Māori heritage, what our main focus in life should be (e.g. our Mokopuna), where strength can be found and what it means to me and that things will get better. My point here is that having a Māori cultural element in a music therapy session can also encompass reminding the Rangatahi of his or her Māori cultural connections and values, even if it has to be conveyed in a very different musical way. I gained recognition from the boy, and he initiated a Hongi in acknowledgement. In turn I started to hear his rap become less American orientated and more socially and geographically connected to Aotearoa. His lyrics were still strong, but were much more real.



## 7.5 Kete: Haka

I have mentioned introducing the Haka to primary school children earlier on in this chapter (7.3.4, p.84). The teaching of the Haka to my hosting country of Norway has been a way for me to share my culture with the world.

During my time at the primary school our learning was mutual. I taught the children a Waiata (E Toru Ngā Mea) and they taught me some Norwegian. They seemed so intrigued about my culture and would ask many questions. Over time I felt that they were ready to learn a Haka. Toia Mai came to mind. It involved the call and response mechanism, the actions spoke the words, it was a welcoming chant (school production and parents day presented us with an opportunity to include this in their repertoire), it was group orientated, and most importunately, the final line of the chant was altered and redesigned to accommodate the lyrical gymnastics they found very difficult to say (A2.6.1 p.137).

### 7.5.1 Girls and the Haka

Speaking to my Kui on my Marae I posed a question about girls performing the male sections of the Haka to her. She replied that men and women play a significant role that creates balance within the aura of the performance.

The arms and legs of the female performer are of small movements. The parting of the legs or revealing of the armpits are said to be of negative projection because a man from a neighbouring tribe or one's own tribe may be tempted to confront her.

The voices create a harmony where freedom is expressed. The male tend to chant in a more middle to lower note tonality, while the females take the middle to higher range. Focus is not so much on the melody or harmony of the Haka but rather in the reciting of the words. As a whole, the togetherness in voice can be heard when all these elements are present (A2.3.1 p.128).

Sometimes I was placed in a position where the choices I made to alter aspects of Māori culture were motivated by long and numerous observations and by a close patient – therapist relationship (A2.3.2 p.128).

Allowing girls to perform the boys section of the Haka with both male vocals and actions was a negotiable passage. Consultation with Kaumātua is a must when wanting to implement anything that affects cultural aspects. Seeking assistance acts as a backing to protect you from unforeseen forces (from the physical and spiritual realms) (A2.3.4 p.130).

Putting the Haka together is only achievable when Rangatahi have been given the proper instructions about the process. To teach the Haka involves knowledge and this knowledge enables you to convey that knowledge in a comfortable and articulate manner. In turn, with the right support (e.g. Kaumātua and consultation) and knowledge (protocols, customs, etc) one is able to present their teachings and information in the appropriate manner (A2.3.1-A2.3.4, p.128-130).

## **7.6 Kete: Music Therapy**

The Haka was chosen in the case study because it is something that encompasses discipline, and physical and psychological qualities.

My understanding of the Haka has been a participatory and observational process throughout my thirty plus years. Numerous gatherings such as weddings, reunions, funerals, and other occasions have been natural nurturing environments for the many realms of Māori musicality and expressions. Key teaching and learning concepts to consider are to consult local Iwi and /or Kaumātua for appropriate or alternative Haka recommendations. Other criteria of the Haka to consider are the traditional actions, or conventions of delivery, such as Te Ihi which includes the Mana (the material), Te Wehi (the essential force of the performance) and Te Wana (the creative power made possible through the knowledge of the tradition).

In the Māori language, the words and their meaning are more important than the melody or rhythm structure so one should begin with the words, explaining their meanings, and practising the pronunciation. In time, the actions can be added to complement the vocal expressions.

### 7.6.1 Assessing the Haka with Te Whare Tapa Whā model

Having Toa as a participant in my case study offered a lot of input to my research of how a Haka should be performed. His contribution added an additional Māori perspective to the study. Being diagnosed with schizophrenia, symptoms such as paranoia, delusional thinking and auditory hallucinations, has seemed to have isolated him from the rest of the group. With his family fully immersing themselves in the Māori culture, Toa carries a unique possession in his Kete. His cultural immersion in all things Māori provided a unique opportunity to apply and assess the Haka as a cultural element in a music therapy setting.

Te Whare Tapa Whā is a Māori health model that was developed by Professor Mason Durie (1998). His approach focused on the *Whānau* (family realm), *Tinana* (Physical realm), *Wairua* (spiritual realm), and *Hinengaro* (emotional realm) dimensions of Māoridom as a holistic framework to well-being. The four realms represent the four walls of a house. When significant balance is achieved within all realms then the patient has become closer to recovery. The Acute Mental Health Facility for Rangatahi utilises Durie's model to diagnose and assess Rangatahi.

When profiling and assessing Toa in the Haka in terms of music therapy goals and aims, I utilised Durie's model as a guide. I provide a profile on Toa based on *Whānau*, his admission, family and social background, *Tinana*, his physical appearance and physical health, *Wairua*, his spiritual needs, and *Hinengaro*, his diagnosis and receptiveness to music (5.1, p.49).

I then use the same four realms to describe the music therapy setting (5.2, p.50) and therapy goals and aims (5.3, p.53). Finally, the assessment of Toa's performance in terms of achieving the set goals and aims provides insight into how the Haka had influenced Toa's physical, mental, spiritual and emotional well being (5.5, p.61).

### 7.6.2 Māori cultural ideas

Māori cultural ideas in music therapy have been intuitively undertaken. I do admit I have an idea in mind and rely on my intuition to fill in the gaps. The Facility, for example is a very busy unit, where group and individual music therapy sessions, number and referrals are undertaken in a sporadic and spontaneous manner.

Being proactive plays a huge part in what intervention processes will occur for the following session. Through dreams I have identified ideas that I could utilise. Sometimes I have ideas that come to me in the most unusual places such as in my car as I drive to and from the Facility, in MDT meetings, and before and after a music therapy session (e.g. **A2.4.1**, p.131)

### **7.6.2 Beginnings and endings**

One concept of Māori protocol that shares parallels with a music therapy model is the beginning and ending the session with a song. Wigram, Pedersen & Bonde (2002) outline that songs provide a framework for recognition, security and relating to an experience that can be felt or expressed through familiar Hello or Goodbye songs. For example, I suggest to the group that we should choose a Waiata to open the music therapy session in the case study (**5.4.4**, p.55).

### **7.6.3 Alterations of Māori cultural elements in music therapy**

One of my major cultural concerns was whether I was doing the right thing when altering specific aspects of Kapahaka. I always felt quite nervous when asking Kaumātua and sometimes would not approach them for many days. However, throughout the interview I received some positive feedback from Kaumātua. In response to my question if there are any Māori cultural issues that may be detrimental to my approach, Kui stated there was a lot of room for it (see **6.4.9**, p.76).

Koro said that he could not think of any instances with being detrimental to cultural issues as far as music therapy and the cultural side of things went. Actually Koro quoted that he thought it was excellent (see **6.4.9**, p.76).

Koro also quoted that he found the music therapy sessions to be very good. He commented that Rangatahi response to having someone come in and bring some instruments helped those who were perhaps rather distraught in their thinking (see **6.4.2**, p.71). Koro felt that they were able to find some form of release in the way of music or were even able to bang on a percussion instrument, sing loud or help to put their thoughts down on the board (such as writing a Waiata) (see **6.4.3-6.4.5**, p.72-73).

#### **7.6.4 Observations by Kaumātua of music therapy sessions**

The interview with Kaumātua revealed some interesting replies to questions that focused on music therapy observations and cultural issues. Here are some quotations that I comment on in the context of music therapy literature and my own observations in my journal entries and case study.

##### **7.6.4a "...to have some release in the way of music..." (A1.23 p.116), "...to let it all go." (A1.26, p.116)**

Wigram & De Baker (1999) note the need for emotional release is an important phenomenon in group improvisation with psychiatric patients. They also comment that the playing of percussion instruments can evoke a discharge of drives. With Toa there were many visible expressions where the rhythmic aspects of the bodily percussion practicalities evoked a discharge of drives (5.4.6h, p.59, 5.5.2, p.62).

##### **7.6.4b "...to perhaps sing loud."(A1.23, p.116)**

Oldfield (2006) refers to a patient 'playing loud' (p.152) as being associated with the raising of energy levels and creating an exciting atmosphere.

The volume created in the Haka is an energy source that has two main purposes. The first acts as the tempo and the level of response. The second is the spiritual source, when the leader calls and the others respond (5.5.4, p.63); the aim is to awaken the Gods so the spiritual and physical sources join in the present moment.

##### **7.6.4c "...put their thoughts on the board...", "...make up a Waiata..." (A1.23, p.116)**

Wigram & Baker (2005) illustrate their method which contains four steps to song writing. Step one is 'brainstorming on themes', step two is 'lyrical creation' the third is 'creating the music' and the fourth step is rehearsing and recording.

The aims of the method of therapeutic song writing was to meet the needs of trauma patients with the aims to enhance their self esteem, provide them an opportunity for empowerment through choice and to develop a means of trust between self and

significant others. Kaumātua have observed that writing thoughts down on the board and making up a song has benefited Rangatahi.

#### **7.6.4d “...Relieve all those what ever...” (A1.26, p.116)**

Springhouse, Lippincott & Wilkins (2006) suggest music affects the body through sound waves which are able to restore the body back to its natural rhythm, and that the brain waves react to those sound waves, which in turn affects the bodily functions. They refer to sound impulses as being a means to relieve pain and lift ones mood.

Kui refers to music therapy as helping to assist Rangatahi to relieve them of there inner demons.

### **7.7 Summary and Discussion**

Based on the findings above the following provides an overview of the key points that I feel are relevant to a music therapist who wants to implement specific Māori musicalities into their sessions:

#### **Kete: Māori**

- The Facility embraces a bi-cultural approach to mental health intervention strategies of both conventional western ideals and Māori approaches and models. Implementing Māori cultural elements into music therapy approaches was greatly promoted by this bi-cultural approach;
- As a Māori music therapist working with Māori it was easier for me to associate and form a patient-therapist relationship with Rangatahi of Māori identity based on cultural status and mutual respect;
- The Hongi allows both parties to enter each other’s personal space in a intimate and non-threatening manner; it is a natural form of greeting as well as the expression of a moment of jubilation, sadness or anger;

- The Hongi can create the patient-therapist relationship instantaneously even before the music begins;

#### Kete: Kaumātua

- Kaumātua are a natural part of the musical process; in music therapy sessions it is not surprising to have Kaumātua spontaneously participating or adopting the role of the facilitator at times;
- Kaumātua at the Facility carry the connotations of grandparents; therefore they are naturally acknowledged in a respectful manner;
- Within music therapy their presence creates a certain amount of discipline and order;
- Within the Facility having Kaumātua support provides guidance and clarification of uncertainties with regard to cultural approaches to music therapy;
- Having Kaumātua support from inside the Facility should not stop you from seeking support from outside, such as the Marae;
- When considering significant as well as subtle alterations to cultural concepts, it is very important to consult Kaumātua;
- When thinking of new ideas of how to teach certain cultural elements in order to accommodate the needs of a patient, it is sometimes necessary to negotiate with Kaumātua to achieve workable solutions;

#### Kete: Rangatahi

- When working with Pākehā and Tauīwi Rangatahi, the sharing of Māori music is mutual (Rangatahi may be familiar with many popular Māori Waiata or school songs);
- As the Māori music therapist I have sought to create an atmosphere that promotes inclusion, safety, keeping the concepts simple and the raising the level when needed to challenge Rangatahi, encouraging both enjoyment and understanding of the cultural practice;

- Music therapists wishing to introduce cultural elements must first learn about Māori culture and the people in order to confidently share what is learnt;
- In the example of Tangi Tamaiti I was called upon a situation where Māori cultural intervention was the primary focus, while music therapy played a much more subtle role in assisting the intervention process;
- In some cases, a patient-therapist relationship does not involve music as such because the patient might not be interested music; in this case, utilising the concepts of music therapy has been a workable means to a therapeutic process from a non-musical process (e.g. word game); I changed the therapeutic approach based on my intuition, which has played a very important part in my approach to using Māori elements in music therapy;
- At the Facility many are attracted to the subculture of hipop; Rangatahi use rap to convey messages of political, social and economic discrepancies, such as street status, substance abuse and loss of identity;
- From a music therapist perspective, understanding rap culture and utilising it, one is able to convert their messages from a critical to a more meaningful outlook;

#### Kete: Haka

- When seeking answers regarding the appropriateness of a Haka performance in relation to male and female roles, I sought information from a Kui of my local Marae;
- By observing Rangatahi over some time, I was able to identify the appropriate means of intervention in terms of cultural alterations;
- After the consultation with Kui had been undertaken, the application could begin; in order for girls wanting to partake in the boys' role of the Haka, we negotiated and came to a compromise in line with the advise by Kui (the girls had to learn the female part too);



- The Haka in its new form was achieved by the combination of all the above factors in order for it to be culturally appropriate, patient appropriate and applicable to music therapy;
- It was important for me to provide proper instructions, meaning and knowledge about the Haka for Rangatahi to convey it in a respectful manner;

#### Kete: Music Therapy

- The Facility utilises Durie's Te Whare Tapa Whā model to assess patients; I adopted this holistic approach to the well being of an individual in the diagnosis and assessment of Toa;
- Te Whare Tapa Whā model is well suited as a music therapy assessment tool to the characteristics of the physical, emotional, spiritual and family context of the Haka;
- The Facility is a very busy unit, and while it is important to have a structure in mind, it is also important to be flexible and spontaneous;
- Māori protocols fit well with the protocols of music therapy, such as the beginning and endings with a hello and goodbye song;
- One of my main concerns was the actions I was taking towards Māori culture, such as the altering and adapting of cultural elements; my concerns were addressed by the supportive comments of Kaumātua in the interview;
- The quotations by Kaumātua were very much in tune with what music therapy entails; for example, they commented on Rangatahi having a release through music, putting thoughts down on the board, to let it all go and perhaps to sing loud; these observations correspond to observations in the music therapy literature as well as my personal observations in my journal entries and case study;

The table below provides an overview of the analogies between Māori and music therapy elements that might give music therapists (both Māori and non-Māori) an idea

of how to intertwine Māori cultural approaches with Pākehā mainstream music therapy approaches.

Table. Overview of research results.

	Māori Elements	Music Therapy Elements	Intertwining: Cultural Approach to Music Therapy
<b>Kete: Māori</b>			
Mental health facility	Māori protocol	Pākehā protocol	Bi-cultural policy
Patient-therapist relationship, e.g. Hongi	Cultural Identity and personal space	Professional space	Creating non musical bonds
<b>Kete: Kaumātua</b>			
Participation in music therapy	Kaumātua natural participation	Support	Allow for spontaneous participation
Respect and authority	Role of grandparents	Support	Creates order
Alteration of Māori concepts	Kaumātua consultation	-	Kaumātua consultation
<b>Kete: Rangatahi</b>			
Cultural engagement	Cultural understanding and meaning	Western ideology	Acquire cultural understanding to ensure appropriateness
Non-musical engagement	Intuition	Concepts of music therapy	Alternative
Sub-culture	Belief system and values	Turn taking	Meeting the patient where he or she is at
<b>Kete: Haka</b>			
Consultation from outside sources	Consult as many people as possible	Professional and theoretical sources	Combination of sources
Observing needs of patient	Structural Māori performance	Intervention strategy	Alterations to accommodate
<b>Kete: Music Therapy</b>			
Patient assessment	Māori mental health model (Durie 1998)	Assessment plan	Assessment from a cultural perspective (e.g. Te Whare Tapa Whā)
Music therapy concept	Māori protocol (begin and end with Waiata)	Hello and goodbye song	Interlinking concepts

## Chapter 8

### Conclusion

Forming a Māori cultural approach to music therapy was first a thought that I came up with in my Bachelor of Music degree journey. It only became apparent to me in my Masters of Music Therapy degree that I could feasibly implement and research this idea.

Music Therapy in Aotearoa is a relatively new profession that offers students the great opportunity to acquire the philosophical and musical skills needed when addressing the needs of a patient, to reflect and evaluate one's position as a music therapist in order to construct a productive and functional work base and finally to interact with, learn from and teach fellow colleagues and those in other professions.

Fellow music therapy colleagues come from various musical and cultural backgrounds. As a whole the unique personalities and histories of the group offer healthcare sectors the relevant services.

Travelling the globe to some extent and sharing and exchanging cultural traditions with people from many walks of life gave me strength and motivation to spread the beautiful and unique musicalities that Māori culture has to offer.

Being the only Māori living in Tromsø, Norway, I find myself in a similar situation as the only Māori music therapy student in New Zealand. I found myself being surrounded by many people who had some or little knowledge about my culture, which naturally teased out my willingness and motivation to share my culture with others.

I encountered patients from many different ethnic backgrounds when wanting to introduce Māori music in a music therapy setting. My people are the carriers of Māori culture, and what we learn and teach is what the others (May it be Māori or Tau'iwi) take with them, so authenticity needs to be maintained.

There is interest in Māori music within music therapy. The music therapy family had a Māori cultural encounter as part of the World Music course requirement, but one cannot fully grasp the who, what, how and why a culture is the way it is in just a couple of days. There is a part of me that is very passionate about there being a means to

musically and culturally educate fellow colleagues wanting or having to utilise Māori music in Health care sectors.

Working in Aotearoa as music therapists, it feels only natural that Māori should be taught as an additional requirement in the Masters of Music Therapy degree, after all Māori is an official language of Aotearoa.

The Māori population who are referred to Healthcare sectors have the right to have access to their music. Having said that, there needs to be a way in which Māori can be culturally understood. An important venue of understanding the music of the Māori is through their culture. The culture carries the meaning and the reasoning of who, what, how and why Māori are the way they are.

Kaumātua are the keepers of Māori culture. When decisions or queries about virtually anything regarding Māoridom are involved the backing from Kaumātua is the most ultimate verbal support one should have. I preach once again, consultation with Kaumātua is a must when thinking about altering Māori culture concepts in any way. Throughout my practicum at the Acute Mental Health Facility for Rangatahi alterations were made to Māori music, where consultation with Kaumātua was sought (from both inside and outside the walls of the Facility). I found that Kaumātua were very supportive of my ideas and the introduction of Māori concepts into music therapy.

The Haka is a well known dance amongst Māori. The physical exertion and pounding on the body needs closer attention when working in the health care sector. I took into consideration the needs of Rangatahi when teaching the Haka so as to secure a safe musical interpretation of the Haka, i.e. sometimes movements had to be altered.

Toa's participation in the case study gave evidence of the physical and psychological qualities and energies of the Haka. Observations made by Kaumātua and me witnessed the beneficial release that the Haka had on Toa during the case study project and on other Rangatahi in previous music therapy sessions. My journal entries also show that introducing Māori concepts draws out the creative side of Māori musicality. Because of the strong communal focus in our culture, relating to people in a musical way comes natural.

The ultimate message I want to share is that when people see, hear and feel the music, its effect on them is an inevitable change.

## Bibliography

Aasgaard, T (1999). "Music Therapy as Milieu in the Hospice and Paediatric." Oncology Ward. In D. Aldridge (Ed.), *Music Therapy in Palliative Care. New Voices*. London: Jessica Kingsley Publishers.

Abad, V. and J. Edwards (2002). "Sing and Grow: helping young children and their families grow together through music therapy early intervention programs in community settings." *Conference Proceedings, 10<sup>th</sup> World Congress of Music therapy*, 23-28 July 2002, Oxford, England, p. 27-35.

Aigen, K. (1998). "Creativity in qualitative music therapy research." *Journal of Music Therapy*, 35(3):150-175.

Barrington, J.M. (1976). "Cultural Adaptation and Māori Education Policy. The African Connection." *Comparative Education Review*, 20(1):3.

Bunt, L. and S. Hoskyns (2002). In: L. Bunt and S. Hoskyns, Editors, *The Handbook of Music Therapy*, Brunner-Routledge, Hove.

Byrnes, G.M. (1998). "Jackals of the Crown? Historians and the Treaty Claims Process in New Zealand." *The Public Historian*, 20(2): 9-23.

Capital & Coast District Health Board (C&C DHB) (2006). *The Whare ō Rangatahi Kenepuru Campus Porirua*. Orientation Package, Wellington, New Zealand.

Cohen, L. & L. Manion (1980). *Research Methods in Education*. London: Croom Helm.

Croxson, M. (2003). Music therapy in New Zealand. *Voices: A World Forum for Music Therapy*. Retrieved February 4, 2003.

[http://www.voices.no/country/mothnewzealnd\\_february2003.html](http://www.voices.no/country/mothnewzealnd_february2003.html)

Dos Santos, A. (2005). "The Role of Culture in Group Music Therapy in South Africa." *Voices: A World Forum for Music Therapy*.

Dufrene, P. M. (1990). "Utilising the Arts for healing from a Native American perspective: Implications for creative arts therapies." *The Canadian Journal of Native Studies*, 10 (1): 121-131.

Durie, M. (1994). Whaiaora – Māori health development. Auckland, New Zealand: Oxford University Press.

Durie, M (1997). "Puahou-A five part plan for the development of Māori Mental Health." Paper presented at the Māori Mental Health Summit 1997, New Zealand.

Durie, M. (1999). "Mental Health and Māori development." *Australian and New Zealand Journal of Psychiatry*, 33: 5-12.

Gover, K. and N. Baird (2002). "Identifying Māori Treaty Partner." *The University of Toronto Law Journal*, Liberal Democracy and Tribal Peoples: Group Rights in Aotearoa/ New Zealand, 52(1): 39-68.

Johnston, T. F. (1978). "Alaskan Eskimo music is revitalised." *Journal of American Indian Education*, 17(3): 1-7.

Karetu, T. (1993). *Haka! The Dance of a Noble People*. Auckland: Reed.

King, S. (1983). *Kahuna healing: Holistic Health and Healing Practices of Polynesia*. Published: Quest Books, Hawaiians.

Maiello, S. (1999). Encounter with an African Healer. *Journal of Child Psychotherapy*, 25(2): 217-238.

McIvor, M. (1998). *Heroic Journeys: he Taonga I kitea n ate moemoea – a project exploring the use of therapeutic music and imagery with participants from the Māori culture*. Unpublished paper submitted in partial fulfilment of the requirements of the status of Fellow of the Association for Music and Imagery, Salina, KS.

McLauchlan, G. (1995). *New Zealand Encyclopedia*, 4<sup>th</sup> Edition, David Bateman Ltd., Auckland, New Zealand.

McLean, M. (2004). *In Search of Māori Music. 1958-1979*. Auckland University Press.

Ministry of Health (2001). *He Korowai Oranga. Māori Health Strategy*. Wellington, New Zealand.

Oldfield, A. (2006). *Interactive Music Therapy: A Positive Approach. Music Therapy at a Child Development Centre*. Jessica Kingsley Publishers, p.152.

Orange, C. (1987). *The Treaty of Waitangi*. Reprint. Winchester, Mass.: Allen and Unwin or Port Nicholson, Wellington, New Zealand.

Pavlicevic, M. (2004). "Learning from Thembaletu: Towards responsive and responsible practice in community music therapy." In Pavlicevic, M. and G. Ansdell (2004) (eds). *Community Music Therapy*. Jessica Kingsley Publishers.

Pere, R. (1991). *Te Wheke: A Celebration of Infinite Wisdom*. Ao Ako Global Learning New Zealand, Gisborne.

Reedy, T. (2000). "The Reo Māori: The past 20 years and looking forward." *Oceanic Linguistics*, 39(1):157-169.

Rochford, T. (2004). "Whare Tapa Whā: A Māori model of a unified theory of health." *The Journal of Primary Prevention*, 25(1): 41-57.

Ruud, E (1998). *Music Therapy: Improvisation, Communication and Culture*. Barcelona Publishers.

Silverman, M. J (2003). "The Influence of Music on the Symptoms of Psychosis: A Meta-Analysis." *Journal of Music Therapy*, 40(1): 27-40.

Springhouse, A. (2006). *Best of Incredibly Easy!* Lippincott Williams & Wilkins, Wolters Kluwer Health, p.402.

Stige, B (2002). *Culture-centered Music Therapy*. Gilsum NH: Barcelona Publishers.

Stige, B. (2004). "Community music therapy: culture, care and welfare. In Pavlicevic, M. and G. Ansdell (2004) (eds). *Community Music Therapy*. Jessica Kingsley Publishers.

Sloss, C.M. (1995). "Cross cultural music therapy in Canada" *Canadian Journal of Music Therapy*, 4(1): 1-39.



Struthers, R., V.S Eschiti & B. Patchell (2004). "Traditional Indigenous Healing part 1." *Comp Ther Nur Mid*, 10: 141-149.

Ulrich, G., T. Houtmans & C. Gold (2007). "The Additional Therapeutic Effects of Group Therapy for Schizophrenic Patients: A Randomised Study." *Acta Psychiatrica Scandinavica*, 116(5): 362-370.

Wigram, T. & J. de Baker (1999). *Clinical Applications of Music Therapy: Development Disability, Paediatrics and Neurology*. London: Jessica Kingsley, p.18.

Wigram T. & F. Baker (2005). *Song Writing: Methods, Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. Jessica Kingsley Publishers, p.86-89.

Wigram T., I.N. Pederson and L.O. Bonde (2002). *A Comprehensive Guide to Music Therapy: Theory, Clinical Practice, Research and Training*. Jessica Kingsley Publishers, p.179.

Williams, K. & V. Abad (2005). "Reflections on music therapy with indigenous families: cultural learning put into practice." *The Australian Journal of Music Therapy* 16.



## Glossary

### Māori terms

### Translation

#### A

Aotea

A canoe from the Taranaki region

Aotearoa

New Zealand

Aotearoa Marae

Courtyard, meeting place

Aue te Aroha

Oh the love

Awa

River

#### E

E Kare

Term to address a friend

E mihi atu nei

Greetings to you

E Papa Waiari

Oh darling Waiari

E tū mai rā

Stand tall

#### H

Ha

To breathe

Haere mai

Welcome

Haka

Māori war dance

Haka Pōwhiri

Welcoming Haka

Haka Taparahi

A dance of defiance

Hapu

Sub-tribe

Ha upane ka upane

One upward step, another upward step

He Korowai Oranga

Māori mental Health Strategy 2001

Hongi

To press noses in greeting

Hui

Meeting

#### I

I te pō

In the night

Ihi

Psychic force

Ingoa

Name

Iwi

Tribe

#### K

Ka

Energise

Ka mate Ka mate

Die die (Haka)

Ka ora

To live

Ka pai

Good

Ka rere atu nei

Fly away

Kai

Food

Kaiako

Teacher

Kapahaka  
 Karakia  
 Karanga  
 Kaumātua  
 Kāwakawa  
 Kāwanatanga  
 Kei hea tō pepa  
 Kete  
 Kia koutou  
 Kia ora  
 Kia ora rā  
 Ko Tromso ki te kāinga ināianei  
 Koha  
 Kōhanga Reo  
 Kona  
 Koro  
 Kui  
 Kupu Whakatepe

## M

Mana  
 Manuhiri  
 Māori  
 Māoridom  
 Māoritanga  
 Marae  
 Māramatanga  
 Mātauranga  
 Mate  
 Matua  
 Maunga  
 Mihi mai  
 Mihi mihi  
 Moenga  
 Mokopuna

## N

Nāna nei i tiki mai whakawhiti te rā  
 Nau mai haere mai  
 Ngā Pou Mana  
 Ngā Ruahine-rangi  
 Ngāi Tahu  
 Ngāti Raukawa  
 Ngāti Ruanui

Māori Performing Arts  
 To recite a ritual, chant  
 Welcoming Chant  
 Elderly  
 Silver fern  
 To achieve Māori aspirations  
 Where is the paper  
 Basket  
 To you all  
 Greeting  
 Greeting to you over there  
 Tromso is home now  
 Offering  
 Language Nest  
 Corner  
 Elderly man  
 Elderly women  
 Assessment

Prestige, authority, control, status  
 Visitor  
 Indigenous person of New Zealand  
 Māori realm  
 Māori culture  
 Communal gathering place  
 Enlightenment  
 Knowledge  
 To be ill, sick, dead  
 Auntie, uncle, parent  
 Mountain  
 Greetings  
 Speech of greetings  
 To sleep, rest  
 Children

Who fetched the sun and caused it to shine  
 Come one, come all  
 The Support Team  
 South Taranaki tribe, North Island  
 Tribal group of much of the South Island  
 Tribe from the Maungatautari- Tokoroa area  
 South Taranaki tribe, North Island

Ngāti Toa  
Ngeri  
Nui

Tribe from the Wellington region  
Short Haka  
Big, huge

## O

Ō ngā Hau e Whā  
Ora  
Ōritetanga

Of the four winds  
To be alive, cured  
To promote Māori Mental Health outcomes

## P

Pā  
Pākehā  
Pākehādom  
Paki (Pakia)  
Papatuanuku

Māori village  
New Zealander of European descent  
European New Zealander realm  
To slap, clap, strike together  
Mother Earth  
A light ball on a string, which is swung to  
rhythmical accompaniment  
Farewell  
Welcome ceremony  
To stare wildly, dilate the eyes  
Māori protocol  
Māori music  
Flower

Poi  
Poroporoaki  
Pōwhiri  
Pūkana  
Pūnaha Māori  
Pūoro Māori  
Putiputi

## R

Rangatahi  
Rangatira  
Ranginui  
Rongomātāne  
Roto

Adolescent  
Chief  
Sky Father  
God of peace  
Inside

## T

Taha Hinengaro  
Taha Tinana  
Taha Wairua  
Taha Whānau  
Tahu  
Tāhuna  
Takoto rāngai  
Taku  
Taku reo Pōwhiri  
Tānemahuta  
Tangaroa  
Tangata Whenua

Emotional level  
Physical level  
Spiritual level  
Family level  
Omen  
Chief  
Resting place  
My  
Welcome my language  
God of the forest  
God of the sea  
People of the land

Tangi Tamaiti	Weeping child
Taonga	Treasure
Tapu	Prohibited, be sacred, forbidden
Taranaki	Central Westcoast region of the North Island
Tātaritanga Patapatai	Interview Analysis
Tauīwi	Non-Māori
Te	The
Te Ao Māori	The Māori World
Te Haerenga	The journey
Te Raupaha	A Chief of Ngāti Toa and Te Raukawa descent
Te Rōpū Rangatahi	The adolescent group
Te Waioa	The Health
Te Waipounamu	The water of greenstone
Te Whare Tapa Whā	Four cornerstones to Māori health
Te Wheke	The octopus
Tenei Mātou	We are
Tenei te Tangata puhuruhuru	This is the hairy man
Tīaho mai	Rays of light
Tiari	White rose
Tihei mauri ora	Sneeze the breath of life
Tikanga Māori	Māori culture
Tino Rangatiratanga	Advancement of Māori Health Aspirations
Tipuna	Ancestors
Tiriti o Waitangi	Treaty of Waitangi
Titiro atu ai	Look to him
Tō mai	Give
Tō ripeka ki au	Show me your cross
Toa	Warrior
Toia Mai	To pull
Tūmataunga	God of war
Turi	Chief of the Aotea canoe
<b>U</b>	
Uri	Offspring
Urunga	On, upon
<b>W</b>	
Waiata	Song
Waiata āRinga	Action song
Waiata Mai	Come sing
Waingaro	River in South Taranaki, North Island
Wairua	Spirit
Waka	Canoe
Wana	Awe aspiring feeling

Wehi	A response of awe to the Ihi
Whakapapa	Genealogy
Whakapātaritari	To challenge
Whakaria Mai	Oh lord my god
Whānau	Family
Whētero	Protuding tongue
Wiriwiri	Quivering of the hand





## Appendix A1

### Interview with Kaumātua

The identity of all the Participants mentioned in the interview are changed or hidden. Kui and Koro carry the natural terminology to address an elderly person. With the Pacifica Liaison being of elderly status, I wanted to separate her from Kui so felt it would be appropriate to address her as Tiari (Pacific white rose). Toa, the participant from my case study, is mentioned also. The name of fellow music therapy student and colleague is mentioned. I have hidden his name and address him as A.....\*.

The original plan was to interview the Kaumātua one at a time throughout the day. But as things seem to naturally happen in what I call “Māori planning” things changed dramatically. Kui who I was going to interview first turned into Tiari participating at the same time, while Koro finished his previous engagements much earlier than expected and joined us, approximately four and a half minutes later, during the sharing of the Whakapapa.

The environment that was set replicated two realms; the first was the atmosphere and the feeling of being at home or the Marae. The second was that the conversations were being recorded, undertaking the interview at the Facility and my research focus and motivation behind the gathering.

Carrying the home environment we all brought food and beverages, which we all shared and placed on the coffee table in front of us which we consumed during the interview.

Kuia and I did not start the interview as soon as we entered the room. We talked for quite a while, not so much about Rangatahi or music therapy but mainly about family members and family life.

While we talked I took the initiative to start the interview and decided to turn on the audio recorder.

### Recording Begins:

**A1.1** 0:00 Tiari concludes her story about her crying and her Mokopuna (grandchildren) crying when they have to say goodbye to one another.

**A1.2** 0:38 Kui asks if I have started recording.

**A1.3** 0:41 I then placed it on the coffee table in full view of Tiari and Kui. Tiari questions me about the audio recording device (Mp3 player). She looks impressed.

**A1.4** I suggest to Kuia whether we should start with a Karakia or a Waiata. Tiari suggests that guitar accompaniment is a must.

**A1.5** 01:33 Tiari, Kui and I all looked at each other, and then Kui initiates a Waiata. (Tiari is playing guitar). The Waiata is ‘Aue e Te Aroha’.

### **Aue Te Aroha**

Aue Te Aroha x2

Ka rere atu nei

Taku reo pōwhiri

Nau mai haere mai

Te Rōpū Rangatahi

He mihi atu nei

Ki a koutou e

Mihi mai paki mai

Tō mai te Waiora

Kia a mātou e

Tehei mauri, mauri ora

Kua iwi e

Aue Te Aroha x6

**A1.6** 03:22 I ask Kui if she would like to go first and she replies “what ever you say”.

**A1.7** 03:32 I ask for their name, Iwi affiliation.

**A1.8** 03:44 Kui is first to share her whakapapa (Genealogy).

**A1.9** 04:24 Koro walks in.

**A1.10** 04:33 Tiari shares her whakapapa (she is speaking in Tokelau).

**A1.11** 06:11 Finally Koro shares his whakapapa.

**A1.12** 07:30 Therapist: “Kui what has motivated you to venture into this profession and what you are doing now, was there any reason, what drove you”?

**A1.13** 07:43 Kui: “What drove me, it’s a kind of a graduation for me as a Kaumātua, I consider my position as an honour”?

**A1.14** 08:00 Phone rings (the call is for Kui).

**A1.15** 08:34 Tiari shares her background with the group.

I discuss with Tiari how she had come from the small Pacific Islands and end up working at the Acute Mental Health Facility for Rangatahi. Tiari in turn shares her journey from the Islands to her present position at the Facility.

**A1.16** 12:36 I ask Koro “What lead you here, did you have past work in mental health or...”?

**A1.17** 12:39 Koro “Firstly it’s an honour and a privilege to work here; it’s a wonderful atmosphere here at the unit, and also to have Kui and Tiari’s support and direction”.

For Koro, it is his first time in the mental health sector. It has been a deep learning curve for him. He finds it challenging, but he could not have overcome the challenges without the support of Kui, Tiari and staff members.

Koro gives an outline of his previous experience as a Māori Studies tutor.

**A1.18** 14:27 Therapist: What was your knowledge about music therapy?

**A1.19** 14: 30 Koro “never heard of it before”

**A1.20** 15:01 Kui: “will music therapy has always been involved in the work that I’ve done... we constantly use music...And with the work that I have done with children we use a lot of music therapy”.

**A1.21** 15:36 Therapist: Did you have a music therapist come in or did you do it yourself  
Kui: “yes we had a music therapist come in”

**A1.22** 17:46 I ask them to share any thoughts about observations they have made as a participant or observer within music therapy sessions. And, how the children react to the music therapy sessions?

**A1.23** 19:22 Koro: “I found it was very good actually, their response to be able to have someone come in and bring some instruments so they can actually take part in the sessions and i think it helped quite a few of them who perhaps were rather distraught in there thinking and to have some release perhaps in the way of music or to be able to even to bang on a percussion instrument or to perhaps sing loud or help to put their thoughts down on the board, you can make up a Waiata.”

**A1.24** 20:38 Tiari: “can you see the difference when Dennis and A.....\* (A fellow music therapy student who I collaborated with in my very first 6 months of practicum) coming around to music, I can tell a slightly difference, their (Rangatahi) response to them, (music therapists) because individually some guys like ... (an unnamed patient), and to some other guys who are just gone discharged, they like to have one-on-one with them rather than sing together. They open to you guys rather than us, like ... (an unnamed patient) it is difficult to get him to sing together with our music session, but rather take up one-on-one time with you or one-on-one with A.....\*”.

**A1.25** 21:41 I ask the Kaumātua about what they think about me wanting to implement a cultural approach to music therapy. And their thoughts about the Kapahaka section of the TDP (Therapeutic Day Program).

**A1.26** 21:55 Kui: ...The music sessions that embark with you and A.....\* have been amazing, it seems that they look forward to the days when there's music, and they've responded really well, like you always have a good response to attendance.... And for you especially, the cultural part of it... the response from the males that we got from your sessions i.e. kapahaka, they really enjoyed that, they really responded well as you know...it's very therapeutic, I think its something that we should continue especially for the boys, because it does them really good, to relieve all those what ever, let it all go, Well like Toa said “For real (just after practising the haka I told Toa this is the real one, no more practising) ....and away he (Toa) went....because he was heard throughout the whole building, people came (fellow patients, parents and support staff) ...they heard him from down there and they heard him from down there, and they came up to see what it was all about, and it was just fantastic, and he was exhausted after that, he was

really exhausted after that, which was really good, cause I think he really needs that...get it all out, and after it he almost collapsed, ( I say, is that a good thing) that's excellent, because he lets everything out".

Therapist: I replied by saying that it was more contained when i initiated a conversation with him, a few minutes after the haka session. "His mind wasn't any where else"

Kui: "He was right there with you".

Kui extends her conversation, noting that Toa was not in no way or form to allow the girls in the group to lead or participate in the haka (It is a Male dominated performance, though most of the judges and tutors were women). Even Kui respected his command and did not participate in the haka. Kui: "He let those girls know"

**A1.27** 25:00 Tiari: " remember before Toa came, (Koro and Kui were not present that day) that you and the boys...and girls...but you know we had a big group, the staff also come in to see what is going on.....What is the first line, Toia mai and all the girls said Te Waka, that was to me so full, the sound fill up to the roof, and really alive, and they were happy, and that is the slightly different between Dennis and A.....\* because he is there to do the actions and sing"

Kaumātua passionately debate about A.....\* and my approach to music therapy. Tiari continues by revealing the benefits of both approaches, by saying they come alive and look forward to music.

**A1.28** 27:17 I ask if there are any cultural issues I may need to be aware of that may be detrimental to my cultural approach to music therapy.

**A1.29** 27:44 Kui: "I think there is a lot of room for it" mental health staff opinion, flexibility, consent

Kaumātua say we need someone like him, we need someone constantly employed by someone who carries the culture.

Kaumātua converse about a fellow music therapy student who will be undertaking her practicum at the unit in early March 2007.

From there the conversation turns to how many Māori are in the Music therapy profession, and Tiari says none, Kui replies "that right".

I explain to them how I intrinsically went about to respect both the Māori culture and the music therapy culture and how the two cultures can work together.

**A1.30** 29:33 Koro: “I don’t think that there been anything detrimental as far as music therapy and the cultural side, i think it’s been excellent, i can’t think of any instances with being detrimental.

I explain a time when it was female dominated in the unit and the girls wanted to lead a popular haka, and aspect of cultural sensitivity.

**A1.31** 33:04 Therapist: What do you think about kapahaka and Tauwiwi (non-Māori)?

Koro “I don’t have problems with them participating, I’d like them to participate, but it’s those ones who are disruptive to go away then come back.

I talk about a girl who was very distant and shut herself away from nearly everything for quite a few months, and as she sat as an observer she started to Pūkana and became impressively animated.

**A1.32** 36:54 I try a give Kaumātua a bit of piece of mind by stating that although there is a need for a Māori cultural music therapy intervention program, and suggest that there are also many other nationalities that need catering for when it comes to music , culture and therapy in the Health care sector.

**A1.33** 38:14 Therapist: “Is there anything you would like to share Koro.

Koro gives words of encouragement, and gives his blessing in my continuing in the music journey and wishes me and my wife the very best.

Tiari responds in acknowledgement and converses her appreciation.

Kui quotes “I hope you got what you came for”

“I am sad you are leaving the country... and hopefully you got what you came for...not only are you leaving here but you’re leaving the country, that’s rude. .... (Everyone laughs) .....

**A1.34** 40:26 Koro and Kui discuss briefly but passionately that the Facility is a bi-cultural unit.

Kui comments on a question posed by other people, i.e. “this is not a Māori unit, why are they (Māori) doing that (the protocols or cultural expressions of Māoridom)? She feels that those people do not understand.

There is a Marae that is located not far from the Facility that accommodates Māori Health needs from a Māori only based perspective. But there are very few Mental Health facilities that function from the bi cultural perspective as well as the Facility where I undertook my practicum.

Kui concludes that the Acute Mental Health Facility for Rangatahi is a bi cultural unit, which involves two cultures working side by side and that it works”.

**A1.35** 41:13 We finish with a Waiata and a Karakia. Tiari plays the guitar.

### **Whakaria mai**

Whakaria mai

Tō Ripeka ki au

Tīaho mai

Rā roto i Te pō

Kei kona au

Titiro atu ai

Ora mate

Hei a koe noho ai (Song sung twice)

Recording Ends:





## **Appendix A2**

### **Journal Entries**

I have extracted passages from my personal journal. Entries have been written in short overviews of a day's event, such as, a music therapy experience, conversations with patients, staff, Kaumātua and people from the community, or personal moments of reflection. I have also added poetry, and drawings which are relative to the mentioned experiences.

Journal entries start from early March 2006 to the final days of my music therapy journey in February 2007. It should be taken into account that having an extension on my paper has created a six month time gap of absence from my work. This time gap lasted from February 28<sup>th</sup> 2007 to August 29<sup>th</sup> 2007. Despite this gap, I have remained in touch with my music therapy journey state of mind.

Most journal entries focus on the cultural connectiveness of my experiences. Group and individual music therapy sessions are spoken through my words, my interpretation, and my perspective. I have gotten to know the participants mentioned in my journal on a personal and musical level. I am grateful and honoured to have shared all these experiences with such amazing individuals.

I would like to state that all names of participants mentioned have been altered to protect their identity. Other individuals mentioned in my journal come from outside of the mental health arena.

The gathering of information has been from a practical journey where areas such as the visiting of my Marae, conversations at my home and conversing with people in the pubs and streets have contributed to my entries. Poetry and drawings reflect another venue of expressions felt from an experience.

My new geographical living situation since March 2007 welcomes an experience outside my normal and conditioned life style in New Zealand. Tromsø, Norway, is situated just above the arctic circle. The life style in Tromsø has a western influence and is socially, culturally, linguistically, musically and climatically different to New

Zealand. In addition, I have included entries that have influenced me whilst living in Tromsø.

Tromsø has a melting pot of diverse nationalities. My Peruvian friend and his wife, who is of Sami decent, have welcomed me into their lives. Another friend who is also of Sami decent works in the psychology field. She is well educated in the western system and is searching for a method that intertwines the Sami and western healing perspectives. They have contributed dearly and expanded my chain of thought about how our native cultures approach healing and when we use music.

In New Zealand there is still a large divide between the Pākehā and Māori ways of thinking. Pākehā who have lived in New Zealand all their lives do not speak or know much about my culture. With Māori living in a Pākehā social system we had gradually been politically and strategically pulled away from our communal bonds, in turn creating a loss of language, spirituality and self. Social gatherings such as Kapahaka groups, family reunions and funerals bring the vast dispersing of Māori who live elsewhere to one meeting place. It is at these gatherings that one can feel truly 'wholesome or Māori' again.

For me, being honest to who I am, or my cultural self, is reflective of how I act and share my cultural self with others. Entering the Pākehā world of education, I have been given the opportunity to experience their way of working in and with the world. For me an ultimate goal is to function in both realms where the looking out of both eyes is achieved.

I feel that in an environment where Māori culture can be influential and beneficial to individuals of all nationalities with psychological challenges, can be beneficial as a form of intervention. An important point to note is that the consultation with Kaumātua is very important when wanting to implement anything that may alter the ideologies of Māori culture.

## **A2.1 Kete: The Greeting**

### **A2.1.1 Te Hongi 11/12/07**

The Hongi is a traditional Māori greeting in Aotearoa. Amongst family, relatives, friends and acquaintances the Hongi is a nature means of greeting one another. On introduction the Hongi is initiated first by grasping the others hand like a hand shake. You can sometimes feel what kind of person the other is by the way they grip your hand. This is followed by the pressing of one's nose onto yours. This procedure of physical contact welcomes both parties into their protective circle.

The simultaneous long inhaling and exhaling of the breath intertwines the breath and makes it one. That is where the 'Ha' or 'breath of life' is shared

Through this exchange you are no longer considered a stranger but part of the family or wider community. The Hongi is also initiated in terms of thank you and goodbyes.

Throughout my journal you will notice numerous accounts of when the Hongi is undertaken.

From a music therapy perspective, the Hongi creates a near immediate relationship with the patient. The concept of maintaining the boundaries of a patient-therapist relationship is governed by terms of respect. From a Māori music therapist perspective, the relationship created with the Rangatahi is of an older family member or relative, hence the term Matua or Kaiako (uncle/parent/teacher).

## **A2.2 Kete: Music Therapy and Rangatahi**

### **A2.2.1 Tangi tamaiti (weeping child). 16/03/06**

What struck me through my observations of Tangi was how culturally connected he was with Tikanga Māori and the Wairua (spirit) that exerted from him. Tangi had anxiety attacks which were a result of his audio hallucinations. The speaking to ancestors and Gods is a socially acceptable trait in Māoridom. The seeking of assistance through prayer, speaking aloud to stress concerns or giving thanks are all terms of acknowledgement to the higher forces is a natural expression.

In Tangi's case it was the 'Type' of audio response that he expressed and the overwhelming emotions that followed throughout the conversation that differed from a mainstream cultural response. His responses were emotionally elevated. The heavy crying while down on both knees and pleading at full volume to the spirit for answers was my first encounter with him. One experience I had was being summoned by support staff to assist Tangi. Following his distress calls I was confronted with Tangi speaking to a bird and addressing it as a family spirit. He was talking in Māori, crying heavily, holding a putiputi (flower) in his hand and kept questioning the spirit. As he recited a Karanga I made my presence felt and joined in. This was followed by a Waiata that he had trouble finishing. Having knowledge of the Waiata I waited for him to finish his conversation with the spirit. With guitar in hand I quietly strummed his song. The reaction was immediate, he answered "Kia ora Matua" (thank you uncle) and sat next to me and rested his head on my shoulder. As I began to sing the song the crying lessened and he joined in. He asked me to say a Karakia (prayer). As he gathered water from a puddle on the ground, I agreed and he closed his eyes and bowed his head. When the Karakia was finished he appeared to be much calmer, his anxiety lessened and his full attention was focussed on his immediate situation and environment. He initiated a Hongi and left.

Being Māori and my understanding of the culture has allowed me to approach situations such as Tangi's and to intervene in a manner that is culturally convenient. In relation to music therapy there was the concept of being with the other, waiting for signals, being patient, listening, feeling and trusting in intuition. Another reason was that my purpose at the Facility was as a music therapist. I do feel that both protocols of Music therapy and Māori culture contain relative concepts towards well being of self and others. .

#### **A2.2.2 Word Association 25/01/07**

With one particular Rangatahi, he did not find too much interest in music making or singing. One of his interests was word games. In order to engage him in a music therapy session I experimented with a call and response process which involved word associations. The rules were that one person would write a single word on the board and the other would reply with a single word underneath. If the leader chose to use three words then the other would write one to three words underneath. We conclude the text

with the both of us writing one word at the end to sum up the message. Finally we would read chronologically through the whole text, reading our own parts of the message. When we reached the seconded to last line, we would read the last line simultaneously.

**A2.2.2a** Here is an example. I lead the game.

Morning  
**Breakfast**  
 Feeling  
**Sick**  
 Unit  
**Home**  
 Home  
**Away**  
 Mum  
**Anchor**  
 Dad  
**Old school**  
 Music  
**You**  
 Music therapy  
**You and A.....\*(identity omitted)**  
 Culture  
**Old school**  
 Thoughts  
**Whimsical**  
 Feeling  
**Ka pai**  
 Aroha  
**Heart**  
 “Final thought”  
**Life | A journey**

I do realise that this word game is not regarded a music therapy because it does not consist of music or any forms of instrument use. What I have utilised from music therapy are some concepts such as turn taking, the release of thoughts and expression, being with the other and forming a therapeutic relationship as a mean of intervention.

### **A2.2.3** The battle with ‘the young man’ 27/01/07

The use of lyrical rhyme that carries a constant monotone modality to the conversation is a difficult art to perform. This form of conversation is called rap. Hardcore African American rap artists, also known as gangsters, utilise this music to convey their messages of the hardships of street life and social concerns. When two people rap against one another, this is called a battle. In present times, battling has become popular amongst youth of today. Battling is popular with many youth from my community. I am passionate about directing the youth in a truthful and actual lyrical direction that brings their words back to a New Zealand perspective and not Americanised gangster life.

From a music therapy perspective, rapping seemed to be a natural way of conversing with ‘the young man’. He would listen and recite lyrics from popular rap artists as he roamed the facility. He would even speak to me in rhyme and use his arms to help convey his words. He and I would battle constantly.

‘The young man’ had been diagnosed with schizophrenia and displayed symptoms of paranoia, where aggressive behaviour would become evident. Rapping and battling was a safe and non-violent means of engagement as a music therapy activity. I implemented some ground rules such as having a no swearing policy in rapping because it only acted as a ‘filler’ to the gaps of an empty conversation (meaning they had nothing much to say). ‘The young man’ would swear virtually every third word which was unacceptable.

This is my reply back to when he rapped to me of how tough he was, his status on the streets and amongst his peers.

This rap is in 2/4 time. I have notated it with **bold** lettering, which represents the strong note of the beat.

Times are a changing

You got the **blue** scarf **brothers** and the **reds** and **blacks**  
 A **unified blood** now i-magine that  
 Where you can **walk** any-where without the **gangster crap**  
 We're **Māori** my **Cuz** not A-merican **Blacks**  
**Listen** here **brother** while I **give** you the **facts**  
**Give** me a **beat** while I **give** you the **facts**  
 (Toa starts beat boxing (Creating musical beats with his mouth))  
 Yeh x yeh x yeh x yeh x yeh x yeh x yeh  
 x All you **brothers** who are **down** with the **colours**  
 What's **up** with that **shit** saying **you** and the **others**  
**Brothers** di-**vide** got **something** to **hide**  
 You no that **masculant pride**  
 There ain't a **man** in-**side**  
 Cause  
 x Moko-**puna** are that **next** in **line**  
 Giv'em a **path** of **dreams** and not a **life** of **crime**  
 You **may** mess **up** from **time** to **time**  
 Pull your **Tipuna** **close** to let that **pain** **subside**  
 Cause I've been **chilling** with this **dream** that won't **fade** a-way  
 Where we **lead** our Mokopuna into **brighter** **days**  
 With **each** step **forward** helps to **turn** the **page**  
 Life's a **journey** it's a **cultural** **thing**  
**Times** are a **changing**

### **A2.3 Kete: Te Haka**

#### **A2.3.1 Girls and boys role in the Haka. Korero with Kui at my Marae. 11/05/06**

Visiting family back home in Taranaki I planned to visit my Marae. Whilst in the Wharenuī (gathering house on the Marae) I had a constructive conversation with my Kui. The questions centred on girls wanting participate in the male movements of the Haka.

A major issue she pointed out was that in a Haka the girls must partake in separate actions than to that of the boys. My Kui stated that I can only teach the boy movements to the girls on the condition that they learn the girl's section also.

This was comforting to me because I was concerned about how far I was allowed to push my cultural boundaries. One reason of concern was to accommodate the needs of the individuals to create a safe working music therapy environment. Secondly I did not want to disrespect my Iwi and culture in any way.

My Kui concluded that she preferred me to follow the rules that she considered, and was also open to the idea of momentary alterations to suit individual needs. She was pleased to know that Kaumātua were supporting me at the facility. My Kui trusted in me to do the right thing towards Māori culture and supported me in my endeavour.

#### **A2.3.2 Is it culturally appropriate to teach a girl the male style of the Haka? 28/05/06**

Shell was sent to the isolation area for being verbally abusive and physically confrontational towards staff, patients and destroying private property. Shell, being of Pākehā nationality, spoke with a conversational tonality and accent that carried Māori connotations. This gave me the impression that Shell grew up amongst Māori and within a Māori community.

Shell would always greet me with a Hongi and would talk and sing in Māori each opportunity she had. She would also Pūkana<sup>4</sup> me from afar. Even if I was in the middle of a music therapy session or staff meeting she would Pūkana through the door window

---

<sup>4</sup> (Standing in a crouched stance, arms positioned to the side with hands on hips, head tilted to one side and bulging eyes with tongue poking out).



as she pass by. Depending what I was doing determined the level of Pūkana response I gave back to her.

Whilst in the isolation area she was quite pumped up and shouted slanderous dialogue while pacing up and down the room. She started to break out into a Haka. I was passionately disappointed to see her perform it in a disrespectful manner where slanderous words were intertwined with Haka movements. Turning my back to her she quietened down and stopped and questioned my action. Upon my reply she apologised and asked me to teach her the Haka properly, but she wanted to learn the male part only. Prior conversations with a great auntie from my Marae I negotiated with Shell that I will teach her the male part properly, under the condition that she learns the female part also.

Having a verbal agree she accepted my request. Keeping her tough shelled persona she performed the male Haka with the natural feature seen in performance. But the female part was performed jokingly with exaggerated feminine movements. Having her perform the actions properly, I decided that we should perform the Haka with both elements. We swapped roles a few times until we were both satisfied and exhausted. We then sat on the floor, where Shell opened up and we talked for some time. It is this moment where I feel blessed to be an ear in the sharing process of others.

### **A2.3.3 Girl dominated group, the Haka, 01/06/06**

With Kaumātua support I was able to rectify a situation that I felt needed some guidance. The Kapahaka music therapy group session was female dominated, and the girls wanted to lead (call) the group as one voice in the male vocality and have the boys respond back. Settling this idea as a team we all approved. During the Haka I observed the girl performing with female actions, but chanting with a mixture of high pitched explosive, chanting, uninhibited volume and energy. The performance, which could be heard throughout the facility, attracted a lot of attention. The group put a lot of energy into the Haka and were quite exhausted afterwards. The group members congratulated one another straight after the performance. They then shared brief comments about what just happened. Some of the Rangatahi comments were about the release it gave, the attention it received, it being cool that girls lead the Haka, and chanting together. For me, it was an uplifting experience to witness such expression. Rangatahi worked as a

team where the vocal expression met the physical. They achieved such warriorism persona by working as one. It left deep impressions on everyone.

#### **A2.3.4 Group Haka. 10/08/06**

Here was another occasion where the Haka created a positive response for the group. There were a lot of nationalities participating in the Haka. After practicing the Haka several times with a large group, I instructed them to give it an honest attempt. The outcome left deep impressions. Even though the group was mainly non-Māori, the expressions on the teenagers' faces carried the cultural connotations expected from a performance, such as the Pūkana and piercing stare. Some of the girls did perform the boy parts of the Haka otherwise the rest took the lead of the Kui who participated. I felt that having Kui participate in the performance added authenticity and conformation. The majority of the girls were fixed on Kui and mimicked her actions attentively. This allowed me to concentrate much more on the boys' actions in the performance. I have been taught that when teaching the Haka one must place a lot of energy into it. With all eyes on me whilst teaching the Haka I believe strongly that when I open myself to the participants honestly it is highly likely that I will gain a response. For example, the volume generated within the group I feel is influenced by visual, auditorial and environmental circumstances, but the uplifting characteristic of the Haka is when the sound comes out as one. This cultural moment in a Haka is created when the participants free themselves and let the physical movements and chanting become part of them. What made this Haka impressive was that everyone performed as a group. The punctuated calls on specific beats, the call and response mechanics, the stomping of the feet and spontaneity of the Pūkana all contributed to a cultural appropriate performance. Participants were very pleased with themselves and Kaumātua found the moment quite emotional.

Venturing into familiar grounds where the sharing of Māori culture with others was a norm, I felt at home throughout the whole musical process. Music therapy presented me with a comfortable musical foundation to seek a path where I presented my culture in a professional setting that sits outside the norms of Kapahaka and can be therapeutically beneficial to individuals in Mental Health sectors.

## **A2.4 Kete: Hinengaro**

### **A2.4.1 The way of the Māori Tai Chi.** 08/06/06

Māori tai chi is something I first observed during a presentation undertaken in our study room at university by a Māori physiotherapist. The Māori physiotherapist took a modern day physiotherapy intervention program and introduced a Māori cultural approach to it.

This approach gave me an idea that I felt would benefit a patient I was working with. Mana, a 17 year old boy, displayed hyperactive, destructive, confrontational and aggressive behaviour. I witnessed Mana on numerous occasions performing spontaneous handstands whilst I conversed with him. Other times I observed him cornering fellow patients in a threatening manner and even physically assaulting them. When placed in isolation or taken away from the situation so not to accelerate it, Mana would destroy private property which in turn created injury to himself. Inviting him to a one on one session the goal was to find him a fun but an alternative outlet.

I worked out a plan the night before to develop a Māori tai chi concept that worked along side the behaviour Mana displayed.

Unlike the subtleness and easy flow of Māori tai chi, I also added my experience of martial arts and Haka to the theme. The motion involved the tensing of the whole body whilst simultaneously moving to commands with a slow restricting and flexed manner and with a controlled breath. The energy being exerted involved mental and physical control, discipline through the following of commands and it was something that I knew would be fun. The turn taking of counting to ten, in Māori, gave Mana a lead role in the exercise. The martial arts and Haka theme added 'drama' to it, such as the exaggerated inhaling and exhaling of the breath and the grimacing of the face. Mana admired the Chinese martial artist Bruce Lee. I in turn would mimic vocal sounds and movements associated with his idol into the tai chi approach.

Encouragement through positive reinforcement and eye contact also played an important part in the process.

Using Māori dialogue (the commands were fully in Māori) in this process was a personal choice, even though the individual did not speak Māori. To make myself understood I would punctuate specific words with the appropriate action.

#### Māori tai chi commands and movements

Ko Papatuanuku/ Mother earth (extend arms out in front)

Ko Ranginui/ Sky father (raise arms above head)

Ko Tānemahuta/ God of the forest (cross arms, extend out straight with open palms down)

Ko Rongomātāne/ God of peace (bring hands to chest, bow head and relax whole body)

Ko Tangaroa/ God of the sea (rowing with an oar)

Ko Tūmataunga/ God of war (improvised expression)

Mana stayed with me and focussed his energy fully in the exercise. There were three sets to the 5minute movement of Māori Tai Chi. We were both sweating and smiling during and after the exercise. Mana would smile, handstand and give high fives in approval. I continued Māori Tai chi with Mana, or when his behaviour became inappropriate. On some occasions I would see Mana sharing these exercises with fellow male patients.

#### **A2.4.2** Korero with Kaumātua about translating Māori Waiata into English.07/09/06

The consultation with Kaumātua, in my eyes and to my knowledge, about issues such as the implementation of new ideas to fixed ideologies of Māori culture is of utmost importance, for they are the respected keepers of our culture.

One major issue for me has been to communicate to Kaumātua my own ideas and views on how certain processes can be improved.

Through participation and observations of Waiata group sessions I noticed the growing importance of translating Māori text into English so everyone could understand the meaning of the content and participate with purpose. Kaumātua were very supportive of me but were disappointed that it took me so long to communicate my ideas to them. Throughout my time at the facility the translating of Waiata was an important focal

point for me so Rangatahi, support staff and fellow music therapists were able to understand.

#### **A2.4.3** WHakataritari (The challenge) 26/10/06

You intimidate the unit today  
 You speak with racist slurs  
 You stand nose to nose with staff and co  
 Like a beast or someone cursed  
 I intervene  
 You turn to me  
 And flare your warrior ways  
 You challenge me  
 It's like a bark to me  
 I turn my back to your gaze  
 I feel your breath and your disrespect  
 Your Haka carried no mana at all  
 I reply facing eye to eye  
 You back down, your head bows to my calls  
 Cry my brother  
 Be kind to others  
 Be with, not against the world  
 The voices you hear may not disappear  
 Be strong and let 'your' voice be heard

Nui is a solidly built young boy. He is diagnosed with psychosis. He had been quiet at the unit, except for this day. When I entered, Nui was displaying aggressive behaviour towards staff members. I felt that part of his motivation was due to listening to Bob Marley's song 'Chase them crazy baldheads'. The song was demeaning to all Pākehā on the Facility. So when asked to turn it off Nui became angry and swore and intimidated staff.

Speaking to him in Māori I confronted Nui and he explained the situation. Explaining to Nui his status at the Facility, and as a Rangatahi, I expressed how disrespectful his actions were. He started cursing and displaying threatening gestures towards me. I then

turned my back to him in disrespect. He performed a Haka but would swear and pronounce many of the words wrong. I faced him again and performed the Haka straight back at him. I performed it three times, each time taking one step closer to him. Nui's immediate reaction was to step back and quieten down. After the last movement of the Haka I stood in closer to him and reached out my hand to his. Nui had his head bowed and as he looked up he was crying. I leant forward and gave him a Hongi. Nui voluntarily walked towards the isolation room Where I joined him and we talked.

#### **A2.4.4 Poroporoaki/ Farewell 07/12/06**

When someone is being discharged, it is customary to have a small celebration. Food is prepared, speeches are shared and a prayer is given. Sometimes I would ask Rangatahi to present what they learnt in music therapy sessions, such as a self composed or popular song, poetry, or by playing a musical piece in the Poroporoaki.

I would perform the Haka as a gesture for the journey we shared, and would encourage the Rangatahi to participate also. Without fail Rangatahi would participate. Kaumātua and some staff members would be involved also. It was always a pleasure to see us perform as a unit.

### **A2.5 Kete: Māori Relations**

#### **A2.5.1 Language, intuition and evolution. 02/03/06**

I care deeply about the evolving nature of our culture becoming more modernised due to higher forces. For example, kei hea to pepa (when asking someone 'where is the paper') is a question that involves intuitiveness because you are not being specific about what paper you are asking for. Intuitively, the Māori listener recalls images or prior moment that connects with the speaker's question. At times intuition may come across from an observer as being a lucky guess by the listener. But sometimes the question can be followed with a physically expression to specify the question.

I have observed that when I converse with specific individuals from my community in English, the same grammatical structure is given, where intuition comes into play.

In the ever changing times, I have observed changes on television and through conversations with others that the grammar in Māori is becoming more specific and seems to follow an even more English grammatical order.

As the language moves away from a structure that is known by many, the technological contribution to the new spoken (for example, television and internet) creates a new chapter in our culture.

#### **A2.5.2 Looking out through both eyes.** 08/09/06

In this section I want to focus on the two contrasts of worlds we have in Aotearoa between Pākehā and Māori. Even though we walk side by side with mutual presence, most Māori live separate worlds to that of the Pākehā, economically and socially. I will give an example of how Ngāi Tahu (the biggest tribe in Te Wai Pounamu/ South Island) has become one of the most productive and influential tribe in Aotearoa to utilise the Pākehā system to their advantage.

A Māori perspective of the world focuses on a holistic approach to life. One area of Māoridom involves the connection with all that is Taonga (treasures). Taonga to Māori are aspects such as the sea, sky, and forests. Other aspects of importance to Māori are culture where language and belief systems continue positiveness in individuals, and more importantly Māori identity.

The Pākehā world is a challenging world to understand when it differs to yours. I feel that one of the ways to overcome the barriers created by Pakehadom, like their cultural capital, is to understand what makes them work.

Ngāi Tahu has utilised the Pākehā system to their advantage. Tribal people of NgāTahu educate themselves in higher learning in the various realms of Pakehadom such as the many facets of law, finance and economics. Armed with the cultural collectiveness and full understanding of Te Ao Māori (the Māori world) the Ngāi Tahu people have created a system that has given them opportunities financially, environmentally and educationally.

This is where I explain the term ‘looking out through both eyes’. I feel that utilising both realms from a bi-cultural understanding opens both eyes. I am not saying that this approach is the only way, but I can see that the Ngāi Tahu system is a workable mechanism.

### **A2.5.3 Two Aunties and an Uncle, three ideas, same tribe. 18/08/06**

The question I posed to people was, is the altering of specific concepts of Kapahaka a culturally appropriate approach?

I remember a time when I visited my local Marae and spoke with an Aunty about myself altering cultural concepts of Kapahaka. One major concern she had was that in a Haka, boys and girls have separate roles.

I gave an example where girls wanted to do the male parts of the Haka, and she responded with the same answer, boys and girls have separate roles.

Speaking with another Aunty at my parents’ house I confronted her with the same question as above. Her response was that what I am doing is a good thing and I should carry on doing what I am doing, and that I should do what I have to do to help the kids.

Visiting my Uncle in Wellington I asked him what he thought about me altering specific areas of Kapahaka. He replied that if I write the Waiata myself it shouldn’t be a problem, but he instructed me that I should not alter traditional Waiata at all, unless I consult the correct authorities.

Now this is where my dilemma is brought forth. I have three different parties who have different ideals; they are all actively associated in different areas of the Māori community, such as through education, social work and gang affiliations, and they are all from the same tribe.

Here are some questions I have asked myself. Do I take the initiative and apply what I feel is the most suitable thing to do? Am I consciously choosing the answer from the individual that suits my chain of thought? What age do I have to be before ‘I’ am able to decide for myself the direction I want to go without Kaumātua consultation? Do I choose the eldest persons decision over the others or if I chose my uncle’s statement would that make me dishonourable to Kaumātua?



## **A2.6 Kete: Ko Tromso ki Te kainga inaianei (Tromso is where I live now)**

### **A2.6.1 Kommer elevene, la oss danse (come children, let us dance) 07/12/07**

As a foreigner, an observer and the only Māori here in Tromso Norway, the isolation brings me even closer to my culture, it is where I find comfort and my place of being. The sharing of Māori culture to the people in Tromso has been very welcoming. I have been partaking in voluntary work at a primary school where I have been offered the position as music teacher. Teaching children between five and seven years of age the Haka Pōwhiri has been a challenging yet humbling experience. Having a language barrier, the learning of Norwegian in an environment such as this has enabled me to communicate with the children.

The pronunciation of the Norwegian vowels is similar to that of Māori. The Haka Toia Mai was the chant they were going to learn. I experimented with the full text of Toia Mai but the children found it difficult to pronounce the final line of the Haka (Ki Te Takoto Rāngai Takoto ai Te Waka).

**A2.6.1a** Here is the altered Haka Pōwhiri

#### Toia Mai

Leader: Toia Mai

Children: Te Waka

Leader: Ki Te Urunga

Children: Te Waka

Leader: Ki Te Moenga

Children: Te Waka

Everyone: Haere mai, Haere mai, Haere mai, Te Waka Hi!

### **A2.6.2 Dreams and musical location 04/12/07**

Through dreams I have rectified and solved many issues that have concerned me. The influence of Sami song for example reminds me of the cultural connections music has

with oneself. With the influence of Pakehadom musicality, I find myself seeking musical influence from a force more natural to me.

In dreams I saw the whimsical outlines of nature's surroundings as a framework for musical notation. The experience was shown by standing at my Marae while facing my Maunga, the reciting of a Waiata was sung by following the outlines of the landscape in front of me. The Waiata was sung in a controlled pace from the left side of the Maunga (the beginning) to the right (the end). When standing on another Marae, while facing the same Maunga and singing the same Waiata, the melody would change because of the different angle of the landscape.

I guess the points made here for me are that 1) dialect tells the other Māori what region you are from, but musical location pinpoints them to their Iwi, 2) our landscape offers me a melodic structure, 3) this structure frees me, it allows me room for self expression.

#### **A2.6.3 Sami language nests and Māori. 01/09/07**

While collecting mushrooms in the forest with a fellow Sami friend, our conversations would usually centre on the interest of each others' culture. One question I brought up was how do non-Sami gain knowledge of your culture? She replied that she teaches the Sami language to students at university. She pointed out that Sami have retained and regained their language by way of language nests. She commented that both Sami and non-Sami students could be taught by her, or spend a structured set of time at a learning nest in the north (Finnmark). The language nest concept was introduced to them from the Kōhanga Reo model developed in Aotearoa.

This conversation highlighted to me that language nests are just one institution in which individuals can learn to undertake the basic foundations of the ones language. In Aotearoa the Kōhanga Reo not only teaches the language but also the protocols of Māoridom. One cannot be taught without the other, in order to learn the language some of the cultural aspects must be understood as well.

#### **A2.6.4 Psychological Health services for Sami 07/08/06**

A very good Sami friend is in the medical field of psychiatry. She is focussing on 'ethnopsychiatry' which centres on both western and Sami elements of healing. Her

research has shown that patient satisfaction towards health service for all Norwegians excludes the Sami minority. The Sami National Centre of competencies (SANKS) situated in Finnmark has created an adjusted treatment intervention program for Sami families. The intervention program is named ‘Meahcceterapiija/Meahcci’ meaning forest or wilderness. The therapists and families trek from the family unit to the forest for a three day stay in a ‘Lavvo’ (a Sami tent) where treatment is expressed from a Sami perspective. Her ultimate vision is to develop a health service that includes, improves and supports her people.

### **A2.7 Kete: Kupu Whakatepe. Concluding points**

I have quite an eclectic mix of journal entries. Some journal entries are more impressionable than others. But all in all they have played a large part in my interpretation of what is and what could be.



## **Appendix A3**

### **Ethics Approval and Extension**

10 November 2006

**Dennis Kahui  
154 Hanson Street  
Newtown  
Wellington**

**Att: Dennis Kahui**

Dear Dennis

**CEN/06/10/085 - A cultural approach to music therapy in New Zealand: A Maori perspective  
Dennis Kahui  
Massey University**

The above study has been given ethical approval by the **Central Regional Ethics Committee**.

**Accreditation**

The Committee involved in the approval of this study is accredited by the Health Research Council and is constituted and operates in accordance with the Operational Standard for Ethics Committees, April 2006.

**Final Report**

The study is approved until **April 2007**. A final report is required at the end of the study and a form to assist with this is available from the Administrator. If the study will not be completed as advised, please forward a progress report and an application for extension of ethical approval one month before the above date. Report forms are available from the administrator.

**Amendments**

It is also a condition of approval that the Committee is advised of any adverse events, if the study does not commence, or the study is altered in any way, including all documentation eg advertisements, letters to prospective participants.

**Please quote the above ethics committee reference number in all correspondence.**

**It should be noted that Ethics Committee approval does not imply any resource commitment or administrative facilitation by any healthcare provider within whose facility the research is to be carried out. Where applicable, authority for this must be obtained separately from the appropriate manager within the organisation.**

Yours sincerely



**Claire Yendoll  
Central Ethics Committee Administrator**

Email: [claire\\_yendoll@moh.govt.nz](mailto:claire_yendoll@moh.govt.nz)

**23 January 2008**

**Dennis Kahui  
Massey University  
154 Hanson Street  
Newtown  
Wellington**

Dear Dennis

**CEN/06/10/085  
A cultural approach to music therapy in New Zealand: A Maori perspective**

Thank you for your letter dated 12 December 2007 requesting and extension for your study.

Your correspondence has been reviewed and approved by the Chairperson of the Central Regional Ethics Committee. Ethical approval is confirmed until 10 November 2008 by the Chairperson under delegated authority.

If you have any further questions please feel free to contact me.

Yours sincerely

**Jiska van Bruggen**  
Central Regional Ethics Committee Administrator





## **Appendix A4**

### **Information Sheets and Consent Forms**



## Interview Information Sheet 06 November 2006

### A CULTURAL APPROACH TO MUSIC THERAPY: A MAORI PERSPECTIVE

Principal Investigator: Dennis Jon Kahui  
Position: Final Year Music Therapy Masters Student  
Contact details: 154 Hansen Street, Newtown, Wellington  
Tel: 021 206 8884 (deniskahui@yahoo.com)

Supervisor: Sarah Hoskyns  
Position: Director of Master of Music Therapy Programme  
Music Therapy Department, New Zealand School of Music, Private  
Box 2332, Wellington  
Tel: 04 801 5799 x 6410

Kia ora

You are invited to take part in an interview regarding your views of introducing a cultural approach to music therapy at the [REDACTED] as part of my research study. You have one week time to consider whether you want to participate or not. Taking part in this study is voluntary (your choice). You do not have to take part in this study, and if you choose not to take part it will in no way affect your employment at the [REDACTED]. If you do agree to take part you are free to withdraw from the study at any time, without having to give a reason and this will also not affect your employment at the [REDACTED].

In 2005 I spent a 6-month practicum at the [REDACTED] and this year I have to undertake another practicum and a dissertation (research project) as part of my degree requirement. Every Thursday between 9.30 am and 4.30 pm I hold music therapy sessions at the [REDACTED] with adolescents aged 14 to 19 years. A typical music therapy session includes the use of musical instruments, singing and other forms of musical interaction to meet specific goals that help the adolescent in their healing process.

The main theme of my dissertation is to form a cultural approach to music therapy concepts from a Maori perspective that could be inclusive and accommodate both Maori and Tauiwi (non Maori) rangatahi (adolescents) in health care settings. I will apply Maori concepts, such as kapahaka and traditional instruments, in the two group music therapy sessions.

As part of the study, I would like to interview respected Maori Kaumatua/senior staff at the [REDACTED] regarding their personal views of the sharing of Maori culture within music therapy practice. I have chosen you to be one of my interviewees because you are either a Kaumatua or you are staff at the [REDACTED]. I would like to audio-tape two 30-minute group

music therapy sessions with 3 participants between 06 November 2006 and 05 December 2006 at the [REDACTED]

All data, including audio tapes, transcripts and interview notes, will remain in a secure cupboard at my home. After the study has finished the data will be returned to the music therapy department of the New Zealand School of Music, where it will be stored in a locked cupboard and destroyed after 10 years' time. Your participation in the study is confidential and no material which could identify you will be used in any reports on this study.

The participants and interviewees will be contributing to a new study on the use of Maori concepts within music therapy. With this study I hope to either help Maori adolescents to rekindle the connection with their culture or for Tauwi to gain a cultural understanding of Maori concepts. I also hope to promote the holistic approach of Maori health models, including aspects of family, spirituality and thoughts, in health care intervention strategies for adolescents in New Zealand.

There are no known risks to this study. However, you do not have to answer all the questions, and you may stop the interview at any time.

You are welcome to contact me or appropriate staff at the [REDACTED] at any time should you want some more information regarding the study. You may also contact the Health & Disability Advocacy, PO Box 782, Wanganui.

You may contact [REDACTED] staff or me to get a copy of the results of the study. There will likely be a time lag between the study and when those results become available (approximately in June 2006). This is because the study will be marked by the New Zealand School of Music.

This study has received ethical approval from the Central Ethics Committee.



## Interview Consent Form

### A CULTURAL APPROACH TO MUSIC THERAPY: A MAORI PERSPECTIVE

#### REQUEST FOR INTERPRETER

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Cook Island	Ka inangaro au i tetahi tangata uri reo.	Ae	Kare
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io	Sega
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai
Samoan	Ou te mana'o ia i ai se fa'amatala upu.	Ioe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	Io	Ikai
	Other languages to be added following consultation with relevant communities.		

1. I have read and I understand the information sheet dated 06 November 2006 for volunteers taking part in the study designed to research a cultural approach to music therapy (kapahaka) in New Zealand from a Maori perspective. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
2. I have had the opportunity to use whanau support or a friend to help me ask questions and understand the study.
3. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and this will in no way affect my future employment at the [REDACTED]
4. I have had this project explained to me by the principal investigator Dennis Jon Kahui.
5. I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.
6. I understand that the study will be stopped if it should appear harmful to me.
7. I have had time to consider whether to take part.

8. I understand the compensation provisions for this study.
9. I know who to contact if I have any questions about the study.
10. I consent to my interview being audio-taped.
11. I wish to receive a copy of the results (available after the study has been marked by the New Zealand School of Music, approximately June 2007) YES/NO
13. I \_\_\_\_\_ (full name) hereby consent to take part in this interview/study.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Researcher: Dennis Jon Kahui  
Position: Final Year Music Therapy Masters Student  
Contact details: 154 Hansen Street, Newtown, Wellington  
Tel. 021 206 8884 (deniskahui@yahoo.com)

Supervisor: Sarah Hoskyns  
Position: Director of Master of Music Therapy Programme  
Music Therapy Department, New Zealand School of Music, Private  
Box 2332, Wellington  
Tel. 04 801 5799 x 6410

Project explained by: \_\_\_\_\_ (Staff at the \_\_\_\_\_)

Project role: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Contact details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NEW ZEALAND  
SCHOOL OF MUSIC

## Caregiver Information Sheet 06 November 2006

### A CULTURAL APPROACH TO MUSIC THERAPY: A MAORI PERSPECTIVE

Principal Investigator: Dennis Jon Kahui  
Position: Final Year Music Therapy Masters Student  
Contact details: 154 Hansen Street, Newtown, Wellington  
Tel. 021 206 8884 (deniskahui@yahoo.com)

Supervisor: Sarah Hoskyns  
Position: Director of Master of Music Therapy Programme  
Music Therapy Department, New Zealand School of Music, Private  
Box 2332, Wellington  
Tel. 04 801 5799 x 6410

Kia ora

Your child is invited to take part in two 30-minute group music therapy sessions at the [REDACTED] as part of my research study where I investigate the introduction of Maori concepts to music therapy. You have one week time to consider whether you want your child to participate or not. Taking part in this study is voluntary (your choice). Your child does not have to take part in this study, and if you choose for your child not to take part it will in no way affect his/her health care at the [REDACTED]. If you do agree for your child to take part you are free to withdraw him/her from the study at any time, without having to give a reason and this will also not affect your child's future health care at the [REDACTED].

In 2005 I spent a 6-month practicum at the [REDACTED] and this year I have to undertake another practicum and a dissertation (research project) as part of my degree requirement. Every Thursday between 9.30 am and 4.30 pm I hold music therapy sessions at the [REDACTED] with adolescents aged 14 to 19 years. A typical music therapy session includes the use of musical instruments, singing and other forms of musical interaction to meet specific goals that help the adolescent in their healing process.

The main theme of my dissertation is to form a cultural approach to music therapy concepts from a Maori perspective that could be inclusive and accommodate both Maori and Tauiwi (non Maori) rangatahi (adolescents) in health care settings. I will apply Maori concepts, such as kapahaka and traditional instruments, in the two group music therapy sessions.

I would like to audio-tape two 30-minute group music therapy sessions with 3 participants between 06 November 2006 and 05 December 2006 at the [REDACTED]. The planned music therapy sessions will not differ from any other session, I will undertake my usual music therapy session but with focus on the selected 3 participants within the group. I would like to

invite your child to be one of the participants because he/she has been referred to the [REDACTED] and has taken part in my music therapy sessions until now. I will also interview respected Maori Kaumatua/senior staff regarding their personal views of the sharing of Maori culture within music therapy practice.

All data, including audio tapes, transcripts and interview notes, will remain in a secure cupboard at my home. After the study has finished the data will be returned to the music therapy department of the New Zealand School of Music, where it will be stored in a locked cupboard and destroyed after 10 years' time. Your child's participation in the study is confidential and no material which could identify you or your child will be used in any reports on this study.

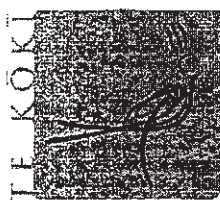
The participants and interviewees will be contributing to a new study on the use of Maori concepts within music therapy. With this study I hope to either help Maori adolescents to rekindle the connection with their culture or for Tauwi to gain a cultural understanding of Maori concepts. I also hope to promote the holistic approach of Maori health models, including aspects of family, spirituality and thoughts, in health care intervention strategies for adolescents in New Zealand. Participants generally benefit from music therapy sessions as part of their overall treatment.

There are no known risks to this study. However, should the music therapy sessions appear harmful to your child in any way they will be stopped.

You are welcome to contact me or appropriate staff at the [REDACTED] at any time should you want some more information regarding the study. Staff at the [REDACTED] will be informed and kept updated of your child's participation in this study at all times. You may also contact the Health & Disability Advocacy, PO Box 782, Wanganui.

You may contact [REDACTED] staff or me to get a copy of the results of the study. There will likely be a time lag between the study and when those results become available (approximately in June 2006). This is because the study will be marked by the New Zealand School of Music.

This study has received ethical approval from the Central Ethics Committee.



NEW ZEALAND  
SCHOOL MUSIC

## Caregiver Consent Form

### A CULTURAL APPROACH TO MUSIC THERAPY: A MAORI PERSPECTIVE

#### REQUEST FOR INTERPRETER

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Cook Island	Ka inangaro au i tetai tangata uri reo.	Ae	Kare
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io	Sega
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai
Samoan	Ou te mana'o ia i ai se fa'amatala upu.	Ioe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	Io	Ikai
	Other languages to be added following consultation with relevant communities.		

1. I have read and I understand the information sheet dated 06 November 2006 for volunteers taking part in the study designed to research a cultural approach to music therapy (kapahaka) in New Zealand from a Maori perspective. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
2. I have had the opportunity to use whanau support or a friend to help me ask questions and understand the study.
3. I understand that taking part in this study is voluntary (my choice) and that I may withdraw my child from the study at any time and this will in no way affect his/her future health care.
4. I have had this project explained to me by staff at the [REDACTED]
5. I understand that my child's participation in this study is confidential and that no material which could identify my child will be used in any reports on this study.
6. I understand that the study will be stopped if it should appear harmful to my child.
7. I understand the compensation provisions for this study.



8. I have had time to consider whether my child is able take part.
9. I know who to contact if I have any questions about the study.
10. I consent to the group music therapy sessions involving my child being audio-taped.
11. I wish to receive a copy of the results (available after the study has been marked by the New Zealand School of Music, approximately June 2007) YES/NO
12. I agree to my child's GP and the [REDACTED] being informed of my child's participation in this study/the results of my child's participation in this study YES/NO
13. I \_\_\_\_\_ (full name) hereby consent to my child taking part in this study.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Researcher: Dennis Jon Kahui  
Position: Final Year Music Therapy Masters Student  
Contact details: 154 Hansen Street, Newtown, Wellington  
Tel. 021 206 8884 (deniskahui@yahoo.com)

Supervisor: Sarah Hoskyns  
Position: Director of Master of Music Therapy Programme  
Music Therapy Department, New Zealand School of Music, Private  
Box 2332, Wellington  
Tel. 04 801 5799 x 6410

Project explained by: \_\_\_\_\_ (Staff at the [REDACTED])

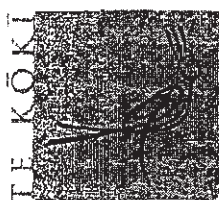
Project role: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Contact details:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



NEW ZEALAND  
SCHOOL OF MUSIC

## Participant Information Sheet 06 November 2006

### A CULTURAL APPROACH TO MUSIC THERAPY: A MAORI PERSPECTIVE

**Principal Investigator:** Dennis Jon Kahui  
**Position:** Final Year Music Therapy Masters Student  
**Contact details:** 154 Hansen Street, Newtown, Wellington  
**Tel.** 021 206 8884 (deniskahui@yahoo.com)

**Supervisor:** Sarah Hoskyns  
**Position:** Director of Master of Music Therapy Programme  
Music Therapy Department, New Zealand School of Music, Private  
Box 2332, Wellington  
**Tel.** 04 801 5799 x 6410

Kia ora

You are invited to take part in two 30-minute group music therapy sessions at the [REDACTED] as part of my research study where I investigate the introduction of Maori concepts to music therapy. You have one week time to consider whether you want to participate or not. Taking part in this study is voluntary (your choice). You do not have to take part in this study, and if you choose not to take part it will in no way affect your health care at the [REDACTED]. If you do agree to take part you are free to withdraw from the study at any time, without having to give a reason and this will also not affect your future health care at the [REDACTED].

In 2005 I spent a 6-month practicum at the [REDACTED] and this year I have to undertake another practicum and a dissertation (research project) as part of my degree requirement. Every Thursday between 9.30 am and 4.30 pm I hold music therapy sessions at the [REDACTED] with adolescents aged 14 to 19 years. A typical music therapy session includes the use of musical instruments, singing and other forms of musical interaction to meet specific goals that help the adolescent in their healing process.

The main theme of my dissertation is to form a cultural approach to music therapy concepts from a Maori perspective that could be inclusive and accommodate both Maori and Tauiwi (non Maori) rangatahi (adolescents) in health care settings. I will apply Maori concepts, such as kapahaka and traditional instruments, in the two group music therapy sessions.

I would like to audio-tape two 30-minute group music therapy sessions with 3 participants between 06 November 2006 and 05 December 2006 at the [REDACTED]. The planned music therapy sessions will not differ from any other session, I will undertake my usual music therapy session but with focus on the selected 3 participants within the group. I would like to

invite you to be one of the participants since you have been referred to the [REDACTED] and have taken part in my music therapy sessions until now. I will also interview respected Maori Kaumatua/senior staff regarding their personal views of the sharing of Maori culture within music therapy practice.

All data, including audio tapes, transcripts and interview notes, will remain in a secure cupboard at my home. After the study has finished the data will be returned to the music therapy department of the New Zealand School of Music, where it will be stored in a locked cupboard and destroyed after 10 years' time. Your participation in the study is confidential and no material which could identify you will be used in any reports on this study.

The participants and interviewees will be contributing to a new study on the use of Maori concepts within music therapy. With this study I hope to either help Maori adolescents to rekindle the connection with their culture or for Tauwi to gain a cultural understanding of Maori concepts. I also hope to promote the holistic approach of Maori health models, including aspects of family, spirituality and thoughts, in health care intervention strategies for adolescents in New Zealand. Participants generally benefit from music therapy sessions as part of their overall treatment.

There are no known risks to this study. However, should the music therapy sessions appear harmful to you they will be stopped.

You are welcome to contact me or appropriate staff at the [REDACTED] at any time should you want some more information regarding the study. Staff at the [REDACTED] will be informed and kept updated of your participation in this study at all times. You may also contact the Health & Disability Advocacy, PO Box 782, Wanganui.

You may contact [REDACTED] staff or me to get a copy of the results of the study. There will likely be a time lag between the study and when those results become available (approximately in June 2006). This is because the study will be marked by the New Zealand School of Music.

This study has received ethical approval from the Central Ethics Committee.



## Participant Consent Form

### A CULTURAL APPROACH TO MUSIC THERAPY: A MAORI PERSPECTIVE

#### REQUEST FOR INTERPRETER

English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Cook Island	Ka inangaro au i tetahi tangata uri reo.	Ae	Kare
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io	Sega
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai
Samoan	Ou te mana'o ia i ai se fa'amatala upu.	Ioe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	Io	Ikai
	Other languages to be added following consultation with relevant communities.		

1. I have read and I understand the information sheet dated 06 November 2006 for volunteers taking part in the study designed to research a cultural approach to music therapy (kapahaka) in New Zealand. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
2. I have had the opportunity to use whanau support or a friend to help me ask questions and understand the study.
3. I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and this will in no way affect my future health care.
4. I have had this project explained to me by staff at the [REDACTED]
5. I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.
6. I understand that the group music therapy sessions will be stopped if they should appear harmful to me.
7. I understand the compensation provisions for this study.

8. I have had time to consider whether to take part.
9. I know who to contact if I have any questions about the study.
10. I consent to the group music therapy sessions involving me being audio-taped.
11. I wish to receive a copy of the results (available after the study has been marked by the New Zealand School of Music, approximately June 2007) YES/NO
12. I agree to my GP and the [REDACTED] being informed of my participation in this study/the results of my participation in this study YES/NO
13. I \_\_\_\_\_ (full name) hereby consent to take part in this study.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Researcher: Dennis Jon Kahui  
Position: Final Year Music Therapy Masters Student  
Contact details: 154 Hansen Street, Newtown, Wellington  
Tel. 021 206 8884 (deniskahui@yahoo.com)

Supervisor: Sarah Hoskyns  
Position: Director of Master of Music Therapy Programme  
Music Therapy Department, New Zealand School of Music, Private  
Box 2332, Wellington  
Tel. 04 801 5799 x 6410

Project explained by: \_\_\_\_\_ (Staff at the [REDACTED])

Project role: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Contact details:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]