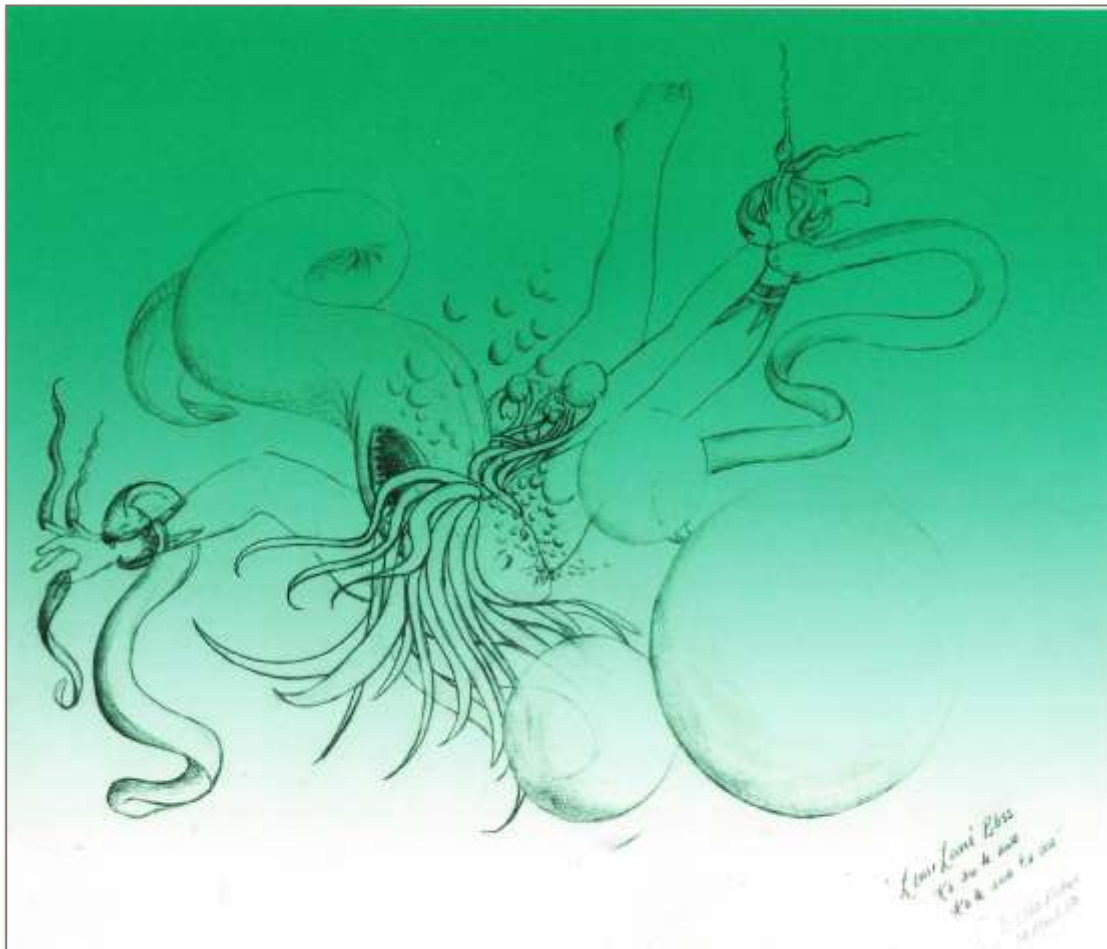# "He reached across the river and healed the generations of hara":

Structural violence, historical trauma, and healing among contemporary Whanganui Māori

A thesis submitted to Victoria University of Wellington in fulfilment of the requirements for the degree of Masters of Arts in Cultural Anthropology

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He uri tēnei nō ngā hau e whā
Timata ana i te Whare Tapu o Ngā Puhi
Rere atu ki te Rotoiti-i-kitea-a-Ihenga ki Ngāti Pikiao
Rere tonu ki te Pae Maunga o Tararua ki Ngāti Raukawa ki te tonga
Rere rauru mai ki ngā hau kōruarua i runga i a Matua Te Mana
Mai Te Kāhui Maunga ki Tangaroa
He mihi aroha ka rere atu ki a koutou
'Ko au te Awa
Ko te Awa ko au'

Ko Tarapuhi Te Haimona taku tupuna whaene
Nā Pūao Mātene-Rēweti rāua ko Te Haimona, nō Ngāti Pikiao
Ka moe a Tarapuhi i a Harawira Knocks nō Ngāti Maiōtaki
Ka puta ko taku kuikui ko Hohipene Ewa Tūrehu-Knocks
Nā Ava rāua ko Te Opetini Tūrehu nō Mangamingi pā i ngā rekereke o Ruapehu ia i
whāngai
Ka moe i a Frederick Te Tawhero Haitana nō Uenuku ki te Waimarino
Ka puta ko taku kuia ko Pamela Haitana
Ka moe i a Alan Bryers nō Ngāti Manu
Ka puta ko taku whaene ko Te Aho Matua Bryers
Ka moe i a Andrew Brown he tauiwi
Ka mihi atu au ki taku pāpa whakaangi, ko Hemi Whare Ropata Mills, he uri
mokopuna no te awa o Whanganui. E Hemi, ko koe te tino pāpa mōku; nāhau tēnei i
whāngai, i hapai ake, ae, nāhau tēnei i manaaki. Ka waipuke tōku ngākau ki te aroha
mou; aue te mamae, okioki mai ra e te tau.
Ka puta ko tēnei mokopuna
Ko Tarapuhi Morgan Bryers-Brown

Nō reira, e te iwi kia ora

DEDICATION

I learnt more about the world,
sitting at your feet
my mothers, my aunties, my kuia

Listening to you weep, laugh, speak
All from the gut.

Kitchen tables
Cigarette smoke
Cool night air
Three, four, five gumboot teas
Unraveling.

You so committed to healing
So afraid of failure,
and yet so pregnant with momentum

This is not for you, but it is *of* you

HE MIHI - ACKNOWLEDGEMENTS

COVER IMAGE AND TITLE QUOTE

Image titled "Lomilomi Bliss: ko au te awa, ko te awa ko au" by Te Aho Matua Bryers, which represents intergenerational healing and illustrates the theme of the title. The title also refers to hara which is the internalised toxic energy from negative experiences caused by breach of tapu that defiles the sanctity of human life.

TUHINGA WHAKARĀPOPOTO - ABSTRACT

This thesis provides insights into the unique forms of oppression that Māori face today. It explores how Māori experience, understand, and heal from historical trauma in contemporary Aotearoa/New Zealand. It does this by arguing that space, state bureaucracies, and public discourse can be violent, and considering sites of (re)traumatisation for my participants, specifically by examining the internalisation of responsibilisation and colonial discourse disseminated through the media and government processes, underlining the implications for health care. I show the ways that space constructs and reproduces relations of power and surveillance. As well I explore spaces that act as living symbols of inequality. This thesis uses *structural violence* and *historical trauma* to frame this analysis and thus highlights the lived experience where neoliberalism and colonialism intersect. The understandings that are presented here are informed by seven months of fieldwork which was guided by a kaupapa Māori framework and used participant observation and interviews with Māori who have iwi affiliations to the Whanganui River. Using stories from eleven participants, as well as autoethnography, this thesis demonstrates the importance of whakapapa, whanaungatanga, and wairuatanga in healing for Māori.

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HE TĪMATANGA
Beginnings and Introductions

Unuhia te rito o te harakeke, kei hea te kōmako e kō?
Ui mai ki ahau, 'He aha te mea nui o te Ao?' Māku e kī atu, 'He tangata, he tangata,
he tangata.

If you remove the central shoot of the flaxbush,
where will the bellbird find rest?
If you were to ask me, 'What is the most important thing in the world?'
I would reply, 'It is people, it is people, it is people.'

This whakataukī represents the sanctity of human life and the centrality of whānau for Māori[1]. In the same accord, what inspired me to conduct this research was a deep concern for the health of my whānau and the communities across Aotearoa with whom I have ties. My whānau has sacrificed a lot to get me to this stage of study and have often reminded me of their expectations and hopes for this project; that having the sorts of stories that speak to the experience of being Māori today is important for them and for their mokopuna to read one day; that there is a sense of urgency regarding the health of our people and the increasing economic gap; and, that they hope I can help in some way to ease the structural burdens placed on our communities. They remind me to trust that my tūpuna have guided me to each choice and to trust their wisdom throughout my project. In their own way, they have reminded me that I have certain privileges, of being educated within the mainstream education system, of being of able body and of having limited responsibility in the way of not having any children. Furthermore, that being the child of a Pākehā father, with light skin and Pākehā features, I will have certain ways of expressing agency within the dominant culture that have not been afforded to others. It is my responsibility, therefore, to use these privileges for the good of our communities. I am humbled by the belief and trust that my whānau and communities have afforded me in telling their stories. I hope to honour their wishes in this thesis.

In my dedication I acknowledged the indigenous, female, and experiential knowledge passed down to me through the many women that have sat at my mother's kitchen table. This knowledge has been shaped through generations of grief, colonisation, poverty and violence, but also through generations of healing, de-colonisation and empowerment. These women articulated to me the socio-historical nature of the body before I ever picked up a textbook. With the grief of the suffering of my own whānau still heavy in my heart, in this thesis, I hope to re-articulate this knowledge within the western-academic knowledge system.

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[1] The harakeke is a central symbol of whānau for many Māori people.

This thesis considers the health of Māori from Whanganui within the context of health inequalities in Aotearoa/New Zealand. In Aotearoa, Māori have the right to the same level of healthcare as non-Māori, yet the inequality between Māori and non-Māori, in terms of health status, is growing (Boulton, Tamehana, and Brannelly 2013: 20), with Māori across all economic brackets experiencing significantly worse health than their non-Māori counterparts. This thesis will address the health status gap between Māori and non-Māori by analysing the historical and political forces on the body and mind, as well as celebrating the ways that Māori are healing from these. Here, I argue that neoliberal constructions of health can (re)traumatise Māori and restrict possibilities for their healing.

This thesis follows on from a research project I conducted in 2012, a collaborative photo-voice project which used photos my mother, Te Aho, and step-father, Hemi, had identified as representative of their experience of Hemi having cancer, and of the health system they became embroiled in. I also filmed an interview with them talking about these photographs. The following year I extended on this project by interviewing Andre Mason and Rihi Karena who were a part of a Māori health organisation called Manaaki Hauora, and who Hemi had identified as being instrumental in his healing from cancer as well as helping him with other issues to do with confidence, self-esteem, and wairuatanga. The conversations had during these interviews highlighted the role of long-term subtle and overt racism on the physical body, the spirit, and individual agency. Complemented by in-depth scholarly research, these projects highlighted that many Māori are facing barriers to recovering from illness, and are seeking healing within and outside of the mainstream health system. In addition, the Māori health organisations who were attempting to meet in-between were often seen as "not ticking the right boxes", as Rihi put it. Instead, they were committing copious amounts of time and effort to provide Māori with health services that worked for them, but which did not fit with the scope of understanding prescribed by the current neoliberal definitions of efficacy.

I have conducted participant observation and interviews with Māori from Whanganui, with the aim of understanding this disparity from the perspective of Māori. I asked my participants about how they have experienced the health system, how they define wellbeing, what they think the main barriers to Māori achieving wellbeing are, and how they have experienced recovery and healing from illness. I conducted research for this thesis in Wellington, where I am based, and from my family home of Whanganui, from May 2014 to February 2015. During this period, I spent a lot of time in Whanganui to support my whānau. Sadly our Pāpā Hemi passed away in September, and my mother and her two whāngai pēpi were evicted from their home. As a whānau, we had a lot of other deaths and trauma that were also exacerbated by financial insecurity. Of course, providing support to my whānau has been of the utmost importance to me. I am grateful to have been able to have the flexibility and support from my faculty to do so. It has meant that this thesis has been written through gurgling snores in the wharemoe with my baby sister sleeping on my stomach; sneaking free wifi late at night parked up outside the Whanganui Visitors centre; travelling up winding roads to Raetihi; in the waiting room of the hospital where my brother got his tonsils out; and in the car park out the back of Raetihi Pā. I am grateful to have been in my 'field', per se, even as I was analysing my data. It meant the realities of the health of my people was in the forefront of my mind which has kept my research grounded.

KIA PIKI AKE I NGĀ RARURARU O TE KAINGA[2]

Indigenous peoples are incredibly varied, each with their own relationship to the settler society, each with their own culture, rituals, languages, organisations, struggles and triumphs. Yet indigenous groups across the globe who have experienced colonisation experience strikingly similar health inequalities. Overall, indigenous peoples suffer from drastically poorer health and avoidable death rates and have a four to twenty year lower life expectancy than all other ethnicities in their respective national populations (Fong et al. 2003:136), (Anderson et al. 2007: 177). Indigenous peoples incur higher incidences of most diseases including diabetes, mental disorders, cancer, and in western countries, tuberculosis and rheumatic fever (Durie 2003: 10). Furthermore, it is estimated that 70 per cent of chronic disease experienced by indigenous individuals is avoidable (Ring and Brown 2003: 404). This pattern of difference is also evident in the indigenous experience of poverty, crime, domestic violence, child abuse, education, employment, addictions, and suicide across the world. This pattern shows that the history of colonisation and the resulting subjugation of indigenous people is a component that must be accepted as a central factor shaping indigenous health (Czyzewski 2011: 1). This is the context in which my research and analysis is situated.

In line with this, a foundational aim of this thesis is to contribute to literature that argues that the 'Māori health deficit' must be analysed through historical and structural lenses. Throughout popular media and scholarly literature, the disparity between Māori health and non-Māori health is most often explained as the result of "any mix of inferior genes, intellect, education, aptitude, ability, effort or luck" (Robson and Harris 2007: 5). These arguments institutionalise the idea that the disproportionate suffering of Māori people is caused by inevitable differences, such as a genetic predisposition to disease or individual economic status, which turns attention away from any explanation based on ethnic inequality and structural realities (Robson and Harris 2007 5), a point I will discuss further in my section on structural violence.

It has been argued extensively, especially by Māori scholars, that the status of Māori as a group and within society is the fundamental determinant of the health status gap in Aotearoa. This stance acknowledges that health disparities are experienced by Māori across all economic brackets and therefore, cannot be understood merely in reference to economic inequality. He Ritenga Whakaaro: Māori Experiences of Health Services (2009) reports that Māori experience higher disability and morbidity rates and yet have less access to health, rehabilitation and disability services than non-Māori. Robson and Harris also state that Māori "receive lower levels of health services and poorer quality of service" than other ethnicities in our national population (2000: 5). Harris and colleagues have shown in their study, that there is a strong relationship between experiences of racism and poor health, including overall lower physical functioning, poorer mental health, tobacco use, and cardiovascular disease (Harris et al. 2006: 1432). This study also highlights that Māori are almost ten times more likely to

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[2] This refers to a kaupapa Māori principle as well as my own aspiration to mediate and assist in the alleviation of negative pressures and disadvantages experienced by my community.

experience multiple types of racism in Aotearoa than Pākehā (Harris et al. 2006: 1432). In response, this thesis will add to the literature examining the social and structural determinants of Māori health, the main historical and structural forces at play being colonialism and neoliberalism, which I discuss next. Throughout this thesis I show how these shape the way Māori are perceived and treated by society at large, and by Māori themselves.

Colonisation refers to the historically informed, continued, purposeful, and evolving authorisation and imposition of the "(mis)appropriation and transfer of power and resources from indigenous peoples to the newcomers…enabled by layer upon layer of new systems which construct who will benefit and be privileged" (Robson and Harris 2007: 5). In Aotearoa, the severity and violent nature of our history of colonisation is often downplayed or completely written off, evidenced by Prime Minister John Key's statement, that the settlement of Aotearoa was relatively "peaceful" (Stuff 2014). The aversion to addressing the violent reality of colonisation in Aotearoa can also be seen in the debate, and offence expressed by Pākehā, over the use of the term Holocaust to describe the Māori experience of colonisation. Pihama and colleagues (2014), responded to such offence by examining particular definitions of ethnocide and genocide, highlighting that "acts of colonial invasion and intentional acts that sought to annihilate or destroy Indigenous peoples" are acts of genocide, thus locating the Māori experience within this (258). In addition, Wirihana and Smith (2014) detail a range of violent interactions between Māori and Pākehā:

> The New Zealand Land Wars began in the early 1840's following conflict over land sales, interpretations of the indigenous and English versions of the Treaty of Waitangi, and the first substantial contingent of British settlers. They included the British army, settler militia and kūpapa forces and ended in 1916…The wars occurred throughout New Zealand in a series of battles aimed at staunching Māori movements towards political autonomy and perpetuated multiple episodes of mass murder of Māori men, women and children (199).

These acts of warfare were preemptive of large scale land and resource confiscation and amalgamation which destroyed entire communities, ways of being, and livelihoods (Wirihana and Smith 2014). These actions were informed by a motivation to settle land, and to civilise and assimilate Māori into the European Christian patriarchal culture; part of the less overtly violent, psycho-social form of domination that is an important feature of colonisation. Moana Jackson (2007), in his discussion of colonisation writes,

> The idea that power comes from the barrel of a gun has been a handy colonising truism, and every act of dispossession has, at some stage, required colonisers to wage wars, commit horrendous massacres and perpetrate an often unrelenting physical violence. Power can also be exercised in less overtly violent ways, through attacks on the souls and minds of people to be dispossessed. Destroying the world-view and culture of indigenous peoples has always been as important as taking their lives, because the actual process of disempowerment, the key purpose of any colonisation has to function at the spiritual and psychic level as well as the physical and political (2007: 177-178).

These disempowering forces are evident in the large scale land confiscations as well as the purposeful destruction of social organization. In particular, there are five Acts that illustrate the legislation of psycho-social domination of Māori; The Native Lands Act (1862), which broke down communal ownership of land causing intergenerational impoverishment; The Native Reserves Act (1864), which put any remaining reserve land under Crown authority; The Suppression of Rebellion Act (1863) aimed to quash particular tribes which were viewed as anti-Crown by allowing Crown authorities to incarcerate without trial and was not only fundamentally oppressive but also "traumatised hapū who stood for their rights in defending their people, land and resources" (Waretini-Karena 2014); and, The Native Schools Act (1867) and The Tohunga Suppression Act (1907) which were both important tools for forced assimilation which enforced the use of English within schools, and imposed penalties on the most significant experts in Māori medicine and spirituality, the Tohunga. These pieces of legislation had immediate and intergenerational negative effects on Māori language, healing, and ways of being in the world. Wirihana and Smith (2014) show that many of the oppressive forces that Māori face in society today were established through the enforcement of the colonial patriarchy, including the subjugation of women and the dissipation of traditional child rearing practices, previously characterised by aroha, replaced by colonial ideals of physical discipline (201).

Although these many complex forms of colonisation caused a lot of loss, physically, culturally, and spiritually, Māori have managed to sustain many of their practices and beliefs. They continue to live and succeed as Māori, which is where my consideration of agency is most important. Their existence in itself is a "determined [act] of survival against colonising states' efforts to eradicate them culturally, politically and physically, … and the era of contemporary colonialism – a form of post-modern imperialism in which domination is still the settler imperative but where colonisers have designed and practise more subtle means" (Alfred and Corntassel 2005: 598). Important for this thesis is that the historical and present-day domination of Māori in their own country, affects their perception of, and interaction with, the world around them, as well as their abilities to navigate the systems they are a part of. Colonisation does not dissipate Māori agency entirely, but it does shape it extensively. Finally, as Maria Bargh (2007) has shown, the neoliberal practices and behaviors that help define contemporary Aotearoa are connected to colonisation, a point that I will demonstrate further in my theoretical framework where I demonstrate the very specific forces that shape and constrain Māori agency as indigenous peoples living in a neoliberal society.

THEORETICAL FRAMEWORK

In line with many of the values of Kaupapa Māori research, the theoretical underpinnings of this thesis have helped me develop an argument that uses Māori voices to articulate Māori experiences, and to add to anti deficit-based discourse. Here, I discuss in-depth two theoretical frameworks in the context of my research. Firstly, I outline *structural violence* and discuss its relevance in contemporary Aotearoa, and

secondly, I will consider *historical trauma* as a way of understanding the unique forms of oppression that can be seen in the Māori experience of health and illness.

STRUCTURAL VIOLENCE

> The "neoliberal era" – if that is the term we want – has been a time of looking away, a time of averting our gaze from the causes and effects of structural violence…And when we look at and listen to those whose rights are being trampled, we see how political rights are intertwined with social and economic rights, or, rather, how the absence of social and economic power empties political rights of their substance (Farmer 2004: 16).

I read this quote from Paul Farmer, one of the most notable writers on structural violence, when beginning this research. The link he draws between neoliberalism and structural violence stayed with me throughout the research process and was instrumental in the analysis of the data I collected. Part of the motivation behind using structural violence as part of my theoretical framework was my desire to create a thesis that responded to this effect of neoliberalism; aiming to turn the gaze towards the relationship between dominant modes of power and inequality. One of the features of structural violence as a theory is that it seeks to make inequality visible. As Farmer (2004) argues, it is central in "determining who is most likely to be imprisoned, who is most likely to become infected and sick once detained, and who is most likely to receive delayed or inappropriate treatment" (21). Likewise, Kathleen Ho (2007) states that structural violence is evident where there is an "avoidable disparity between the potential ability to fulfil basic needs and their actual fulfilment" (1). However, in recognising this inequality and the structures which help to maintain it, it is also important to acknowledge agency, the complicated nature of which is referred to in the second part of Farmer's quote. Here I provide a brief overview of these ideas - structural violence, neoliberalism, and agency - and how these forces come to be translated into the suffering of the individual.

Broadly, structural violence is a term that refers to the reproduction of social and economic inequality by complex, layered structures in society, including the media, policy makers, the education system, city councils and hospitals, which in turn cause harm against individuals and groups (Farmer et al. 2006). This theory is important here because it acknowledges that the harm caused by these structures is violent, causing hurt to people's bodies, minds, and spirits. It is not restricted to that which causes physical suffering during "event assaults," such as rape, torture or battery, but also includes "sustained and insidious suffering" (Farmer 1996: 261). Farmer shows the subtle and invisible nature of structural violence, when he writes:

> The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people…neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency. Structural violence is visited upon all those whose

social status denies them access to the fruits of scientific and social progress (Farmer et al. 2006).

Therefore, the actors involved in causing this harm are not always obvious, which means that it is not always possible to extract and define cause and effect, and assign culpability. The relationship between power and suffering is made invisible by the naturalising of it and therefore those in power, seeing their culture as natural, and moral, fail to see the catastrophes caused by their efforts to control the vulnerable and the poor (Hodgetts et al. 2013: 2039).

Furthermore, in contemporary Aotearoa neoliberalism is a defining feature of our political, economic, and social culture. Neoliberalism refers to an ideology that aims to maintain the free market economy, and reform the public sector according to free market and private-sector principles (French 2001:2). Neoliberalism positions the market as the "organising principle for all political, social and economic decisions" (Giroux 2004: xiii). It asserts that "human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets, and free trade" (Harvey 2005: 2). Neoliberalism is not easily identified as a political force because both the Left and Right have embraced it to certain extents and on certain issues. In Aotearoa neoliberal practices have been embedded in the discourse and practice of the government since the 1970s (McCormack 2011) and the structures shaping the way New Zealanders live are intimately bound with neoliberal understandings of the world.

Māori have been vulnerable targets of neoliberal reform since the 1980s, something Bridget Robson (2007) explores, arguing that colonization has been a continuous force shaping the Māori economy since settlement. She emphasises that the political economy itself is based on the colonisation of Māori and that from the outset Māori have been vulnerable during neoliberal reform (46). For example, initial neoliberal restructuring processes disproportionately affected Māori by focusing on sectors of the labour market where Māori typically worked. These sectors faced huge cuts causing high levels of unemployment making many Māori economically vulnerable whilst also creating a heavy reliance on social welfare. This economic vulnerability has also been exacerbated by subsequent cuts in social welfare provisions and associated rising costs of living in housing, education, and health (Robson 2007: 47). In this thesis, I will highlight other examples that demonstrate the intersection of inequality, neoliberalism, and contemporary colonialism.

Of course when considering the relationship between structure, ideology, and individual beliefs and practices, it is also important to examine the nature of agency, an idea Sherry Ortner (2006) understands as a person or group's "capacity to affect things" (137). Structural violence theory examines the way choice is shaped by large-scale structural forces, with Farmer (2006) arguing that one of the primary features of structural violence is the "processes and forces [which] conspire to constrain individual agency" (79). For example, Nicholas Kristof (2007) shows that a pertinent part of the suffering caused by inequality is the impossible choices forced upon people. He writes that it is not just the "pain of hunger or the humiliation of rags, but the impossible choices

you face", like deciding which child gets to use the mosquito net, and which child must consequently risk the chance of malaria (443). These choices are forced upon people by constraining their agency.

Although agency may be constrained and shaped by structural forces, it can never be diminished entirely. As Bourdieu (1977, 1990) has shown, agency and structure are complementary, existing in constant negotiation, with structure influencing people's actions and thoughts, and human agency shaping structural forces. Furthermore, the presence of a belief that choices are available and that control over our lives is possible, is a critical measure of equity and health (Robson and Harris 2007:6). This means that highlighting indigenous resistance and expressions of agency in response to the effects of structural violence and neoliberalism is an important part of promoting indigenous self-determination, for Māori - tino rangatiratanga. As Ortner argues (2006: 6), the psyche is never fully dominated by hegemonies and thus never fully without agency; where there is power there is resistance.

HISTORICAL TRAUMA

The indigenous-led trend to analyse indigenous health through a historical trauma lens is an important expression of agency which responds to the neoliberal perception of colonisation and the trauma it caused across the globe. There is growing research, especially from indigenous researchers, that uses historical trauma theories to understand why indigenous peoples have significantly worse health status' than any other population within their respective nations. These theories are based on the knowledge that traumatic and stressful events can have immediate ramifications for an individual's physical and mental well-being, including impairing "appraisal processes, coping methods, life styles, behaviours, as well as behavioural and neuronal reactivity" (Bombay et al. 2009: 6). Adding to this, historical trauma acknowledges that indigenous peoples have in the past, and in present-day, experienced higher rates of trauma (Czyzewski 2011: 6). Therefore, it is argued that traumatic experiences for an individual have the potential to profoundly influence future generations (Yehuda and Bierer: 2008).

Maria Yellow Horse Brave Heart was the first to define indigenous experiences of suffering as historical trauma. Her theory, which emerged out of 20 years of clinical practice, describes cumulative intergenerational trauma, and seeks to offer a better explanation of the attributes of indigenous trauma than the label Post-Traumatic Stress Disorder (PTSD) (2003: 7). Brave Heart's founding definition of the experience of historical trauma specific to the indigenous experience is as follows:

> Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self- destructive behavior, suicidal thoughts and gestures, anxiety, low self- esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse,

often an attempt to avoid painful feelings through self- medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised (2003: 7).

Karina Walters (2011) adds to this understanding in her research which considers the embodiment of the micro-aggressions and stress often associated with historical trauma. She argues that the features of indigenous health which are linked to this embodiment point to the intergenerational nature of health and disease. With her colleagues, Walters (2011) has also demonstrated the links between exposure to historical trauma and the development of long-term physical illness. In Māori literature, Waretini-Karena (2014) contextualises historical trauma using whakapapa, tracing the impacts of legislative breaches of the Treaty on individual Māori, and the effects that subsequent de-tribalisation, colonization, and isolation had on offspring.

In the following chapters, which explore discourse, space, and healing respectively, I show how neoliberal notions of responsibility shape understandings and treatment of Māori. In particular, I examine how the 'Othering' of Māori in mainstream discourse impacts New Zealander's abilities to empathise with the trauma Māori have, and still do, experience. In their literature review and analysis of historical trauma and healing in reference to Māori, Rebecca Wirihana and Cheryl Smith (2014) begin by situating the definition of 'trauma' itself within a socio-cultural paradigm (198). They argue that since the 1980s when the field of psychology first developed trauma research, and specifically the diagnostic tool and label, Post-Traumatic Stress Disorder, research in this field has prioritised psychological theory and practice which only looks at individual experiences of single trauma incidents (198). For example, the recently revised Diagnostic and Statistical Manual for Mental Disorders: 5th Edition defined trauma as "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association 2013: 271 quoted in Wirihana and Smith 2014: 198). This definition includes "being witness to such an event, having a close family member or friend who has suffered from a traumatic event, or experiencing repeated aversive exposure to the event" (Wirihana and Smith 2014: 198). Wirihana and Smith explain that these definitions encourage an individualistic understanding of trauma, and as a consequence, overlook "long-term chronic and complex individual *and* collective trauma" (198, italics added). Furthermore, these definitions do not make space to legitimise the specific historical trauma caused by colonisation and the associated assimilative policies.

CHAPTER OUTLINE

In this introductory chapter I have laid the foundations for my thesis by outlining my theoretical framework and introducing my overall goals and motivations. I have examined the context of Māori health inequality today by positioning it within broader understandings of colonisation and wellbeing, and arrived at two theoretical frameworks that I have used to frame my analysis. These are *structural violence* and *historical*

trauma. I show that the current neoliberal understanding of health, poverty, and Māori agency is restrictive, and therefore acknowledge the importance of Māori agency and tino-rangatiratanga in dissipating inequality in all areas of society.

In the next chapter, I discuss the theoretical foundations for my research methods. I show how Kaupapa Māori has influenced each step in my research, and outline the research methods I used including participant observation, interviews, auto-ethnography and diaries. In locating myself and the aspirations of this research within these paradigms and approaches, I set down an appropriate pathway for engaging with te ara o te pūkeko - the experiential knowledge of my participants and myself.

In 'Discourse and Inequality', I propose that discourse can be violent and thus can contribute to the (re)traumatisation of Māori. I examine the internalisation of responsibilisation and colonial discourse disseminated through the media and government process by Māori and non-Māori, especially underlining the implications for primary care and Māori understandings of the self.

Following on, in 'Symbolic Spaces' I extend upon the analysis of neoliberal and colonial discourse by examining the spaces that construct and reproduce relations of power and surveillance. I propose that creating non-linear, rhizomatic processes offers new and broader possibilities for service users. I also argue that spaces can 'contain' historical trauma. Furthermore, I show that within a Māori worldview the boundary between spaces, landmarks, land, kin, ancestors, and the self are not distinct or rigid. I examine the implications of this on Māori experiences of historical and present-day land dispossession, and underline the transformative healing that can occur through the reclamation of land or Māori space.

In my chapter titled 'Piki te Ora' I discuss the many ways my participants sought and experienced healing. In doing so, I illustrate how they conceptualise, feel, and experience historical trauma on the body, the mind, the wairua, and on whakapapa. Here, I underline the importance of 'non-medical' healing techniques for the alleviation of historical trauma.

TE ARA O TE PŪKEKO
Methodology and Methods

Te Ara o te Pūkeko is a descriptive phrase that an elder in my community explained to me as I was beginning my research. It refers to the mana associated with ones wheako, ones learning that comes from life experience. Te Ara o te Pūkeko, the path of the pūkeko, zig-zags across the swamp-land, moving forwards and changing direction. Although it may seem directionless, the pūkeko has a deep and esoteric knowledge of the swamp that it has learned from experience and from its ancestors. As people, our lives can reflect te ara o te pūkeko, but the wheako that comes from this give richness, wisdom and discernment to our knowledge. In accordance with this, the methods that I have used to gather and produce ethnographic data were those that valued and expressed the wheako of my participants, as well as my own. In this section I outline these methods. First, I state the reasons I chose to study my community and provide a brief community profile. Following, I outline how I used Kaupapa Māori to help me prioritise the knowledge my whānau and community have developed about themselves, and finally, I look at how Kaupapa Māori shaped the research techniques I used, which were participant observation, interviews and auto-ethnography.

ME HOKI MAI KI TE KAINGA
"Come home and research with your people"

The call to do research with my people was given to me by my parents. My ethnographic research mainly took place with Māori living in Whanganui. However, I also conducted interviews in Nelson, and Wellington with Māori who whakapapa to Whanganui. Alongside whānau requests, the relationships I had already formed with people from this rohe, and my responsibilities as a privileged member of the community, informed the place-based character of this study. This will be elaborated upon in the section titled 'Kaupapa Māori' in this chapter.

Whanganui city itself is situated near the river mouth of the Whanganui River on the West Coast of Aotearoa. 23 percent of the district identify as Māori, which is 8.1 percent higher than the national percentage. 81.8 percent identify as European. Within the district, 52.2 percent of Māori aged 15 years and over have an annual income of $20,000 or less, slightly higher than the national average of 46.3 percent of Māori. The unemployment rate of Māori aged 15 years and over in Whanganui District is 18.8 percent, in comparison to 15.6 nationally (Statistics New Zealand 2013).

Māori who identify as being from Whanganui through whakapapa will often refer to themselves as "being from the river". This is because the tribal area of the Whanganui River, Whanganui Nui Tonu, extends from the river mouth all the way to Tongariro, encompassing towns such as Ohakune, Raetihi, Taumarunui, and Whanganui. It includes, but is not limited to, the iwi of Te Ati Haunui-a-Pāpārangi (Tamaupoko, Hinengakau and Tupoho), Ngāti Hauā, Ngāti Rangi and Tamahaki (Te Puni Kōkiri 2015). 43.8 percent of those who identify with Te Ati Haunui-a-Pāpārangi live in the Whanganui-Manawatu Region (Statistics New Zealand 2013), with 57.4 per cent of these also noting their affiliation with other iwi.

My study however, is not limited to Whanganui and also considers Māori health inequality as a general phenomenon. This is because some of my participants were Māori, but not affiliated to Whanganui iwi. Furthermore, many of the Whanganui iwi-affiliated participants grew up in various locations around Aotearoa, and have different levels of participation with the iwi and region. Thus, while the previous statistics are an important context for this research, here I provide a different sort of narrative, one that is closer to the weave of everyday life and the emotional work of living, dying, and surviving in this space, something which is evident throughout the thesis.

THE VULNERABLE OBSERVER

A rich phenomenon with inherent ambiguities calls for a characterization that preserves those shady edges, rather than being drowned in the pretense that there is a formulaic and sharp delineation waiting to be unearthed that will exactly separate out all the sheep from all the goats (Sen 2005).

In this thesis, I have used a range of methodological tools to ethnographically capture the 'shady edges' between colonisation, inequality, and contemporary Māori health in Aotearoa.

I have undertaken a project that seeks to make visible the impact of inter-generational trauma. I do this through (re)storytelling and auto-ethnography. The particular narrative style I have employed to tell these stories is deeply personal, affectively driven, and vulnerable. Being an insider researcher involved being intimately immersed, and not separate from, the emotionally rich worlds and experiences of my participants. Ruth Behar, whose work is exemplary of a trend of vulnerable writing in anthropology, builds upon the work of Claude Levi-Strauss, Georges Devereux, and Clifford Geertz, to present a new way of thinking about the relationship between emotion, subjectivity and objectivity. She argues that by becoming a vulnerable observer, or when the author makes themselves visible through self-revelation, the ethnographer exhibits a "keen understanding of what aspects of the self are the most important filters through which one perceives the world, and more particularly, the topic being studied" (Behar 1997: 13). This, in turn, opens up opportunities for new types of ethnographic data to be produced. It is clear throughout my autoethnography that the most important filters through which I view the world are whānau, poverty, suffering, and healing.

Behar writes, "When you write vulnerably, others respond vulnerably" (Behar 1997: 19). In deciding how to present these themes I knew I wanted to stay true to the wishes of my participants, and for many of them having their story told was important. While their motivations to participate are complex, including the want to help me to complete my Masters, for many there is a burning awareness and almost desperation for things in this country to change, and for healing to be facilitated amongst our people. The emotionally charged stories they shared therefore reflect their desire to incite empathy and ultimately action in the listener/reader. Additionally, there was a desire expressed by some of my participants to just be heard and listened to. This can be therapeutic and healing in itself, especially when their stories are often ignored by the government and its agencies. Thus, part of my approach had been to help facilitate some healing through providing a space for my participants to speak freely and be heard. These situations which have arisen during my use of vulnerable anthropology were navigated by prioritising, and trusting in, the relationships I had with my participants.

By weaving my participants throughout my analysis, their stories are often seen to be in contrast to State values and practices. To protect my participants from harmful ramifications of speaking out against government practices I have used several narrative tactics to ensure confidentiality. For example, in the case that someone has given information that could have them reprimanded by a government agency, I have given them a pseudonym. When it comes to members of my own family and the deeply personal information they have shared with me, we have talked extensively about the uses of this research. They have continued to express their willingness to be an identifiable part of this project. In the following sections, I will show how Kaupapa Māori guidelines have helped me to navigate these and other issues by emphasising the importance of maintaining, and being accountable to, relationships within my family.

KAUPAPA MĀORI

"Ko au te awa, ko te awa ko au: I am the river and the river is me": I summoned this whakataukī in my statement of whakapapa as a signal to my genealogical ties to the Whanganui river, and to evoke a Māori way of understanding the self and relationality; one that connects the rivers, the mountains, the buildings, the spiritual, the physical, and the intellectual, inextricably. "I am the river, and the river is me" asserts undeniably these connections. This whakataukī reflects the foundations from which I have built this thesis; one that values Māori ways of understanding and expressing the world around them. Historically, the relationship between research (in particular anthropological research) and indigenous peoples has often been an exploitative and damaging one (Smith 1999). For Māori, it can often be associated with Pākehā colonialism, and the history of colonial research, where Māori were categorised, measured and dehumanised (Smith 1999). Accordingly, conducting ethical research as an anthropologist in a Māori community today means being aware of the baggage associated with this discipline, and using research methodologies that add to the

empowerment of Māori. This is especially significant within the context of my research, which draws upon personal experiences of trauma, racism and inequality. Using a methodological framework that was safe for my participants was paramount. In this section, I outline how Kaupapa Māori has influenced my research techniques and analysis. I discuss the complexities of defining Kaupapa Māori, and how the other Principles of Kaupapa Māori Research, defined by Hingangaroa Smith (1990), have shaped my research[3].

Defining Kaupapa Māori is a complex exercise. This is because its form adapts to the researcher, research community, and research of which it is a part. As Leonie Pihama (2001) says, "it is evolving, multiple and organic" (113). There is no definitive checklist for doing Kaupapa Māori research. However, the fundamental aspects, as outlined by Linda Tuhiwai Smith (1997), Pihama (2001) Tania Pohatu (2005), Russell Bishop (2005), Kuni Jenkins (2001) and Cheryl Smith (2003), amongst others, relate to Māori control of Māori knowledge, the privileging of a Māori worldview, and an emphasis on the experiential knowledge of Māori about themselves and the worlds they live in. This is encapsulated in 'The Principle of Tino Rangatiratanga - The Principle of Self-Determination' which refers to notions of Māori sovereignty and control of Māori culture, aspirations, and destiny (Hingangaroa Smith 1990). In this way, Kaupapa Māori research acts in response to concerns that many other indigenous research paradigms also aim to address (Moewaka Barnes 2000: 4). Trying to define Kaupapa Māori can fall into the trap of defining by comparison, sometimes positioning western research paradigms as the norm, and non-western research paradigms, including Kaupapa Māori, as the Other. In these instances, as Moewaka Barnes (2000) writes, the right to be māori, to be ordinary, can be subverted; it can make Māori "the other in our own country".

Kaupapa Māori recognises that all knowledge is contextual, and therefore provides a space for Māori researchers to use Māori knowledge without having to justify its legitimacy within a western academic environment. 'The Principle of Taonga Tuku Iho – The Principle of Cultural Aspiration' reinforces the centrality and legitimacy of te reo Māori, tikanga, and mātauranga Māori. Furthermore, it asserts that these are considered valid in their own right (Hingangaroa Smith 1990). In my research, this has influenced my aim of presenting a Māori perspective on Māori health, and respecting Māori knowledge about their lives and the structures that affect them. Therefore, throughout this thesis I focus on (re)telling personal, experience-centred stories. Bishop (1996) shows that oral traditions and storytelling are culturally significant forms of imparting knowledge for Māori, writing that "there is a wairua in story that binds the listener to the teller beyond any linkage created by words on their own" (25). Acknowledging the principle of Taonga Tuku Iho in storytelling has allowed me to move beyond the understanding of truth as something that must be validated by western scientific methods. It has encouraged me to present my participant's stories as truth, which is especially evident in instances where I talk about the wairua. Furthermore, this principle of Taonga Tuku Iho meant that te reo Māori was central to my research. Although none of my participants spoke te reo Māori exclusively in our interviews or during my participant observation, it was an incredibly important part of my research.

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[3] These principles have been expanded by Linda Smith (1997), Leonie Pihama (2001) and Taina Pohatu (2005).

All, if not most of my participants used a varying range of te reo Māori for different purposes. Many spoke bilingually and switched between English and te reo Māori. In accordance with this, I have not italicised any words in te reo Māori, which risks asserting te reo Māori as the language of the Other.

Additionally, Kaupapa Māori research "must be about challenging injustice, revealing inequalities, [and] seeking transformation" (Pihama 2001: 110). 'The Principle of Kia Piki Ake i ngā Raruraru o te Kainga - The Principle of Socio-Economic Mediation', highlights the need to "mediate and assist in the alleviation of negative pressures and disadvantages experienced by Māori communities", as well as the need for research "to be of positive benefit to Māori communities" (Hingangaroa Smith 1990). In my thesis, this principle is inextricably intertwined with two other principles; 'The Principle of Kaupapa - The Principle of Collective Philosophy' which asserts the importance of the aspirations of the community larger than the research itself; and, 'The Principle of Whānau - The Principle of Extended Family Structure' which acknowledges the importance of relationships which researchers have an obligation to nurture. These principles together acknowledge that I, as the researcher, am situated within a web of important relationships that shape and define my research goals and outcomes. This was exemplified in the aims and outcomes of my project which were co-constructed by my participants, my community and me. I have outlined these in my introduction.

Linda Tuhiwai Smith's *Decolonizing Methodologies: Research and Indigenous Peoples* (1991), is one of the most important contributions to the conversation on the decolonisation of research methods. It highlights a set of responsibilities identified by Ngahuia Te Awekotuku that researchers are encouraged to fulfil when conducting research with Māori. They include,

1. Aroha ki te tangata (a respect for people).
2. Kanohi kitea (the seen face, that is present yourself to people face to face).
3. Titiro, whakarongo … korero (look, listen…speak).
4. Manaaki ki te tangata (share and host people, be generous).
5. Kia tupato (be cautious).
6. Kaua e takahia te mana o te tangata (do not trample over the mana of people).
7. Kaua e mahaki (don't flaunt your knowledge).

These guidelines stayed with me throughout my research, particularly in times where I was finding it hard to do research because of family or community commitments. They reminded me that the relationships developed with my participants came first; my research outcomes second. I will now look at the specific research methods I used to gather my data, which were strongly influenced by Kaupapa Māori.

GATHERING AND PRODUCING ETHNOGRAPHIC KNOWLEDGE

Early on in my research, I read this quote from Antonius Robben;

Fieldwork is an intersubjective construction which relies heavily on the encounter between ethnographer and research participant. Anthropology is therefore an interpretive science which necessarily involves an unending search for meaning (2011: 443).

Kaupapa Māori has helped me to facilitate this search for meaning in the field. For example, as Moewaka Barnes (2000) argues, proliferating and encouraging the expression of Tino Rangatiratanga in research with Māori means using methods that are preferred by, and unique to, Māori (5). I have therefore used two ethnographic research methods that encourage collaboration. These are interviews and participant observation. To compliment these, I have used auto-ethnography to help situate myself within the research process and thesis.

INTERVIEWS

I chose to use interviews for three main reasons. Firstly, interviews respect the value of kanohi ki te kanohi, allowing a respectful relationship to develop whereby the information I gathered was enmeshed in a reciprocal conversation. Secondly, the storytelling that often occurred in my interviews is especially important within the context of research done in Māori communities, as "storytelling . . . determines that the storyteller maintains the power to define what constitutes the story, and the truth and meaning it has for them" (Bishop 1996: 25). Through interviews I could collect specific details and quotes, allowing me to represent the experiences of my participants in their own words. Thirdly, the use of storytelling also helps to foreground the experiences and understandings of my participants, and the importance of attending to the realm of experience when exploring social injustices and inequalities. As Paul Farmer (2003) writes, "the "texture" of dire affliction is better felt in the gritty details of biography" (31).

I conducted eleven interviews in total, with Māori who have iwi affiliations to the Whanganui area, and one person who is not Māori but who is deeply involved in the Māori community. Most interviews were conducted over 1-2 hours in the interviewees' homes or work offices. Each interviewee was selected because I already had a connection with them which was an important factor in their sharing of personal stories. A week before each interview I had a conversation with them about what we would talk about, offered to send a list of questions to them, and outlined how my research would be used. Although I always had a list of questions prepared, all of my interviews were semi-structured, where we would discuss a theme allowing the participant to direct the conversation. I recorded and transcribed each interview.

PARTICIPANT OBSERVATION

Participant observation is a research method that is central to ethnographic research (O'Reilly 2014). It involves a deep involvement in the social world of a given field. This is done by participating in people's daily lives, taking field notes, asking questions,

collecting forms of data such as mapping the environment, smells, and sounds (O'Reilly 2014: 105). Participant observation can help the researcher to develop trust and rapport with people in the field, which may give them access to otherwise off-limits or invisible areas of their social world. This method is usually conducted over an extended period of time and as such the researcher and participant alike are involved in the constant negotiation and renegotiation of their relationship.

I conducted participant observation over a period of seven months. I did an initial period of research where I asked members of my community what they thought I should be researching, and what they thought were the main barriers to Māori achieving wellbeing in our community. These observations directly shaped my initial research questions, overall aims, and later my interview questions. Following this, I conducted more in-depth participant observation in the community. Part of this research occurred while I was living in the community full-time with my family. Other times I was based in Wellington and travelled to Whanganui every fortnight for a few nights.

A large proportion of my participant observation was conducted at various sites around the community, following members of my whānau or community as they lived their daily lives; visiting the library, the hospital, Work and Income New Zealand (WINZ), or Child Youth and Family (CYFs), for example. I also sat in on a three day noho for the Tipu Ora Hauora Certificate in Rotorua with a member of my community. Tipu Ora is an organization that provides a range of health, social and education services, and the wānanga I attended focused on Mana Motuhake and Māori health. I also participated in Piki Te Ora –a self-management of chronic conditions health program (PTO). This involved attending a course held for three hours, one day a week, over seven weeks. The course does not have a Kaupapa Māori framework, but has been customised to be suitable for Māori, and around ninety per cent of the volunteers who run the programme are Māori. I was introduced to the program by my late step-father who was one of the program volunteers. At the suggestion of the program coordinator, Anne Kauika, I participated fully in the course and completed the exercises to help me with my own long term condition. I used the program as an opportunity to consider general issues that are important to Māori regarding health, and to develop a more in-depth understanding of the workings of Māori health programs in Aotearoa. These times also allowed me to establish valuable connections, which later led to research participants. Lastly, I attended a meeting between three organisations, from Whanganui and two other regions where PTO was being run.

Using participant observation helped me to navigate my role as an insider researcher, by helping me to understand the often dialectical relationship between participant and observation; where subjectivity and objectivity come into conflict (O'Reilly 2014: 105). Participation generally involves immersing oneself, being subjective, and often emotional, whereas observation involves objectivity, keeping a scientific distance, and maintaining a critical eye. However, as O'Reilly writes, the actual practice of participant observation involves a collaboration between the two: "it is never simply a matter of only participating and only observing" (2014: 105). It is the balance of these two that makes anthropological research "produce new outcomes unattainable by each approach alone"" (O'Reilly 2014: 105). Accordingly, the actual practice of participant observation will vary from case to case.

Participant observation enabled access to forms of data that were not readily available through interviews, such as the experience of walking through a WINZ office, waiting in line, and speaking to public servants. These experiences add important context for the interviews. Participant observation was often more comfortable for my participants as they could tell me off-the-cuff how they were feeling, and I could opportunistically ask questions. This would only happen with people who I already knew, and who knew about my research and the expectations that would come with answering questions. This allowed me to learn about the social norms and expectations of their behavior in context, without a participant having to map them out for me, which can sometimes be tedious for them.

Throughout my time in the field I used different forms of participant observation. Sometimes I would be deeply involved and lean far more towards the participant end of the spectrum. At other times, I would lean towards the observation end of the spectrum, such as when I was attending Tipu Ora. Throughout my fieldwork however, what remained important was the maintenance of the relationships with those who were within the scope of my research.

To make it clear to myself and to the people I was with when I was conducting participant observation, I would say, for example, "Can I come with you to the community library and document what we experience and use it for my research?" Therefore, I would simultaneously keep my identity as a member of the group, but would also put my 'ethnographer's hat' on. By identifying the times in which I was doing research in this way, I believe I was able to respectfully make sure that my participants understood when they were being observed.

AUTOETHNOGRAPHY

In each of my ethnographic chapters, I have begun with an autoethnographical piece of writing derived from my field diaries. I was inspired by Karen O'Reilly's (2014) explanations of diaries, and in a bid to aid the inherent complexity of being an insider researcher, I decided to keep two different diaries (105). The first, what O'Reilly terms an "intellectual diary", is where I noted my field notes, analytical ideas, initial thematic analyses, and theoretical questions that came to me in the field. The second was a personal diary where I drew connections between my personal experience and feelings in the field. Having the two separate diaries helped me to develop an understanding of how I arrived at particular conclusions. This would later form the base of my autoethnography.

In using autoethnography, I tell a "situated story, constructed from my own current position, one that is always partial, incomplete, and full of silences, and told at a particular time, for a particular purpose, to a particular audience" (Ellis 2009: 13). According to Carolyn Ellis, autoethnography is

> …an autobiographical genre of writing and research ... displays multiple layers of consciousness. Back and forth autoethnographers gaze, first

through an ethnographic wide angle lens, focusing outward on social and cultural aspects of their personal experience; then, they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations. As they zoom backward and forward, inward and outward, distinctions between the personal and cultural become blurred, sometimes beyond distinct recognition (Ellis 1999: 673).

Her understanding and use of autoethnography has faced criticism for several reasons, including those outlined by Sara Delamont (2007) - that it cannot fight familiarity; it cannot be published ethically; it is experiential, not analytical; it focuses on the wrong side of the power divide; and, it abrogates our duty, [as researchers,] to go out and collect data.

In my own research, I also found places where my views did not completely align with Ellis'. For example, she says, "If you viewed your project as closer to art than science, then your goal would not be so much to portray the facts of what happened to you accurately but instead to convey the meanings you attached to the experience" (Ellis 1999: 674). Although I agree that expressing the meanings attached to experience are an important feature of using autoethnography, the art-science continuum that Ellis refers to where she implies that art and science are opposite, with science associated with fact and art associated with fiction, is not aligned with a Māori worldview as I have previously highlighted in my explanation of oral tradition. In addition, if this thesis is going to effect change, it cannot only discuss interpretation and meaning, it also has to discuss the reality and fact of inequality, and to demonstrate that these experiences and meanings are tied to the very real and grounded reality of Māori health inequality. Kaupapa Māori informing my methodology has helped me to overcome these issues. Paul Whitinui (2013) explores the form autoethnography takes when it moves into an indigenous research paradigm such as Kaupapa Māori. He writes that,

> Indigenous autoethnography by its very definition asks us to consider epistemological perspectives equally and to draw together self (auto), ethno (nation), and graphy (writing)....In many instances, merely telling our stories is not sufficient; we must also be prepared to show how stories are lived in authentically as well as meaningfully ways (2013: 12).

In this statement he shows that autoethnography can play an important part in reflexivity, increasing the visibility of the author's own thought process and understanding of their place within the context in which they are conducting their research and analysis (Whitinui 2013: 8). Furthermore, indigenous scholars use autoethnography as "a tool to challenge misconceptions of others about their identity as indigenous peoples—historically, socially, and politically" (Whitinui 2013: 9). In doing this, indigenous autoethnographers respond to issues raised by the old fashioned anthropological gaze which focuses on 'the Other' and 'the exotic'.

However, using autoethnography within a kaupapa Māori paradigm also comes with its own set of challenges. For example, I was unable to get an 'outside' perspective on that which I was researching as I was thoroughly enmeshed in it. This meant I could not ask the same questions a 'cultural outsider' could, which often make visible the cultural

basis of action. Furthermore, as Whitinui (2013) points out, for Māori it is often seen as vain to speak about oneself, as exemplified by the following whakataukī: "Kāore te kumara e whaakii ana tāna reka: The kumara does not say how sweet it is" (22). Whitinui explains that overcoming this challenge takes practice.

In this thesis, I have used autoethography as a way of situating myself within the research, and because I have asked my participants to share very personal things, I feel that providing my experiences adds balance. I am not asking them to share without being willing to do so myself. I also consider my enmeshment in my research, and thus subsequent inability to remove myself from it, as a strength, as it has allowed me to get incredibly detailed, varied and rich data. It has helped me be a vulnerable anthropologist, producing a deeply personal, affectively driven and vulnerable ethnography of my family and I. Starting with whānau, and prioritising my obligations to them when locating my field-site meant I could build on the trust and commitment which is already well established in my whānau. In locating myself, and the aspirations of this research, within the paradigms and approaches outlined above, I have set down an appropriate pathway for the research to follow, in order to appropriately navigate Te Ara o te Pūkeko.

DISCOURSE AND INEQUALITY

Autoethnography

I am the namesake of Tarapuhi Te Haimona. She married Harawira Knocks, son of Erena Te Wanui and Alfred Knocks of Ōtaki. Tarapuhi was renowned for her beauty and her long dark hair. She was also a skilled swimmer; as a young mother, Tarapuhi would strap her infant to her body and swim from Ōtaki beach to the shores of Kāpiti Island to gather kaimoana, and in 1909 she won a Royal Humane Society medal for saving Kehu Hakaraia from drowning (Ōtaki Historical Journal 5:32).

Her father-in-law Alfred Knocks built her a house in Rangatira Street, Ōtaki, where Tarapuhi gave birth to her children and later passed away from Tuberculosis. Following Tarapuhi's death one of her daughters, (my great grandmother) Hohipene was sent with her brother Alfred to an orphanage in Carterton where she spent the majority of her childhood. She was later whangaii'd from there by Te Opetini Turehu and his wife Ada who took her into their hearts and home near Raetihi. Later, Josie married Frederick Te Tawhero Haitana and gave birth to ten children including Pamela Haitana. Pamela talked only on occasion about her mother and her childhood. Pamela had four children in Raetihi, including my mother Te Aho Matua. The marriage was characterised by extreme violence and as a result my grandmother fled to Australia, leaving my mother, then five, and her siblings in Raetihi. They grew up in Raetihi, Levin and Palmerston North, enduring the very abuse that my grandmother fled.

This matriarchal line and the narratives associated with Tarapuhi have been important symbols in my life. As a young child, Tarapuhi would visit me at our home in Nelson, sitting on a seat by the door to the bedroom watching over me. At the age of eight, the house Knocks had built for her became my home - becoming available for the first time in decades the week that my mother and I moved to Ōtaki with no place to land. Similarly, many women have found refuge and protection in the arms of Tarapuhi's kāinga, during times of mental instability, when fleeing bad relationships, or when in need of rejuvenation. In a way, she has served as a maternal presence in the lives of three generations, who have grown up without their mothers and nannies, coaching them through the birth of their children and nurturing them through the traumas of life. As such, bearing her name is a responsibility that I do not take lightly. Wanting to respect that responsibility has influenced my motivations at school and university,

particularly by urging me to focus on seeking structural change that will bring positive change for my whānau.

For me, the rich history of my name is too often replaced in my mind with the fear of the common mispronunciation and social awkwardness attached to it. When introduced to new people I'm often faced with those who do not have the skills or desire to properly pronounce it. I end up having to ask colleagues, friends and teachers not to shorten my name to "Tarah", and politely ask that they resist the urge to replace it jokingly with "Tokomaru Bay" or "Te Puni". These conversations have resulted in people replacing my name with a general indication of my gender ("her"), or worse, not speaking to me at all in order to avoid mis-pronouncing my name. There is certainly a pernicious effect caused by the constant and subtle invalidation of personhood and worthiness that comes from being nameless in the land that has birthed your name.

Recently I attended an important meeting. There was a point in the meeting where we were about to be given a tour and be introduced to the people who work at the host organisation. While waiting for the others to arrive, Alison, a Pākehā women in management from the organisation, chatted with me about my research and I helped her to pronounce my name – "it's 'Tara' like the Tararua ranges, and 'puhi' like Ngā Puhi" I said, hoping that these familiar Māori names would provide a context for her to remember the pronunciation. Soon everyone had arrived, and we started our tour. She introduced each person and explained where he or she was from. When she got to me she paused, obviously flustered that she had forgotten my name, pointing to me and said light-heartedly, "This is a Master's student researcher. I'm not even going to try to pronounce her name". The woman that I had accompanied to the meeting tried to recover my introduction, exclaiming, "It's a beautiful name". However, the moment had passed and the group had moved their attention elsewhere. For the rest of the introductions, and the five-hour meeting, Alison avoided acknowledging me at all.

A name is an important symbol of identity; it can indicate class, familial preferences, personality, ancestry, and can be an insight into locations of significance such as birthplace. Furthermore, names are a form of cultural capital. For me, my name is the most visible marker of my Māori whakapapa and the mana of my heritage is imbued into this ingoa tupuna. The denial of your name, or a name of significance to your identity such as your iwi, your tupuna, or your rohe, can cause emotional, spiritual, cultural and economic harm. The example above not only expresses how an individual can become symbolically invisible through naming politics, but how it resulted in being denied possible meaningful connections for my research and further work.

In this chapter, I extend on these themes by exploring the symbolic power words and images have in creating and acting out social relations. Many of the people who contributed to my research identified areas in our society in which discourse is a barrier

to Māori achieving optimum wellbeing, underlining three specific themes: the way that the government speak about Māori and to Māori; the discourse used to represent Māori and issues that affect Māori such as health, housing, and poverty, in the mainstream media; and the influence these have on the way society treats Māori and how Māori think about themselves. Wyndham-West (2009) writes that power is most effective when political strategies correspond with well-known institutions (145). Here I show how the many structures in society work in tandem to govern through particular technologies of power. I show that when racism circulates through a number of mediums it becomes a powerful force in society (Moewaka Barnes et al. 2013). To begin, I examine the discourse used by the government and explore how engaging with this discourse was experienced by two of my participants. Secondly, I examine the extent to which the media influences how we think about other people, understandings of power and privilege, rights and authority, identities, health and wellness, as well as our own bodies and self (Schirato et al. 2010; Nairn et al. 2014). I use examples provided by Shelley and Te Aho who identified that these were sites of (re)traumatisation. I conclude by telling Hemi's story where he talks about the impact the internalisation of this discourse had on his agency. I illustrate that although people are acting within the meshwork of discourse that they have been subjected to, their agency is not fully determined by structure, and therefore they can break away from the hegemonic view of society presented through neoliberal discourse.

"All those agencies almost caused more trauma than they fixed"
State discourse and (re)traumatisation

During my participant observation in Whanganui, the 2014 election campaigns were at their peak. Accordingly, through mass media, social media and other forms of communication, political election discourse entered people's everyday conversations. In this chapter I talk about how the language used by the state, in combination with the symbolism imbued into and evoked by particular agents of the state, maintain particular power relations. By drawing on some of the themes my participants talked about, I show the way that government rhetoric within forms, social agencies, and public statements can replay abusive power relations and thus cause (re)traumatisation.

Discourse refers to that which communicates meaning, our "'linguistic répertoires' – pools of ideas, images and language derived from a person's direct and indirect experiences, taken-for-granted and commonplace" (Wetherell and Potter 1992).The particular discourse used, consciously and unconsciously by government spokespersons and agents is an important reflection and tool of governmentality. Governmentality refers to the way in which a government exerts control through the institutions, procedures, and strategies that allow the exercise of power over its target population (Foucault, 1991: 102). Within the neoliberal state this is characterised by the shifting of social responsibilities from the domain of the state and the public to the private sphere of the individual, the family and the household, leading to the "deregulation, privatization, and withdrawal of the state from many areas of social provision" (Harvey 2005, 2). Neoliberal governments are distinctively against the social, cultural, economic,

and political organisations and ideologies that sustain welfare statism (McCormack 2011: 282). Furthermore, as Farmer (2003) highlights, within healthcare and pharmaceuticals, value placed on the efficacy of medicines as commodities supersedes many ethical considerations.

Of note are the technologies of power that work to establish the norms that are required to sustain governmentality (Rose 1999: 52). These technologies help inform the structures that shape our lives, such as the media, the health care system and the criminal justice system. Reduction of state responsibilities in social issues is in part achieved through a technology of power that Nikolas Rose (1999) terms responsibilisation, whereby responsibility for social issues are individualised, and cease to be a state's duties.

Governance is conducted by attempting to influence the many complex and layered institutions that shape norms. A norm is that which is seen as "socially worthy, statistically average, scientifically healthy and personally desirable" (Rose 1999: 39). Cultural norms exemplify what a responsible citizen should work towards and how they should shape their children (Rose 1999: 73), whilst simultaneously establishing a seemingly distinct binary between what is the norm and what is the 'Other'. Good citizens are those "individuals…addressed on the assumption that they want to be healthy and enjoined to freely seek out the ways of living most likely to promote their own health" (Rose 1999:86-87). Since the late nineteenth century popular culture and mass media have been a main mechanism by which these norms are established and perpetrated (Schirato et al. 2010: 1; Nairn et al. 2014: 484).

In the context of neoliberalism, the choices of the individual are often judged according to market values; a normal subject is exemplified by "responsibility, autonomy and choice, and seeks to act upon them through shaping and utilizing their freedom" (Rose 1996: 53-4). As a good citizen is often exemplified by their ability to work, the "taxpayer" becomes an important signifier of worth and deservedness. Thus poverty, unemployment and health can be seen as social risks that are the responsibility of the individual. This is because access to financial stability, employment, and health are perceived to be a result of abiding by and fulfilling the expectations of norms. Shame is commonly used as a way of governing people to abide by and aspire to norms by positioning those who do not abide in positions of moral inferiority. Therefore, those who are unhealthy, or deviate from the perceived normal, healthy body, are often seen to not be aligning themselves with societal goals and therefore the goals of the governing body.

I now consider how the discourse used by the government in Aotearoa employs responsibilisation technologies to shape the way that their agents define and legitimate trauma and deserving victims, thereafter shaping who deserves State support, how much support is deserved, and how the victim of trauma should act (see Fassin and Rechtman 2009: 2). Furthermore, within this framework, as Te Aho puts it: "you are responsible for every step in your own healing" and the extent to which a victim pursues this healing through biomedical care shapes the perceived amount of empathy and support they deserve. I present the impact of the responsibilisation of trauma and the discourse used in letters and forms, and by state agencies, to express and enforce this,

focusing on two of my participant's experiences and understandings. This analysis is reflected in Hodgetts and colleagues (2013) discussions which demonstrate that structural violence is often enacted through the bureaucratic systems and procedures used to manage people living with the consequences of poverty, and that the normalisation of these systems makes them seem unchallengeable (2038). Importantly, their research characterises the particular power relationships enacted through these systems as abusive.

For one of my participants, Shelley, the responsibilisation discourse used by government agencies communicated to her that she is not the right type of victim, that her trauma is less legitimate, and as a consequence is symbolic of the lack of control she has over her life, and the potential power that the government has over her. Shelley is a close friend of my mother, and I have known her most of my life. She is on the Supported Living Payment, which is a government benefit provided to people who have a health condition that severely limits their ability to work. She tells me that she suffered from a significant emotional trauma that made it hard for her to hold down a job. She also fosters children for Child Youth and Family as a temporary caregiver. On the day I interview her, Shelley, my mother and I drop the kids off to kōhanga together and drive to her house to have a cup of tea. We sit down at her kitchen table and discuss the concerns we have about the election. Her house is light in possessions, and very clean; neat to the point that even her dishcloth is folded on the bench. She talks about the many government agencies she deals with on a daily basis. She highlights that her responsibilities as a 'good citizen' are outlined and reinforced constantly through the many letters she receives and that her experiences with these agencies tell her that she is being surveilled. She picks up a stack of opened letters that have been neatly wedged under her fruit bowl, opens it and reads to demonstrate one of her points;

> 26 October - Child care subsidy from WINZ. It always feels clinical – it always feels scary. It itemizes everything to do with childcare. It just feels like all these places that I could go wrong. It's intimidating - but I would rather that than not know. There are these little rules. "Please tell us straight away if your child has time away from child care". That's one of the things that they do on every single application you make. You have to sign a declaration that lists these responsibilities and you have to advise them of any changes and it feels like 'a reminder to all you cheats out there - that we'll catch you'. All of those power games include the ability for them to tool up to strip you of it. So if I became more motivated politically, they are powered up with all these sticks to beat me with. It's a reminder that everything you do is open for their interpretation and it can affect all of the resourcing of your home. The ramifications of these forms are fucking huge. The weight of those letters that I get from CYF, from WINZ, from Housing New Zealand, from ACC, all of that language they use, all of the red flags, remind me all the fear is right there. I'm thinking, you know, where have they leg trapped me?

To her, the many forms of communication she receives which outline the duties she has as a citizen are used as a way to reinforce all the ways she could fail and therefore all the ways the government could justify punishing her. She has employed metaphors that illustrate the violent nature of these forms to her, such as "leg trap" and "stick to beat me with".

Shelley goes on to identify what she thinks the effect this has on the rest of society. She explains that she sees people on TV and on social media saying that beneficiaries who are irresponsible are breaching the rights of taxpayers. She says: "I already feel unworthy and not good enough", a feeling that is exacerbated by the images of beneficiaries, especially Māori beneficiaries, as passive, lazy and careless people. One symbol of this disconnect between State perceptions of poverty and the lived experience, is the repetition of the state's desire to move long-term beneficiaries into work, and the reality of not actually being able to get a job.

Shelley also identifies the influence governmentality has on her agency. The symbol of the state's regulation causes enough anxiety that it restricts the amount of power she has over herself. She states:

> The TV and the letterbox is the portal where all these agencies can enter my home. It's a real centre of anxiety. I'm so afraid of going to the mailbox and Paula Bennett jumping out and screaming at me - 'you are a liar and a big fraud!' Every move is being watched and if they see that you have that bit too much power over yourself you receive no support.

Shelley articulates the emotional and spiritual impact of these processes, and emphasises that many of the people needing state support are already vulnerable, saying, "When you are doing your best to cope with life. It's just the same shit - people in positions of power, over me, sitting on my head, shouting the moral high ground! And exerting their power and control, and power over me when I know that it's all a lie". Here she evokes particularly important symbolism. The head is a significant place for Māori. To touch someone's head with a hand without permission would be a serious breach of tapu, and to sit on someone's pillow, where the head rests, is also a breach. Saying that the government, that society, is sitting on her head represents a very serious defilement of mana and tapu. Furthermore, when I asked her about her identifying it as a "lie", she elaborated saying that she was referring to many injustices perpetrated by the government and Pākehā, and the hypocrisy of them claiming the moral high ground, persecuting Māori on land that was stolen from them. She explained their use of policies that are represented as "for the good of all" but which are actually used to further economic gain. She lamented that "corporate rights to make a profit are more important than children's rights to have parents that are functioning well", and social services that create a well-functioning society are superseded by economic priorities.

My mother, Te Aho has had similar experiences to Shelley; this is partly why they are friends. Te Aho is a mother of four in her early fifties. Two of her children are whāngai and came into her care through Child Youth and Family. As a child and teenager she experienced sexual abuse by her father who was also a Mormon priest. As a result of these traumas, she experiences Post Traumatic Stress Disorder and Dissociative Disorder. She is on the Supported Living Payment as a result. She adds to this conversation saying that for her, the requirements imposed by these expectations, the semantics used by the media and the social agencies proved to be important sites of (re)traumatisation which "almost cause more trauma than they fixed". She explains that the questions asked by social agencies can be debilitating as they mimic the power

relations of abusive relationships she has experienced in the past, and cause her to relive past traumas.

> WINZ, ACC, CYFS all those agencies, they force you to prove that you are traumatised over and over again. And you are responsible for every - single - process of your own healing. All those agencies almost caused more trauma than they fixed for me. You know, rehashing and justifying. I had a bit of a meltdown last week.

The most significant of these processes occurs when she must reapply for her Supported Living Payment:

> Every three years or so I have to tell my whole story to a panel of strangers - psychologists - every three years - detailing not only the childhood abuse for three hours, but how this has affected my ability to work, my ability to function. In order for the psychiatrist to determine if it actually affects my function!

Furthermore, for Te Aho, the everyday interactions with these social agencies also play out this power relationship, especially reinforcing her perceived lack of worth as a non-income earning citizen. For example, after sending in her medical certificate to renew her SLP application, the words used by the government to decide her deservedness of support, if she was victim enough, were so inflexible that to her they seem to be determined not to support her. She says that at the time she was feeling guilty and judged for not working, as well as feeling constant anxiety about her limited income, so she wanted to slowly develop the ability to work. In response, she decided that she would like to do some volunteer work to see if she could balance her children and working part-time. Her General Practitioner, importantly, specified on her form that she could not work full-time. With her support, he ticks the box saying that she works 'under fifteen hours' and the doctor writes, 'could work part-time less than 15 hours per week' on the form. She sends in the medical certificate. However, because the doctor stated that Te Aho could work 'part-time' her benefit was denied, even though the Ministry's definition of 'part-time' is more than fifteen hours and the doctor had clearly stated that she could not work more than fifteen hours. This conflict of definitions took months to get reviewed:

> It took five appointments with WINZ and two more doctors' certificates to get my benefit back, months. I took in another doctors certificate, took it in for an appointment and the regional health adviser said, "That's no good it's a different doctor to the original one, I won't accept it". But at my doctors you don't get to pick which doctor you see, its luck of the draw and sometimes it can be over a month to get an appointment there. So then my next option was to go to a WINZ appointed doctor of their choosing. But there were only males on the list, ones I didn't know. And then it took three weeks to get the appointment with the doctor. I had to tell him the dark parts, the real dark parts of my abuse. Dealing with all this bureaucracy, and I have got kids' and Hemi has just died. And I'm getting evicted. And I had to go to this doctor and tell him my whole abuse story all the ugly parts and justify to him again that I'm too mentally unstable and vulnerable to work full-time.

She reiterated that she had to retell and relive her abuse story over six times. For both Shelley and Te Aho, these points seemed very important. It may have been the presence of a recorder but getting across the lengthy, complicated, processes involved was important to them. These are their 'receipts' that prove they are actively seeking out healing whilst also illustrating the various sites of (re)traumatisation which include letters, social agency offices, and social agency hotlines. They are exhausting to listen to, but often lead to climactic moments where they tell of having exhausted all of their resourcefulness, resulting in despair and hopelessness. Te Aho articulates this when she says:

> They didn't tell me my benefit was being cut, I just got a txt saying to come in to apply for the Job seekers benefit and suddenly there was no money. And so I had all these dishonour fines on my accounts. And baby girl had just been delivered the day before by CYF's. And I think that if I hadn't have had a baby in my care I would have ended it. I would have killed myself you know. It's just that never-ending…Powerlessness.

Both women highlight that the never-ending feeling of powerlessness is connected to the generations of abuse, poverty, and injustice within their whānau. Together they talk about the generations of hara in their whānau, connecting it specifically to the injustices caused by the dispossession of their ancestral lands. Shelley also argues that for many Māori, the government not only represents the current political government and parties, it represents the Crown and the history associated with the Crown. These power relations must be viewed within this context and with the understanding that their personal traumas can be experienced as a continuation of historical traumas, creating a pattern of powerlessness and hopelessness for some.

"If you are a WINZ client, and you do not pay on the day, ten dollars will be added to your bill"
Marginalising Māori in the Media and implications for primary care

The media is one of the most significant tools of governmentality. As Pierre Bourdieu (1999) points out, "words do things, they make things - they create phantasms, fears, and phobias, or simply false representations" (20). Raymond Nairn and colleagues (2014) demonstrate that in media saturated societies like Aotearoa "most of what we 'know' and how we think about people and practices in that society originates in the media" (483). Mass media is therefore a foundational source for the pool of knowledge that we draw from to develop our attitudes about people and cultures that we are not personally familiar with, where "the only real contact with others is, paradoxically, symbolic (sic), and rendered in the form of stories, both factual and fictional, in the electronic and print media" (Hartley 1996: 207 quoted in Nairn et al. 2014). The media shapes, and is shaped by, many other institutions and is the most proficient proliferator of neoliberal discourse.

In this section, I discuss the possible effects that the media has on Māori wellbeing by looking at the role the media has in constructing perceptions of Māori as 'Other' and the consequences of the internalisation of these media tropes by health professionals. First, I

show how the media, government and other structures in society exist not as independent forces, but as a meshwork of power, each structure influencing the other. Secondly, I show that the media naturalises Pākehā culture and marginalises Māori culture. Lastly, I highlight the possible ramifications of the prominence of neoliberal discourse in the media on everyday social relations by examining the possible implications for primary care. I show later on in this chapter the impact of the embodiment of these tropes by Māori on their physical, spiritual and mental wellbeing.

In 'On Television', Bourdieu (1999) illustrates how intertwined the media, in particular television and journalism, are with the structures that organise and shape everyday life. In particular he underlines that market pressures dominate the journalistic field and the specific interests of journalists which has a huge impact on the people consuming that media, the way that politics is understood by the masses, and enacted by the politicians and 'thinkers' of society. These forces together create unconscious and conscious censorship of the media in a way that creates homogeneous stories produced by journalists and 'experts' such as politicians, so that "the world shown by television…. favors the status quo" (Bourdieu 1999: 8).

Bourdieu calls for a deeper examination into the invisible mechanisms through which the many forms of censorship operate that make television such a powerful tool for reproducing the status quo (1999: 16). In particular, he argues that the use of sensationalism reproduces hegemonic discourse by relying on spotlighting that which engages the majority; therefore things that won't shock them and where nothing is at stake for them. This directs attention away from information that "all citizens ought to have in order to exercise their democratic rights" (Bourdieu 1996: 18), information that may challenge the status quo, and information that is required to understand minority groups. Journalists, who in Aotearoa are mostly Pākehā, are therefore mostly interested in the exception, as defined by them and their experience within their own cultural expectations. They do this often by sensationalising and exaggerating the importance, the extent, the drama, of an event or a person, through unconscious or conscious combination of loaded words and images that draw together neoliberal and colonial constructions of the 'Other'. I now consider the two dominant discourse streams that work to naturalise Pākehā culture in Aotearoa, partly through the sensationalisation of Māori and Māori culture.

NORMALISING PĀKEHĀ CULTURE

Pākehā culture is represented in mass media as natural, neutral, or not a culture at all. In part, this is done by racialising minority groups and portraying them as exclusively ethnic (Nairn et al. 2014: 478), where, in marked contrast to Pākehā, minority groups are influenced by trivialised cultures that deviate from scientific, neoliberal norms. As such, Pākehā views and behaviours are portrayed as the views and behaviours of the nation. For example, Pākehā are talked about using 'us', 'we', 'the taxpayer', 'New Zealanders', 'kiwis' (Kupu Taea N.d.). As a result Pākehā culture cannot be implicated in shaping society (Nairn, et al. 2011), and the relationship between Pākehā privilege and Māori inequality is masked. Responding to these issues, Nairn and colleagues argue that identifying Pākehā culture as a variant of Western culture, a culture that has traditions, beliefs, and

characteristics, as well as acknowledging Pākehā peoples ethnicity in the same situations in which a minority ethnicity would be identified, such as during crime shows, are all important alternatives that should be implemented by the mass media (Nairn et al. 2014: 483-4).

OTHERING MĀORI AND MĀORI CULTURE

Angela Moewaka Barnes and colleagues (2013) demonstrate that "fundamental to racism is an ideology of inferiority, promoted by social norms and institutions" (64). The media is a pertinent tool for the propagation of the norms that establish Māori as inferior. In Aotearoa, under two percent of mass media is about Māori, the majority of which is negative and reported on by a Pākehā source (Rankine et al. 2008). One of the primary discourse streams used to represent Māori is one that establishes 'Difference' through production practices that sensationalise Māori; emphasising negatives and instances where Māori do not fit, or threaten, the dominant groups way of life, values, beliefs, or sense of security (Nairn et al. 2011: 170). There are two main themes used in the media that were brought up by my participants.

First was the portrayal of Māori as bad, violent, or criminal. For my participants, shows like Police 10/7 (a crime watch series), the nightly news shows, and Shortland Street (a popular week nightly soap opera) were seen to exclusively show angry or criminal Māori, or Māori culture as inherently violent or a nuisance. Each of these themes plays on colonial assumptions about Māori as savages (Nairn et al. 2011: 169). For some of my participants this made them feel a sense of shame directed at the Māori individuals represented as criminal, for others it caused anger and despair at the relentless misrepresentation of their people. The use of these themes in particular reiterate that Māori are a 'threat' to the social order and confirm derogatory stereotypes, whilst assuring the audience that Māori are being monitored (Nairn et al. 2011: 169), and thus that the processes and systems put into place to manage Māori are necessary.

Secondly, the representation of Māori as 'hori' was a concern for some of my participants. They referred to 'hori' as derogatory word for Māori that implies lack of intelligence, dirtiness, sickness, laziness, and poverty, as well as a term used by Māori to create solidarity with each other. The focus of these characteristics positions Māori in juxtaposition to the neoliberal ethic. For example, Sally Proven (2012) demonstrates the many instances in which Māori people, Māori culture, or Māori language is represented in association with dirt, or even excrement (178-179). This is especially prominent when they are exhibiting behavior that shows that they are not aspiring to fulfill neoliberal social norms. In general, mass media often makes use of negative personal characteristics when describing indigenous people, including "laziness, improvidence, and grasping opportunism" (Nairn et al. 2011: 171). These characteristics are portrayed in sharp opposition to those norms established as the ideal, self-regulating, healthy, income-contributing citizen.

Furthermore, this characterisation of indigenous peoples generally, and Māori specifically for this thesis, demonstrates that they are perpetually and inherently sick and diseased. This is evident in the constant circulation of the statistical representations of Māori health - or more fittingly Māori illness where disproportionate suffering of Māori is often treated as

being a result of inevitable ethnic and/or racial differences, such as a genetic or cultural predisposition to disease (Robson and Harris 2007: 5), or are framed as being the result of individual choice or a resistance to assimilating into 'mainstream' culture and healthy lifestyle (Robson and Harris 2007: 5). Here, "the medical gaze becomes a disciplining mechanism by defining human life as facts of the body, [establishing] the normative identity and behaviour of individuals and populations" and therefore, defining particular behaviour and bodies as deviant and underserving (Wydham-West 2009: 149). Māori are therefore positioned as "contaminated outsiders...violating the boundary between that which is within the nation and that which the nation would expel" (Provan 2012: 178-179).

Furthermore, the societal and academic emphasis on rationality legitimizes the subordination of the unsanitary subject, as it enforces the idea that the "disordered needs to be ordered and the "irrational should be washed out of it" (Mol 2002: 8). These ideas stem from a long-standing teleological production of knowledge, primarily from anthropology, psychology, psychiatry and bio-medical discourse in combination with the historical use of the idea of the 'civilised' versus the 'savage' (Wydham-West 2009). The complex systems set up to organise the distribution of knowledge and resources, to conceptualise health and wellbeing, are constructed to direct the benefits of social and scientific development to the 'normal' body. The perpetuation of the idea that these disparities are inevitable therefore ensures that "Pākehā privilege is never exposed", including privilege over how medical resources are (Robson and Harris 2007 5). The combination of these characteristics makes structural inequalities seem unchangeable (2009: 145).

IMPLICATIONS FOR PRIMARY CARE

All of my participants identified that the attitudes and values of some primary care professionals and services created significant barriers to Māori achieving optimum wellbeing. For example, Rihi, Te Aho, and Hemi talk about the impact of discriminatory behaviours in the local health centre:

> Rihi: For our people, particularly in health, the main barrier that a lot of people talk about is that first contact. Especially if it's a pearl clustered, middle class white woman.

> Te Aho: Here at [the local health centre] at the reception part, there were four different print-out signs saying 'if you are a WINZ client, and you do not pay on the day, ten dollars will be added to your bill'.

> Rihi: Our people see that and they say, "Well, I'm not going to go back to the doctors, I'd rather be sick, than know I owe money".

> Hemi: It screws with the head. It really hurts. Yah know if you're scraping to get a taxi to get there, because you don't have a car and you're so sick. Or you walked in the rain for an hour to get there. Far out. And you are going to have to discuss it with that middle class, white, more literate person.

This example demonstrates that there can be tensions between Māori using primary care services and Pākehā providing them. Nairn and colleagues (2014) argue that according to

principles of cultural competency, practitioners are expected have a degree of reflexivity - reflecting on their own pre-conceptions personally and as a professional - and change the way they practice to suit the people they are providing a service to (Nairn et al. 2014: 478). Cultural competency therefore requires the individual to have an understanding that they are a culture bearer, with a recognition of the historical, social and political influences on health, and then to employ these understandings by being open to the cultures of their clients (New Zealand Psychologists Board, 2006a: 5). Because the majority of Pākehā are monocultural and monolingual they are less likely to have had the opportunity to look beyond the habitual lens and recognise the way their culture influences their practices and beliefs (Nairn, et al. 2011: 169).

Furthermore, I have illustrated above that all people are susceptible to the mass media representations of Māori. The professional and private lives of health professionals are not insulated from this media saturation, and therefore it must be considered that they are susceptible to negative media representations and the impact of these on their perceptions of Māori which could have a considerable impact on cultural competence (Nairn et al. 2014: 478). Nairn and colleagues (2014) show that the impacts of these discourses on non-Māori are hard to avoid and that therefore Pākehā should "take active steps to acquire more reliable information and the means to understand it constructively" (171). In this next section I expand on these themes by giving an example of how the internalisation of the sensationalised representations of Māori affects primary care, and Māori understandings of themselves through the internalisation of structural violence.

"They see me as a big, bad, black, bastard"
Internalising negative stereotypes

One of the most pernicious effects of structural violence is when inequality is internalised through symbolic violence. Bourdieu's concept of symbolic violence refers to the mechanisms which upkeep social order by causing victims of structural violence to internalise discrimination and thus see their place on the social hierarchy as deserved and as the 'natural way of things' (Bourgois and Schonberg 2009: 17). Here I consider the impact of the internalisation of negative representations of Māori through a particular example. This example highlights the impact stereotyping of Māori as bad or criminal has on discourse about the self and the implications for agency.

The internalisation of constructed ideas of Māori as inherently bad, violent, poor diseased, unintelligent, and ultimately inferior, caused anxiety, stress and shame for some of my participants. Furthermore, these feelings were exacerbated by experiences of subtle and overt racism in everyday life. Walters (2006) defines these everyday assaults on your identity and personhood as micro-aggressions. For many, this negative discourse is incorporated into "personal discourse, attitude, belief or ideology in damaging and self-fulfilling psychological negativity" (Moewaka Barnes et al. 2013: 64). The autoethnographic exerpt I introduced this chapter with exemplifies the subtlety of this form of racism. The example I now consider demonstrates the way in which colonial and neoliberal norms influenced the lived realities of my late step-father and research participant, Hemi.

Hemi was 55 when I first recorded an interview with him. He made a living for most of his life as a welder and a construction supervisor, until 2000 when he was diagnosed with leukemia. In 2002 he also discovered that he had a brain tumor the size of a tennis ball and was given three to six weeks to live. He had radiation and in 2010 was told that he was cancer free. At the time I interviewed him he was cancer free but still suffered from severe migraines. As a result he hadn't been able to work since he was diagnosed, and was living on a weekly income of 80 dollars in the form of a SLP.

For Hemi, the long-term impact of micro-aggressions perpetuated by the media and enacted by members of society was detrimental to his mental, spiritual, and physical health. Constant micro-aggressions inhibited his ability to relate to people and institutions, as his capacity to see himself as "acceptable" or normal was restricted (Paenga 2008: 108; King et al. 2009: 76). Hemi had been socialized to see examples of constant subtle and explicit racism, as normal and inevitable. For example, he would not pick up or move a women's handbag, and actively taught this tactic to his young son, because of the years in which he was blamed for crimes that he did not commit. The pinnacle of this racism was when he was charged for abduction and assault, in which police and members of his community testified as witnesses against him, when in fact he wasn't even in the country at the time of the crime. The charges were only dissolved when he was able to prove that he was working overseas. The systematic propagation of racism within the structures of New Zealand society, like the medical centre, the police, the court system, and stereotyping, constantly reinforced the idea that he was bad and that he was inferior.

Consequently, one of the underlying narratives Hemi used when talking about himself was of being seen as a "big, bad, black bastard". Sometimes he would use it to reaffirm his identity as a protector. However, he mainly used it to highlight the consistency of people assuming he was bad. It weighed heavy on his heart, to the point that he would wonder if the people who would come to his tangi would remember him as good or bad.

The internalisation of negative messages about himself also restricted Hemi from participating fully in the medical structures and the way in which he perceived his place in the doctor-patient relationship prevented him from challenging the doctor. And conversely, the doctor's perception of Hemi, as well as his perception of the expected norms for this relationship, together created a dangerous situation.

In 2008 Hemi, recovering from brain cancer, was having two debilitating six-hour headaches a day. He was taking 10 tramadol pills, 10 paradex pills and morphine all at once to combat the pain, with no success. He was in so much pain that he wanted to commit suicide. Even with this, for a long time he refused to complain to the doctor about the inefficiency of his pain medicine. He said that he didn't want to be rude because the doctor "saved his life" and implied that the doctor knew more than him. Hemi's insistence to not complain shows he had internalised the idea that he was not deserving or entitled to anymore healthcare, a symptom of symbolic violence. The inequality was so normalized and embodied by Hemi that it was invisible to him.

The impact of symbolic violence is exemplified by Hemi's increase in health after moving from being exclusively with the mainstream local health centre, to also being taken care of

by a Māori health organisation, Manaaki Hauora. Manaaki Hauora, was a team of health workers that came about as a result of Whānau Ora, aiming to specifically address the needs of people in lower-socio economic groups, in their local community, a large majority of whom were Māori. Each member of the team followed traditional Māori customs as well as contemporary Māori etiquette. For example, one of the main barriers that Manaaki Hauora addressed was health literacy, which was alleviated by having people who could speak te reo Māori (the Māori language), or who could speak the colloquial style of English, which can be preferred by Māori.

After meeting Hemi in 2008, the Manaaki Hauora social worker tried to organise a meeting with the doctor. The doctor would not meet with just the social worker and only agreed to a consultation after a Manaaki Hauora pharmacist also volunteered to attend, with the goal of helping Hemi to communicate better with the doctor. The social worker reported that in the meeting Hemi only spoke for around thirty seconds before the doctor interrupted him, and prescribed Oxycodone on top of the other painkillers, as well as a diarrhetic blood pressure pill, then sent Hemi home. The Oxycodone, also known as 'hillbilly heroin', sent Hemi's body into shock and the diarrhetic caused him to experience violent cramps.

Following this, the Manaaki Hauora team visited him again. They provided him with spiritual counselling, and were able to create an environment where Hemi could express the pain and anguish he was feeling. By creating an environment where he felt comfortable to speak, at his home over a cup of tea, they deduced that his headaches were not necessarily from his brain cancer, but may be caused by an overmedication of prescription painkillers, mineral deficiencies and his posture - all issues that were enflamed by the doctor's prescriptions. They concluded that Hemi, an ex-heroin and cocaine addict, should not be on the highly addictive painkiller Oxycodone, and that the diarrhetic was stripping minerals from his body causing the cramps. In consultation with a new general practitioner, he was taken off all painkillers and prescribed high dose minerals. Upon his first treatment, Hemi's cramps stopped and he had no headache for the next week. After years of pacing the streets at night to get rid of his headaches, Hemi slept for 14 hours. This experience forced Hemi to challenge his assumptions about his rights and was identified by him as a turning point in the way he thought about his deservedness, and ability to act within the structures around him.

This chapter has examined broad structures as well as inter-personal relationships to illustrate the lived experience of structural violence. I have proposed that neoliberal discourse acts in union with colonial discourse to marginalise Māori culture. By underlining the often violent nature of this discourse, I have demonstrated that it can contribute to the (re)traumatisation of Māori. Lastly, I have examined the implications of the internalisation of this discourse, especially underlining the implications for primary care and Māori understandings of the self

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SYMBOLIC SPACES

It has been a month since Hemi died and we are in the process of packing up the flat where he lived for 12 years, and where mum and I lived on and off for the last 5.

It's funny how in times like this, when you empty a house of things that have become common place, you can step back and see the space in a different light. Mum and I are both glad to get rid of the kitchen table that sat smack in the middle of the living room, and which Hemi had covered with a large sticky plastic covering

You know, the flat is so hard case - one of at least ten in a set of Housing New Zealand flats, two bedrooms each, with about two square meters of grass at one end, and a concrete patch with a clothes line made out of wire twisted onto the fence posts at the other. They are painted white, but Hemi has spray-painted a big purple and green street number on the front patio, and decorated with what I assume is a deer skull wedged into the gate.

Someone has tried to steal the flume from our heater at the back of the flat, so it has been freezing lately. But usually the gas heater warms up the lounge quickly because it's such a small space.

The faces and noises in a community like this with such different people in such close proximity create a unique atmosphere. The neighbours opposite us are middle aged mob members who bark at night. And even though we live about five blocks from the central city, a neighbour down the road has a sheep which baas in the mornings and throughout the day.

We outgrew the little flat about two babies ago. The day Hemi passed away he had actually accepted a HNZ house. Finally. The end of a process in which he had to apply to a certain amount of rental properties, and be declined, and only then could he apply for public housing. Mum says that that process was hard for him - a process which forced him to prove over and over that he was a failure. But because he was the one who signed the lease on the new HNZ house, when he passed away we could not move in. And again, because his name was on the flat tenancy agreement, we have to be out in two weeks.

During our hunt for our own new home, we realised it is really hard to find a house under 200 dollars a week that is ventilated, warm, dry, fenced and clean. What we do see is a lot of HNZ houses for sale. And there are so many hoops to jump through. It seems like everything

is worse when you are poor. Trying to grieve when you have all of these stressors about actually surviving and not being homeless. And then weeks go by and you realise that you haven't cried or thought about him, just pushed it to the back of your head so that you can think about how you are going to convince HNZ to give you a home that doesn't have black mould, or how you need to go talk to WINZ because they cut off your benefit due to a technical mistake, and haven't changed it back even though you have been in there five times in the past month, each time waiting in line for two hours with the bloody crying babies, and each time you have been assured that it will be refunded in the next week. Or because you signed off on the funeral costs for your partner and best friend, because no one else would or could, and now you have to come up with 7.5 thousand dollars in the next six months or they will start charging crazy interest. There is no space to stop and no secure place to lay your head. Even your home is not yours and can be taken away at any time.

Reading over these fieldnotes later, I realised that by reflecting upon the different relations that define particular landscapes and spaces I was living in, I was ethnographically charting how spaces symbolically and physically shape our experience of our bodies - the relationship between stress in our bodies and minds and the different government agencies we were forced to interact with regularly; the intimate relationships that my family members formed in difficult circumstances that made life meaningful and liveable; how these relationships endured and were transformed in the aftermath of loss; and, the structures of violence that became visible in the face of such loss. These reflections have made me acutely aware of the relationship between the material world and the socio-political world. They have all informed my interest in the relationship between space, the state and the individual. More specifically, the nature of the Housing New Zealand (HNZ) house I was living in - a space that is physically private but symbolically public - changed the nature of how I experienced it as a 'home'. For example, characteristics that would normally be associated with a home such as rest and safety were invaded with the fear and despair associated with instability. When looking through the fieldnotes I had taken during the year and the various impromptu and formal interviews I had undertaken, a range of experiences relating to the symbolic nature of spaces were evident.

Hodgetts et al. (2013) argue that "the material and symbolic spaces in which [structural violence] takes form are interwoven into a 'landscape of despair'"[4] which they say is textured by the welfare reforms (2039). For Māori who are navigating the cluster of state agencies, as well as moving through landscapes that are imbued with the symbols of colonisation, these 'landscapes of despair' become unavoidable parts of everyday life. Here, I consider a particular landscape in Whanganui, Pākaitore Marae/Moutoa Gardens, as a 'container' of historical trauma, and use this example to highlight the violent and emancipatory potential of symbolic spaces. Secondly, I explore the 'landscapes of despair' created by clusters of social agencies which vulnerable people are forced to engage with to sustain their livelihood, in particular exploring the

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[4] Referring to 'landscape of despair' originally written about by Dear and Wolch (1987).

implications for those who live in state housing. In considering space, I provide insights into the relationship between local experiences of colonialism, Māori and Pākehā relations, and responsibilisation. I demonstrate how many different spaces blend public and private, historical and contemporary forces that impact the body, the mind and the spirit.

Spatial 'containers' of historical trauma

In this section, I look at a local park in Whanganui, the Pākaitore Marae/Moutoa Gardens, and the social-historical forces evoked and exercised by this space as a symbol of historical land dispossession and contemporary Māori-Pākehā relations. Alfred and Corntassel's (2005) discussion of contemporary colonialism is important here. They argue that what they call "contemporary settlers", within this context, Pākehā, "follow the mandate provided for them by their imperial forefathers' colonial legacy, not by attempting to eradicate the physical signs of indigenous peoples as human bodies, but by trying to eradicate their existence as peoples through the erasure of the histories and geographies that provide the foundation for indigenous cultural identities and sense of self" (599). This section will expand on this idea by exploring how Māori experience those geographies that have been dispossessed and the implications for their sense of self. In doing so I illustrate the spaces that Māori specifically must navigate.

Ngā wai inuinu o Ruatipua era
Ngā manga iti e honohono kau ana
Ka hono, ka tupu, hei awa
Hei Awa Tupua
E rere kau mai te Awanui
Mai i te Kahui Maunga ki Tangaroa,
Ko au te Awa, ko te Awa ko au

Those are the drinking fonts of Ruatipua
The small streams which run into one another
And continue to link and swell until a river is formed
The Awa Tupua
The Great River flows
From the Mountains to the Sea
I am the River and the River is me

This whakautauki represents the iwi of Whanganui and their relationship with the river. Known as Te Awa Tupua, the river for local iwi, much like for Māori everywhere, is not merely seen and experienced as a landmark - it is an ancestor, a living whole. The relationship is often summed up using those final words of the whakataukī: "Ko au te Awa, ko te Awa ko au, I am the River and the River is me". The 290-kilometre long river rises from beneath the slopes of Tongariro, runs through thick bush clad hills and then past small settlements dotted along the river's edge, then defines the border of the Whanganui city centre, before flowing out into the ocean at the Whanganui coast. Along

the river is a wide footpath, decorated with large trees and a range of memorable sculptures like three giant red and black HB pencils piercing the ground. An aunty of mine tells me one day, that as a child she loved being driven at night along the road that winds around the rivers bends, seeing the river perfectly reflect the lights of the city. The river is a defining feature of the city and travelling along it's banks is an important part of experiencing the city.

One day traveling along this road by car with two older members of my extended family, another aunty points out the window to a small reserve we pass, that is situated parallel to the road and the river, called Pākaitore or Moutoa Gardens. My aunty and uncle pointed out that it was an important part of the history of Whanganui, "something you should be interested in, Tarapuhi, something you should be writing about. It represents a lot and it contains a lot". I thought about that - that it contains a lot. Leaning around the front seat, she told me her understanding of the space and told me off a little for not knowing all the details. The story was one I heard many times from my mother, because the site is on such a commonly traveled road, and the reserve and awa frame our entry into the city centre whenever we are driving in from our flat in Liverpool Street. It is an important symbol of the history between the Crown, Pākehā, and Whanganui Māori, and it is imbued with the symbolism of this relationship. This symbolism acts not only as a reminder, but as an informer of the community today. As my aunty said - it contains a lot.

The site, officially known as Moutoa Gardens, was named in honour of a significant battle on Moutoa Island. In mid-1864 two chiefs, Hōri Kīngi Te Ānaua and Hoani Wiremu Hīpango, both from Putiki Wharanui o Tamatea –Pokai-Whenua which is near the city centre, challenged an attempted attack on the Whanganui township by 300 anti-European supporters of the Pai Marire (Hauhau) from the upper Whanganui river regions (Praat 1998). The Pai Marire sympathisers, led by Matene Te Rangitauira, were blocked by the Putiki Māori at a small island called Moutoa. Because of the close relatedness of both sides it is often said that "at Moutoa, cousin fought cousin" (Praat 1998). During the short battle, 15 of the Putiki Māori, and around 50 of the Hauhau were killed. The battle was understood by Pākehā citizens as Putiki Māori protecting the settlement of Whanganui and thus aiding and proving loyalty to the settlers in Whanganui. Angelique Praat (1998) writes that some argue this was not the primary motivation of those Māori who fought against the Pai Marire. She argues that "the fight was taken up by lower Whanganui hapū both 'loyal' and 'kingite' in their traditional goal of protecting the mana of the river" (Praat 1998: 64). In other words, the Putiki Māori were protecting the awa, not the settlers.

A monument in the gardens commemorates the Māori who died fighting the Pai Marire and hapū from the upper river on Moutoa that day. This monument has inscribed: "To the memory of those brave men who fell at Moutoa 14 May 1864 in defense of law and order against fanaticism and barbarism this monument is erected by the Province of Wellington". The referencing of upper river Māori as barbarians and fanatics is a source of offence to many members of Whanganui iwi (Praat 1998: 64). The combination of the Moutoa commemorative statue and a statue of the Pūtiki chief Te Keepa Te Rangihiwinui, also known as 'Major Kemp' "which celebrated his victories over Te Kooti, the 'murderer of women and children' [meant] for some the site had become a memorial

to "kūpapa Māori - those seen as loyal to the Crown" (Ministry for Culture and Heritage 2014).

Another statue of significance that previously stood in the reserve was that of John Ballance. This statue was, and still is, incredibly symbolic for many Whanganui Māori. Ballance was a Member of Parliament for Whanganui from 1884 until 1890, Native minister from 1884 until 1887, and Prime Minister from 1890 until 1893. When his statue was moved to Moutoa Gardens in 1990, it became a symbol for local iwi of Whanganui land injustices. Ballance was seen as anti-Māori and was believed to have encouraged Māori land alienation (Praat 1998: ii). As a consequence his statue was beheaded in 1994 as a symbolic protest, and attacked again in 1995 during the occupation of the gardens which began on the 28th of February and ended on the 18th of May (Praat 1998: ii).

The eighty day occupation underscored a climate of "deep frustration and impatience" felt by Māori across Aotearoa (Harris 2007:134). Although many issues for Māori at the time were bearing fruit, such as the revival of Māori language and art forms, and increasing tertiary qualifications for Māori (Harris 2007:124), the disparities between Māori and Pākehā in health and wealth still remained. Furthermore, many were becoming frustrated with "the time, money and energy-consuming treaty claims and settlement processes" and Māori were still disproportionately feeling the negative effects of economic reforms and long-term unemployment (Harris 2007:126). Accordingly, Jim Bolger's 1994 National Government proposal, which was presented as a non-negotiable ultimatum to settle all historical Treaty claims within a 'fiscal envelope' of one billion dollars, was met with strong disagreement and disappointment from Māori - manifesting in many protests by Māori across Aotearoa (Harris 2007:126). Many of these protests against the 'fiscal envelope' expressed the foundational idea of Māori activism - "Māori desire to control Māori futures and Māori resources: tino rangatiratanga, Māori sovereignty, autonomy, independence, self-determination, mana Māori motuhake" (Harris 2007:126).

The occupation of Pākaitore occurred within this context of resentment and action among Māori across Aotearoa. A range of protests expressing these issues provoked anger from some Pākehā who called for the government to take a stronger stand, although some Pākehā supported and participated in the activism. The occupation of Pākaitore was an important punctuation in these protests as it was the largest occupation in a series across the country. The decapitation of Ballance's statue occurred in line with a series of attacks on monuments and "symbols of colonisation" motivated by a rejection of "the colonial practice of supplanting Māori rights" (Harris 2007:127). Furthermore, Whanganui iwi Te Āti Haunui-a-Pāpārangi was part way through their claims process for a claim lodged in 1990 that represented layers of grievances since European settlement of the area, including asserting that they had never given ownership of the river to the Crown, or anybody else (Harris 2007:136). This was a grievance that for over a hundred years had been petitioned for but had become increasingly important as iwi were left out of management of the river, and thus their opposition to the diversion of river headwaters to generate electricity had not been given any weight (Harris 2007:136).

The occupation began with the "establishment of the Pākaitore Marae and a celebration of Whanganuitanga" (Harris 2007:134). The occupation was shaped by, and articulated a resistance to the 'fiscal envelope' issue, and issues of land and sovereignty. Such issues were at the heart of this occupation, specifically, a historical dispute over the ownership of the site itself dating back to original European settlement of the area. Pākaitore was a riverside settlement of Te Āti Haunui-a-Pāpārangi, an important pā and trading site (Praat 1998: 73), which was mostly used seasonally. Its occupation had remained unchallenged even after 1900. It had been the site of an agreement to sell land at Whanganui, but Māori insisted the site itself had been explicitly excluded from the sale and had long disputed its ownership. This was one of many instances of systematic land alienation in Whanganui (Harris 2007:134).

During the occupation, the Council asserted that the site was owned by the citizens of Whanganui (Praat 1998: 73), and even went to the High Court which found the Council to be the owners. The Council offered a range of solutions including resettling of the statues, the site being put into a trust, and research into the other disputes, but refused to negotiate above and beyond these solutions until the occupation was called off: the Council would not negotiate while they were occupying (Praat 1998: 73). The iwi responded to these by explaining the relationship they have to the land - emphasising oral accounts of Pākaitore Marae, and the connection and responsibilities of iwi to Papa-tū-ā-nuku:

> Papa-tū-ā-nuku is the mother of all her mokopuna, and all are responsible for her protection, and because there will be many future mokopuna, no-one has the legal right to permanently alienate or 'own' the whenua. One cannot sell forever the land, for that is to deprive future generations of their mother: parts may be gifted for another to nurture, but the iwi always retains the authority of ultimate tangata tiaki. One cannot give one's mother permanently into the care of another. It is an idea that is spiritually incomprehensible and legally impossible. Indeed, to maintain that such authority can be ceded or given away misreads the political reality that no rangatira ever has or had the right authority to do so (Te Tikanga Tuturu o Whanganui 1995 quoted in Praat 1998: 70).

Iwi asked for more time to consider the councils offers, however the council retracted their offer until the occupiers would leave, and issued an eviction notice. On the 18th of May the occupiers, in the face of Police preparations for their forced removal, cleaned up the gardens, and left.

In 1999, the Waitangi Tribunal report upheld the views of Te Āti Haunui-a-Pāpārangi including their authority over the river. Pākaitore was made a historic reserve in 2001, where it is owned by the Crown and administered by a board of iwi, council and Crown. Furthermore, in 2014 Ruruku Whakatupua Te Mana o Te Awa Tupua – the Whanganui River Deed of Settlement, was signed. The deed recognises the river, Te Awa Tupua, as "a spiritual and physical entity that supports and sustains both the life and natural resources within the Whanganui River and the health and wellbeing of the hapū and other communities of the River" (7). It also acknowledges that "the iwi and hapū of the Whanganui River have an inalienable interconnection with, and responsibility to, Te

Awa Tupua and its health and wellbeing" (7). Simply put, the deed legally recognises 'Ko au te Awa, ko te Awa ko au: I am the River and the River is me'.

Using the words of my aunty once again, this site "contains a lot". Today, much like the climate of the early nineties in which the occupation was born, the past and the present blend and bleed into one another, and the meanings ascribed to and experienced within the site in the past continue today. For my aunty and uncle who I was riding in the car with, this history was not lineal - history was a part of today. Although progress has been made in the sense of the legitimation of iwi authority through tribunal settlements, no significant gains have been made addressing the overall health and wealth of Māori. A quote from Archie Taiaroa's address to the Waitangi Tribunal in 1994 is achingly relevant today: "Our people are tired, they're fed up...having to come and spend over a hundred years trying to say 'This is us, this is what we're trying to hold onto, this is what we have for our future generations" (quoted in Harris 2007: 134). The occupation itself exemplified how "unresolved long-standing grievances get interlaced with contemporary concerns and feed discontent" (Harris 2007). Similarly, today the space is seen by some as a symbol of the partnership between Māori and Pākehā: a complicated partnership, an unbalanced partnership, and one that prioritises Pākehā values over Māori values.

These feelings were renewed when a new statue of Ballance was commissioned in 2009. When first erected it was decapitated again, so the council had it moved and it has thereafter been positioned in front of the city council building, Ballance sitting staunchly in a big bronze chair overlooking the township. Shelley stated that this renewed statue carved the power inequality in Whanganui into stone. Pointing her finger at me she puts on a colonial era English accent, telling me that the statue is there as a reminder - "You can do anything you like you Mah-oris but I'm still going to be in control, dominating you and the landscape, and I don't even care if you are right".

Statue of John Ballance outside the Whanganui City Council

The statue directly shows who is in power as Ballance sits comfortably, representing the council and watching over the town as many Pākehā continue to benefit from the colonisation of Aotearoa, as many Māori struggle to live. Te Aho also illustrated the way in which engaging with sites like these that contain historical trauma, is (re)traumatising. To convey this, she likens it to a time where she accidentally walked past a house that looked similar to the house she was abused in. Just by seeing the house she went into deep trauma and terror. She began to shake and could not speak. To her, this example illustrated the way in which space can be violent in the same way that Pākaitore and it's statues continue to be.

In saying that, Pākaitore simultaneously evokes and illuminates important examples of Māori agency and illustrates how the reclamation and repossession of indigenous space can be emancipatory and healing. Aroha Harris writes that what happened at Pākaitore "encapsulated the expression of the wider fundamentals of Māori protest - land and the Treaty - and was a site-specific expression of the wider kaupapa of rangatiratanga" (2007: 136). Not only did the occupation create space for Māori to be heard, it "returned land to its centripetal position in iwi identity, reclaim[ing] the name and former tikanga of Pākaitore" (Harris 2007:134). This historic reclamation has been an important addition to the narrative of the area and has been an important example of Māori agency. Accordingly, for some of my participants, the Pākaitore occupation evoked intense feelings of emancipation and solidarity with other Māori. These are exemplified by the celebrations held by Māori at Pākaitore every year to mark the occupation. Shelley stated that:

> Going to Pākaitore caused a rush of internal cheering for those courageous people of all creeds who helped break down that symbol and expose the truth through the occupation, so alongside the trauma and the actual dispossession, there is the - yes! - of appreciation of resistance and repossession.

Te Aho also drew on this link to the reclamation of land and agency in her discussions about experiencing Pākaitore today. She shared that for her, Pākaitore not only represents tino-rangatiratanga as an event, but has sown seeds of agency and hope. She expands on the broader themes of reclaiming Māori space by talking about how she feels doing a waiata tautoko or karanga at a marae. Linking it to the occupation, she describes the feeling performing these as an energy that comes up through the land, through her body, and out of her hands and head. She says,

> It is all part of the same moment of claiming the space that I stand on in which I can express our values. For me, that's when I feel the most free because I have gotten to a place where I feel any inhibitions are easily put aside. And that's about me stepping over all of the uglies in my life. And it holds all of my cells up in the right shape for once when I actively participate doing those waiata and karanga. It's powered by the wairua, fuelled by the desire to reclaim my matrix of Māoritanga, my whakapapa, and to me it feels that it is the one certain expression of self-determination. It stands the river of time, of generations, it bypasses the limitations of recent generations and the limitations those limitations have imposed on my life. It nullifies all of the shit - they can build those statues but they cannot stop me from being a conduit of the wairua to heal people, to heal places, to heal for my great great grandchildren.

This example, as well as the others that I have discussed here, have underlined the way in which spaces and landscapes are imbued with symbolism which has real life effects. In this next section, I will expand on the experience of Māori who are facing socio-economic inequality lived out in their homelands as 'people of the land' whilst simultaneously being disenfranchised as a result of colonisation.

"I can't even find a place to land in my <u>tūrangawaewae</u>"
Public spaces and private lives

The above quote is from a participant[5] who was house hunting, and finding it hard to get into public housing during the time I was doing fieldwork. Here she expresses dismay at the painful irony of being a member of Te Āti Haunui-a-Pāpārangi, of having a deep spiritual connection to the awa and to the land, and yet not being able to afford housing in her tūrangawaewae. For her, this contradiction was enraging, in particular the thought of having to move away from her family and hometown. Her feelings were evoked by and directed towards the social agencies that govern public housing and welfare. In this section, I consider how structural violence is enacted through the spaces these social agencies control. The complex social relations that play out within the walls of these spaces reflect the expectations associated with neoliberal technologies of responsibilisation. In particular, these agencies reiterate, through the surveillance layout and the expectations of social behaviour, that as an individual "you are responsible for every step in your own healing".[6]

I draw from Hodgetts and colleagues (2013) framework which positions urban service provisions as symbolic spaces that reinforce neoliberal norms. They argue that these spaces cause structural violence and act as "social distancing" mechanisms which portray the poor as defective and different from the productive, "taxpaying" members of society (2040). This establishes a climate in which the State is in the position to decide the morality and humanity of the poor. This is evident in the intense public and state scrutiny of the way beneficiaries use state support such as welfare and public housing. I examine here the impact this scrutiny has on Māori health. First, I consider how particular power relations are (re)produced in WINZ offices. Secondly, I illustrate how the public nature of public housing is embodied by my participants.

EXPERIENCING WINZ OFFICES

I go to the WINZ office often with my mother, or in the past with Hemi. This building was identified as a site associated with stress, intimidation and even trauma by my participants. Some of my participants illustrated how the actual space felt 'ugly', 'boring' or 'clinical'. For example, a friend of Hemi's who came to talk to me one day said, "It has this aura of, you know, 'you're here because it's your own fault, and we are doing you the favour so you should be grateful'". Similarly, Hodgetts and colleagues have argued that the relationship between WINZ and some of its services is violent. They demonstrate that the experiences that service users are subjected to fulfil the criteria used to categorise intimate partner violence, including "lack of sympathy, restrictions on personal autonomy, intolerance, punitive responses to mistakes, detailed monitoring, economic control and personal criticism" demonstrated by state agents (Hodgetts et al.

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[5] This participant wanted to remain anonymous.
[6] I have also used this quote in my discourse chapter to illustrate neoliberal discourse surrounding the body.

2013: 2041). The physical building where the Whanganui WINZ office is today, embodies the surveillance technologies that enforce these abusive power relations, and exacerbate the trauma and vulnerability of service users through a "cynical non-response to [the] material and psychological needs of families" (Hodgetts et al. 2013: 2046).

Fieldnotes

When you walk up the concrete steps into the building and through the electronic doors there is usually a security guard or two standing at the entrance. Most often, one of my parents know one of the security guards, and we stop to say hello to them. Next, you go through a single door - often shuffling the double pram through is a bit awkward. Then, you are in a corridor and there are lifts. It can be quite intimidating if you don't know where to go, but eventually you get the lift up, and come out in another corridor, and then after going through another door you enter a large 'U' shaped space. Once you enter the office, the waiting area is on the right - a line of chairs that lead up to a reception desk. In front of you is a large area with desks where WINZ clients have their meetings - the entire space looked over by a security guard. The desks are about two meters apart. And on a quiet day you can hear the reasons why the person at the end of the room needs a food grant.

Waiting is an important part of experiencing these spaces. Like many WINZ offices, families have to wait for several hours for appointments with limited service provisions and nothing to occupy their time (Hodgetts et al. 2013: 2043). You wait for your case worker to be ready for you, sitting in a line of chairs pushed up against the walls. There is no area for children to play with toys, no magazines to keep you occupied. The office space not only encourages you to monitor yourself, through the various posters asserting 'if your circumstances have changed let us know immediately', but you are also encouraged to monitor your fellow service users as your only options are to look at the people a few meters away from you talking to their case workers; the people right in front of you waiting in line to see the receptionist; or, the people throughout the buildings in the security camera monitor, placed curiously close to the waiting area.

The disrespect of the information and time of the individuals and families using the services has become a normative characteristic of the landscape of these services (Hodgetts et al. 2013: 2024). The lack of care for the vulnerability of service users, and the traumatic nature of the information they may be providing, is reflected in the lack of privacy as a result of the layout. This reinforces the power of government agencies to judge the morality, humanity, and most visually here, the deservedness of service users to be treated as people, judgements which influence and are influenced by government rhetoric and public discourse. Furthermore, the clear lack of provisions to make families comfortable illustrates this power. For example, to go to the bathroom you have to get the key off the security guard, and go back through another door in the corridor. This exemplifies how structural violence is enacted locally through the enforcement of social relations in which the service user must embody a submissiveness to access basic amenities (Hodgetts et al. 2013: 2043). There is also no set of toys for the children, so

often when I am there with my mother it is hard to keep the babies occupied while we sit neatly at a desk trying to look deserving and responsible, shifting between filling out forms and pulling out crackers. Management work in an office above this floor so when an application needs extra approval, your paper work and case worker may disappear upstairs to an invisible regional health director, who decides if you, and your claim, are deserving. It is very overwhelming and often brings my mother to tears as she tries to articulate the chaotic meshwork of CYF, WINZ and HNZ processes and bureaucracy, which have resulted in her needing this appointment; a form not signed by them correctly that needs to be sent to CYF; a call they were supposed to receive from HNZ; a quote for a fridge that they need to get approved by management; all processes that may require her to rehash the trauma of her situation.

As a service user, you are restricted in various rights. These include the right to have an intimate partner, to own a pet, and to engage in activities that are seen as frivolous and of unnecessary expenditure such as recreation, even if they may actually help to relieve stress and build self-esteem (Hodgetts et al. 2013: 2039).

For Hemi, the embodiment of these forces over many years of being a service user climaxed one day. During this time he was in immense pain due to the side effects of his brain tumours. He had gone into WINZ and waited on the row of chairs for nearly three hours. He knew that if he left, to get some food or have a sleep he would lose his place and have to book another appointment. To him this attacked his dignity and exhibited an extreme lack of sympathy. He says that he erupted -

> I ripped the table clean out of the floor and banged it on the other table. Because I wasn't getting checked, I'd been there waiting for two and a half hours in so much pain. I was at the worst.

After this a security guard followed him each time he came to WINZ. Eventually, he just stop going. Years later when my mother convinced him to go back, they found out that he had been being under paid; living on $80 a week instead of $140. Hemi also had money owed to him by the Inland Revenue Department (IRD) because of child support they withdrew from his account over a few years, even after he had proven that the respective child was not his. He had taken IRD to court several times and won and still had not been paid. The contrast of the government services who scrutinise what seemed like his every move, threatening to withdraw financial support at any moment, who also simultaneously owed him money, caused immeasurable grief for Hemi. These contradictions are part of the power of space. By reinforcing the powerlessness Māori have over their situations and underlining the lack of sympathy the state has for their trauma, social agency spaces can create more barriers than they break down.

Important to note here, is that the neoliberal character of social agencies, and the spaces they control, is normalized. Governmental and taxpayer expectations of service users to be responsible and accountable are seen as natural because of their perceived role in funding. The naturalisation of this neoliberal framework makes invisible alternatives to the linear process of, 'enter at designated entry point —> provide 'official' evidence supporting your current inability to survive —> prove deservedness through the display of required and expected attributes and skills —> attend multiple meetings

that emphasis self-management, responsibility, and accountability —> receive help dependant on government understandings of need —> exit stage right'. This process is considered natural and necessary as it is seen to exemplify the deservedness of service users. Thus, although they claim to offer an entry into a world with endless possibilities, the possibilities available at the actual social agencies are limited and linear.

However, Jarrett Zigon (forthcoming), demonstrates that there are other ways of creating community change through space. In his article, he considers the "politics of world-building" (82) he identifies as currently occurring in Vancouver's Downtown Eastside, which he argues "reveals an alternative to the closed normalisation [and individualisation] of responsibility" (83). He explains that the new model shifts "focus from individual drug users, to the world with which drug users happen to be entangled" (103). In particular, this shift caused previously linear processes to become non-linear and "rhizomatic" (109). He describes Vancouver's Downtown Eastside as "a world of networked services and social enterprises into which one can enter at any point and be referred to, learn about, take advantage of any number of other available possibilities within this world" (105). An Aotearoa where social agencies were networked together with other social enterprises would not only be helpful for those that have to regularly navigate multiple agencies by attending multiple meetings, in multiple places, constantly retelling their personal and painful stories to multiple people. It could also help those who find they cannot fulfil the necessary requirements in the linear form required, opening "new possibilities" (82) for themselves and the communities they are a part of. As Jarrett Zigon writes,

> Where a person finds herself, once having entered the rhizome, may be someplace (both literally in terms of location and metaphorically in terms of existential possibilities) she had not expected or intended, or may have not known she was interested in or cared about, or perhaps even may have not known was possible (109).

MAKING A HOME IN STATE HOUSING

Public Housing is a significant issue in the public consciousness at this time, with the government making significant reforms, in combination with increased discussion over housing poverty, overcrowding and poor quality rental homes. The corporatisation and privatisation of public housing under neoliberal reforms has been one of its defining examples of responsibilisation. As of recent, these issues have become particularly contentious as Housing New Zealand has embarked on selling thousands of state houses in the hopes that private organisations will better cater to the needs of people wanting to or already living in HNZ houses. The selling off of HNZ houses was seen by my participants as underhand and out of touch with the realities of housing.

Many people who I talked to in the community highlighted this housing issue. The number of people desperately trying to find affordable housing, and the large number of visibly empty HNZ houses was a pertinent symbol of the current government's priorities. During the time in which my own family was trying to find a home, I talked to

a woman who worked in a community counselling and grief service who works intimately with the community. She gave me a list of five 'do not accept' streets which she advised me to refuse housing on because the areas were too dangerous. The first two houses we were offered by HNZ were on the list. One had a make-shift community tavern neighbouring it that hosted gambling and loud music in the evenings. Another house was in a gang-affiliated area and had huge amounts of rubbish buried in the back yard. By denying these houses we knew that we only would get offered one more. Each time we denied them, my mother who was the applicant, would face pressure from the HNZ call centre, and be reminded that she could not be too picky. For my mother, the symbolic nature of the houses we were being shown was important. She expressed, "I'm just trying so hard. We are not asking for much but we deserve some beauty in our lives, a house with some light and air".

The spaces which people inhabit and call home has a significant impact on health and wellbeing. For example, it has been shown that an increase in housing costs led to families making cuts elsewhere that exacerbate their experiences of hardship whereby families go hungry, without heating, and go into debt to maintain their survival (Green 2012). This also leads to cuts in activities that may promote social inclusion and stress relief such as sports (Hodgetts et al. 2013). Public housing is seen as the last resort to protect against housing insecurity, where people with a lack of choices are forced to submit to the social relations that characterise a state house.

State housing is a space in which the public and private spaces are enmeshed. By entering these symbolic spaces you submit your entire being to moral scrutiny at the hands of, and control by, the state and the public. This is often highlighted in public understandings which uphold the 'taxpayers' right to have influence over who should have access to public housing, what goes on in public housing, how nice it is, and how much funding goes into it. This 'taxpayer' surveillance shapes how people living in public housing can live their lives. The space you inhabit, which houses your personal effects, where your children lay their heads, where you hope to sustain your whānau's physical, spiritual, and emotional needs, is contained within a space which the government has control over. Your existence there is constantly uncertain and can be taken away at any time, especially if you breach any of the many rules. The government has access to supervise your living habits, evaluate how you are using the space, if you are worthy of it, and if you are using it responsibly. You cannot freely make decisions about how you live in your own home like private homeowners. As one of the women I talked to put it, "you get grilled on everything". Elaborating she says,

> For example, one day when I was on the phone to Housing, they heard that we had a dog in the background, and they said that we couldn't have it. I said "but the dog is 20 years old, she is my babies kuia, she is our protector" and you know that was my husband's dog, everywhere he went she went. And he had just died and so if we lost the dog, then my babies would have lost him again and our biggest connection to him! And then they suggested that we put her down!

The impact of these power relations intruding into your home can be huge. This is exemplified but something Te Aho said: "The fear has come into the home and

consumes my whole environment, breaching the boundaries at the gate gaining full access to my home".

In conclusion, the neoliberal efforts to manage the poor that I have examined here, encourage anxiety, fear, shame and guilt and can foster the (re)traumatisation of Māori. This analysis, in combination with my examination of the role of discourse in (re)traumatisation has exemplified the myriad of structurally established spaces, relations, and practices that Māori navigate in their everyday lives that can draw on historical and contemporary trauma.

PIKI TE ORA
HEALING

Pulling into the driveway of our Whanganui home, my mother and I have spent the two hour drive from Ōtaki talking about my interview with Paora. Paora talked a lot about my grandfather. He spoke of how put-together he was and how he would always turn up to the Cosmopolitan Club 'dressed to the nines'. This is something we hear often about my grandfather, particularly because he was a priest. It is a strange situation because we must navigate people's experiences and beliefs about him, whilst grappling with the knowledge that, for my mother, he was an extremely violent man who emotionally, sexually, and physically tortured his children, partners, and other people that have come forward from his community.

We talk about the far reaching effects of the abuse on the women in my mother's generation, and the way that they mentally and physically suffer still. My mother talks about the way she has physically embodied the trauma and I asked how she knows that her medical conditions are connected to her abuse. Still sitting with the car going, she reaches down and pulls the lever to tip her seat back and elaborates:

"Just by recognising that things like my severe migraines and back pain started when I left the abusive environment. And I have always had full on painful periods. I started being sexually abused when I was eight. And I got my period when I was eight. I had it two weeks at a time in a twenty eight day cycle - heavy from start to finish, it took 3 pads at a time. Just paying attention, looking back at the context of the back pain and the rhythm of my life, I notice it. Like, in 2003 when your grandfather moved from Auckland nearer to us I had six full periods in two months. And that was a classic pattern that I saw whenever he came into my orbit, that I would bleed."

I think sensing my despair she moves the conversation towards the forms of healing she has experienced. In my mind I note this - how important it is within the flow of our conversations to turn to healing and to hope.

With the two babies fast asleep in the back, we take advantage of the rare quiet, turn the car off, wind down the windows and stay there talking for another hour. I turn my phone onto record, something I started doing even before I was a researcher, wanting to take down the

knowledge of my mothers and aunties. "I'll start from the middle she says" meaning the middle of the abuse, healing, living timeline.

"Do you remember when my back had been really bad?" she asks me. I do. It was when I was about ten. I remember having to help mum put her pants on in the morning because it was too painful for her to bend down. My grandfather had come into our orbit, as mum puts it, and things went sour quickly. Mum says, "Well, after all this shit with my father went down, my back was so bad I couldn't run without ending up on the ground. I couldn't. And I had been to the doctors, and they took X-rays, and there were growths on my spine, and the doctor advised me not to run because it would put me in a wheel-chair."

Reaching back and squeezing my little brother's feet she continues on with a story about a trip she took to Katihiku Marae in Ōtaki. Some healers from Tuhoe had set up in the wharenui there and she drove her friend out to accompany her. They entered the marae which was set up with mattresses on the ground and sheets to create a little screen for privacy. "I was just there to accompany her but they chucked me on a mattress." She describes the healer who takes care of her: a young man in his mid-twenties with a pale complexion, long straight black hair in a pony tail at the nape of his neck, wearing a light shirt. She noted that he had a very light-weight feeling to him.

To begin, he prepared her for a romiromi, a traditional form of massage. Getting her to lay face down on the mattress she describes the sensations of the preparatory massage: "he was rubbing my legs and calves and feet just fast and light - bringing heat in the initial warm up. And I really quickly started very deep breathing, and I could hear them commenting on it."

During the next stage of the healing he gently started at the nape of her neck, and slowly moved down to her lower back. "He put his hands over my sacroiliac joints in my lower back and then he just went straight up to my head. He had a really light touch. And he was working on my head, and honestly it felt like it was made of marshmallow, my whole skull, and it felt like it was really changing shape as if he was a sculptor. And I remember thinking this must be what its like going through the birth canal."

After the romiromi was finished the young man asks her, "Have you had back pain for a while?" She responded saying, "Oh since I was fifteen I have had really severe back pain, but I know, actually, that it's related to sexual abuse". She describes his response as "bursting out in a guffaw", as he says to her, "Oh, I wasn't sure if you knew." He went on to say, "When I moved my hands down over your whare tangata, I could see the memories, the cellular memories, and I moved straight up to your head because we need to release them." She makes sense of this for me, saying, "When he was sitting at my head he was pulling away, pulling away, pulling away. And in my non-therapist mind he was on my sacroiliac, but he was actually looking into my whare tangata".

A week after this session she returned to her mau rakau training. Not only could she run at a dog trot, but she ran for five kilometers alongside her whare tutaua. And since then she has not had any significant issues with her back - the pain that she had carried for thirty years dissipated. Her regular periods also calmed, except for when any issues related to her abuse came up.

We pray to wash away the weight of the conversation. We unpack the car, carry the warm sleepy children out of their car seats and all climb into bed together.

Like my mother did in the car that night, in this chapter I turn to healing. I explore how my participants understand their trauma and how they heal from it. The way that my mother framed her story, the way she understood and experienced her body, trauma, and healing is inextricably linked with her femaleness, her Māoritanga and, as I will highlight further on in this chapter, her Whanganuitanga. She speaks specifically of the embodiment of trauma within her womb, which goes beyond wanting to convey the physical experience of the long-term effects of violence. She, very aware of my interest in the historical nature of trauma, is also pointing to damage colonisation has caused to the whare tangata – the house of humanity over generations. 'Ko te wahine ko te whare tangata, he waka tangata; within the female is the nurturing home of humankind and the channel from the spiritual to the physical'. For her, and many of the other people I talked to, the body, the mind, the spirit, history and whakapapa are inextricably linked. Each of the stories I draw upon here highlights a significant way that one of these concepts is experienced. Furthermore, each of these stories subtly refers to the long-term impacts of colonisation such as the loss of land and culture, detribalisation, and urbanisation and often my participants employ their own understandings of historical trauma.

Throughout this chapter, I will build upon the themes touched on in the story above to present a nuanced picture of how Māori experience the relationship between the mind, body, spirit, and family - te whare tapa wha. It is important to point out that many of the people I talked to do not reject bio-medical medicine, especially in terms of emergencies and acute situations, but most agreed that it must work in tandem in some shape or form with other forms of healing. Gilles Deleuze and Felix Guatarri's (1984) definition of the body has helped me to articulate the way my participants experienced health and healing. They place an emphasis on understanding the expressive, abstract, biological, psychological, and sociocultural rhizomic networks of the body. They state that as humans "we sleep, live our waking lives, fight – fight and are fought – seek our place, experience untold happiness and fabulous defeats, on it we penetrate and are penetrated, on it we love" (1984: 166), thus illustrating the creative capacities and expressive relations that human bodies affect and are effected by. Therefore, because people are relational, abstract, creative, irrational beings, their healing cannot merely be facilitated through 'rational' bio-medical healing, underlining the importance of expressive forms of healing that draw on the many relations that make up the body. These relations are influenced by the socio-historical lens that shapes our experiences.

Therefore, using healing techniques that seek to heal the relations that affect specifically Māori bodies can enhance the healing of historical and contemporary trauma. Wirihana and Smith (2014) argue that using traditional knowledge can be transformative in this process which is illustrated by the examples I discuss in this chapter.

As Alfred and Corntassel (2005) demonstrate, it is vital to highlight experiences of healing. They argue that although it is important to recognise the contemporary and historical manifestations of colonialism, there is a danger in only representing the indigenous experience through this lens (601). Accordingly, it is important that as Māori we do not just tell stories of colonisation and the damage it caused. We must also express the many stories of healing. The stories about healing and hope that I have gathered and presented here have come out of my interviews, in particular, when I asked: "how do we heal from inter-generational trauma?" It also emerged in informal conversation, and in stories about the forms of healing people have experienced in their lives.

WHAKAPAPA

Whakapapa literally means "to lie flat, to place layers one upon another" (Roberts 2006, 4). It is a term that refers to genealogy that connects people to their ancestors, to the Gods, to animals, and the environment and as such permeates the Māori worldview. Traditionally, through whakapapa kōrero the intergenerational transfer of knowledge has been the fundamental source through which methods of sustaining wellbeing are transferred including the sanctity of intimate relationships, and the understanding of children as valued treasures (Wirihana and Smith 2014: 199). Sustaining whakapapa knowledge has been shown to enhance relationships with other people, and the environment (Wirihana and Smith 2014: 199). Following, is Piki's story of healing, which is framed through an understanding of intergenerational trauma that sees damage being done to whakapapa.

I interviewed Piki on a hot day in an old building in Miramar where she has a clinic room where she says she "facilitates the healing of others". She hosted me in a cool room which looked over Pohutukawa trees and smelled of essential oils. On her wall were her diploma in Tuina massage, and a Bachelor of Health Science Acupuncture degree. I sat on a couch and she sat on the massage table. We ate poppy seed cake and talked, going in the direction the conversation took us, speaking of our own healing and trauma, and our connections through other people. We also took a step back and talked about the government and its role in the community. Laughing that poppy seeds were probably not the best choice of food for an interview as they get stuck in your teeth, I asked her to tell me about herself. She quickly reeled off a speech that she has obviously had to say often. "Just turned 38, got five children 18, 16, 12, 8, 6. And a grandchild on the way". She told me of the misdirections of her youth and thus her journey to where she is now: a healer, an acupuncturist, and a practicing Buddhist. We talked about the way she healed and heals people from physical and emotional trauma. I asked her if she

had heard of the terms historical trauma and inter-generational trauma. She explains how she understands these terms:

> You know when the little babies first formed, like a little girl, all of her ovaries and eggs are already there. So actually that baby and her eggs have experienced everything that the mother has experienced. So it's actually handing down that energy.

She then put one clasped fist out in front of her and said "trauma is like sitting inside of your brain, all your life like this." She points at her fist and says "this is the trauma in the brain". Then she cups her other hand over it, moving the cupped hand back in levels symbolising that there are many layers of that persons being. The trauma "is just emanating through these layers of how you see the world".

Going into more detail about her understanding of historical trauma she tells me about the work she did when she ran the healing space at the Symposium for Indigenous and Māori Suicide Prevention. There she heard a Native American scholar talk about healing the 'soul wound'. This form of understanding resonated with her own experience of healing:

> We have got all of this trauma from generations ago, and then these babies today are still committing suicide or still having these things happen, like how do you sort these out? When you heal that soul wound, in whatever way we do it, you are setting those babies free, allowing them to move through life without carrying that mamae. And that happened to me.

Elaborating, she tells me about getting a long distance healing from a woman in Christchurch five years ago. "You talk to her on the phone and then you hang up, and you just lie somewhere quiet and she does her thing". On this particular day she rings the healer, introduces herself - "Kia ora, this is Piki", and immediately the healer responds saying, "I have already got you, I need to start. It's going to be quite big so just get yourself into a good space". Piki describes the day after this healing took place, saying "I was an emotional ball, just foetal position" and had an overwhelming sense that "something was coming out". She spoke to the healer on the phone that day. The meaning that Piki drew from the healers explanation of the session underlined an "intergenerational mamae", a "soul wound", which Piki experienced a release from. More specifically, the healer talked of specific traumas:

> Your life wanted me to get you out of the matrix of abuse. There was a man. I can't see nationalities but based on the oppressive feeling, I felt it was people who have been colonised, so I am assuming that he was Māori, five generations back on your mums side. And, you know, this man, he was a bad man. What's crazy about it, from what I can see, is the descendants of that man have been caught in his energy.

For Piki this was a reference to her mother's side of her family. This idea of generations being "caught in his energy", for her, was within this side of her whakapapa. She said, "You are either abused or you are the abuser". The healing was an important part of her "untethering" herself from this trauma that had attached itself to her whakapapa.

Leonie Pihama and colleagues (2014) demonstrate that whakapapa "is essential to the transformation of Māori knowledge not only in material terms but also in regards to spiritual relationships" (250). Therefore, the damage caused to whakapapa through inter-generational trauma also impacts the spiritual connections experienced by Māori. The next story builds upon the experience of the relationship between whakapapa and trauma that Piki's healing brought into light, by exploring the deeply relational nature of the wairua. During my interviews, I asked the participants to define wellbeing, and to tell me what they thought was preventing Māori from achieving optimum wellness. Across the board, the wairua was the most emphasised point in answering these questions. For example, in the following conversation Andre, an apotoro wairua of the Ratana Church, places the wairua at the center of wellness, and discusses the role of wairua in his job as a part of a Māori health team who go into clients homes:

> Tarapuhi: Why do you think that care for the wairua is important?
>
> Andre: In the good book it says-
>
> Rihi: oh here he goes [laughs]
>
> Andre: my elders always taught me, spiritual things first and foremost; physical things will naturally follow. Our Māori people were always like that - when our people woke in the morning they prayed; when they went to sleep they prayed; when they ate they prayed; they went fishing, they prayed! And that was a value, that's how we were. And that's why it's very important that we must go that way. Colonisation never took us there; it took us away from there, and more into the physical world.
>
> Rihi: And I think that was a key component of the team, having that compassion and that aroha - which is the ultimate component to trying to help someone with their wairua and who they are as a person. And I guess we were lucky, because we had people in our team who were able to come together, who had that same common thread, to deliver that. Because unless you've got the aroha and the compassion to do what you need to do, then you know, having a medal [gestures to her nursing medal] is just having a medal. It's not going to give you the ability to work with our people. And I think that's the thing, cause you make those connections, in regards to not only who you might connect to, but I guess its on a whole other level, the wairua level.

The aroha and care used to heal the wairua by these health workers is a stark contrast to the neoliberal social agencies. They illustrate that the balance of the wairua, the tinana, and the hinengaro, is of utmost importance, and for many of my participants, the wairua was the foundational aspect that created this balance. For example, Paora said, "If the person's wairua is sitting down and sick, the whole person is sick". Similarly, Hine explained her role in the healing process as a "fire stoker", especially of the "wairua and the mauri, that fire within, stoking it up". For Māori the wairua reflects and affects all other areas of wellbeing and the experience of wairuatanga is inextricably linked with whakapapa and history. In this next section, I tell a story from Te Aho's experience of

healing. In particular, the story highlights the relationship between the spirit, the body, cultural identity, whakapapa, and Māori forms of healing. It provides a description of the actual lived experience of healing the wairua. By delving more into the details of the wairuatanga expressed within these experiences I underline the specifically Māori way of experiencing this healing.

The context of this healing experience for Te Aho lies within the history of her own personal trauma and the trauma the women in her family have faced since European settlement. An important background note is that the mana o te wahine is an important narrative trope within our whānau. For example, it is often noted that a whānau taiaha, that Te Aho is the kaitiaki of, was welded by a female tupuna at the age of twelve when she accompanied her father, the chief, into battle. The legacy of the dismantling of female power through patriarchal ideals, and the trampling of te mana o te wahine, is evoked here.

She begins her story explaining that she had established an important group of relationships at a mau rakau rōpū. Importantly, this was around the time that she had gone to the police over the historic sex crimes committed by her father. As a consequence of this, the older generations of the family had isolated her. She says that she was extremely lonely, and that therefore, the network she had established at this group was extremely important. However, an event took place that she summarises as being "around puhaehae o te wahine (jealousy of the woman) and males being weak in order to maintain their power". As a result she was belittled in front of the group. For her, the power relations that were played out in the altercation replayed traumatic power relationships from her own abuse, and the legacy of abuses of power experienced by the women in her family.

> Driving back from mau rakau ... the rage that I felt, it was rage from the beginning of time, the rage of the women's belittlement, at being treated with unjustified contempt, being treated in a way where my needs were completely irrelevant, my efforts were of no significance, and I had no right of reply. It was primal screams of rage like a woman birthing. This was an exact replica of my anguish to do with my childhood stuff. I was so angry that I got my mate wahine – I bled.

She arrived at a marae where she was staying the night, and where a group of Hawai'ian healers were also staying. The next day she was receiving a traditional lomilomi massage from one of the healers and had an experience that was inextricably intertwined with her whakapapa.

> When he was working really lightly on my legs, I was aware of being deep underwater in the Whanganui River. I could feel what I saw as tuna, different kinds of eels. And first of all they were sucking on my fingertips, and then there were bigger ones that gripped in a bite hold on the fleshy part of the thumb, and there were a whole lot all over my head and I could feel a really big one approaching me and it bit over the whole back of my neck. He rocked me from that hold. I didn't feel afraid. And I remember in my mind being told to breathe. I remember a really euphoric feeling with all of that going on. The

only comment from the healer was, "Wow that was some serious releasing of something".

Following the healing, she felt "relieved from that consuming rage", a sense of being free that she identifies as saving her life, and even a freedom from the rage caused by the trauma in her childhood. However, for her the context of her healing wasn't made clear until years later learning about her whakapapa to her tupuna, Te Manana or Tu Manana. This Whanganui tupuna famously felled a large tree to make a canoe. The tree fell into a deep pool; to carve it Te Manana would be under the water all day. The only way the iwi would know where he was, was the wood chips floating up to the surface - "ka whakarewa ai ngā wahie". When it was time for him to leave the water, tuna would circle around his body and he would know it was time to go back to land. And because of that, the iwi renamed him Tamatuna.

Te Aho thereafter understood that the tuna she experienced during her healing meant Tamatuna was there and "inextricably linked all of these events into [her] whakapapa stuff". For her, Tamatuna had "stepped passed all of the recent generations of hara (violation of tapu and defilement of mana) and held my hand right across the river, specifically for my healing".[7] Her experience highlights the importance of ancestral connection in making sense of and healing from trauma.

WHANAUNGATANGA

The Whānau Ora policy was developed to better address the relational way in which Māori experience health. It acknowledges the importance of whānau health to individual health. Traditionally, the whānau is one of the most important buffers protecting against poor mental health especially by establishing structures which fostered social inclusion and maintained support networks (Pihama et al. 2014: 256). This relationality is essential to understanding Māori health, and the values that are important for those working with Māori to embody. For example, as part of my research I conducted participant observation at a wānanga for Māori working in health. During the poroporoaki, the farewell, most of the participants on the course were vocal and overcome with emotion, that the experience of forming relationships with people who have had the same experiences in their personal lives was as transformative as the actual knowledge gained within the course. Particularly for the women on the course, the ability to form relationships with other Māori women was invaluable. Hine reflected on "inter-generational mamae" and the cycle of abuse and substance abuse stating that the "biggest thing that impacts on the last few generations is that shift in the socio-economic, moving from the rural sector into the urban sector the role of the hierarchy within the whānau to maintain order has changed". More specifically, the creation and maintenance of connections has changed; connections that place people inside a set

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[7] This quote has formed the title for my thesis, and the cover photo is a diary entry Te Aho drew to record this healing.

of relationships that support their identity and experience, that supports their self esteem.

For Rihi, the significance of relationality for Māori was especially clear when she worked as a nurse, who would visit Māori in their homes. A majority of those she would visit, she said, are "related to us in some way, shape, or form". She adds that the Māori way of introducing yourself, where you find a connection in "some way, shape, or form," whether through whakapapa or not, "adds to that wairua and to that beauty of it. Because of those connections you know you are able to connect back and make some connection on a whole other level". The group she worked with agreed that it is not necessarily about being Māori, but about respecting and understanding the importance of creating and maintaining relationships through aroha and manaaki. Rihi explains this saying,

> The thing is that there is a whole heap of different levels, like if you are talking from a grass-roots level, again working in a community like Whanganui, it's about those relationships, those connections; knowing who you are means being at ease with who is coming into your home, because this is ultimately your home and we have got to be respectful of that. We are coming into your space and not to impose our ways and our beliefs on you.

Furthermore, Andre and Rihi discussed the way in which colonisation took away Māori spiritual practices and how creating and maintaining meaningful relationships was a form of healing that helped to refocus Hemi.

> Andre: I think Hemi always had that wairuatanga but it was distorted sometime in his life. In the sixties and the seventies was another time period. You know the generation of today wouldn't know what it was like then. It was totally colonised and so distorted. Some people are stubborn about breaking away from that colonised way of being. Hemi was different, he had something to push forward for and break out of that cycle for, I suppose.

> Rihi: And I really believe that your little boy, your little taonga that's asleep there, was that. I remember becoming involved when you guys had got him and you could see the change in him, and I would say he was a big part of your healing process as well, Hemi.

> Hemi: He is the battery that jump-started my life again and gave me a purpose to fight on. But in saying that I wasn't fighting alone: I have to keep acknowledging my partner here.

> Rihi: oh yeah you do.

> Hemi: I still fall back to that boy. Just last night he vomited in bed. So I took him and showered him, I broke down and cried. Not because he was being sick but it was because I wanted to try and take that out of him.

> Rihi: mmm his mamae.

> Hemi: (explaining what he thought during this moment in the shower) "Just keep going boy. Dad's here so give that mauiui to Dad". People might not understand that part. I wanted to take his pain. And still knowing now that I

can cleanse myself inside. So I start from karakia – finish with it. And then throw it away so it goes down the drain".

Rihi: That little boy has become your manaaki hauora

This conversation highlighted that the whakapapa between the health professionals and their clients are an important part of establishing health and wellbeing for Māori. Furthermore, in this story Hemi references the use of water to cleanse the spirit and the body and highlights the interconnectedness of his own sense of self with that of his child. In particular, this example shows how healing of the self is relational in that it does not occur within the interior of an individualised body, but in the space between people. Most importantly, the healing transferred between father and son in this example illustrated a cycle of healing. This exchange was extremely important for Hemi's healing and his wairua, and thus shows the potential for intergenerational healing.

During my interview with Paora, we talked about the high suicide rate among Māori men. He reinforced that "suicide has a lot to do with self-esteem" and tells me about the journey with self-esteem that he has had over his life. Proudly he told me of his time touring Australia when he was young "with a fulla called Prince Tui Teka". He says that as time went on "I got married and I sort of got in trouble a bit - not with the law. But with myself". We talk for a long time about his alcohol addiction:

> It took me 23 years dear, to get off the booze. I think when you get into that alcoholism your personal growth stops, it does. And I was an aggressive sort of bloody prick when I was on the booze too.

I ask him how he got past his addictions and he concludes that spirituality and establishing meaningful connections with others is what helped him to overcome these barriers. He tells familiar stories of growing up on the river riding horses, cooking outside all year long, his father deer stalking and pig hunting. His face lit up when he told me the story of when the marae got power:

> We all got home from school at 3:30 in the afternoon and it was dark just about winter time in the valley....and the lights went on. We had never seen the lights on in our lives. And the whole Pa light up like a Christmas tree! Yeah, I remember that. We lived a very simple life.

Throughout our conversation he returns to this idea of "a simple life" and the meaningful connections he had with his family. He makes a link between the simple life he led as a child and the egotism he has experienced and witnessed with urbanisation, adding that "booze came with all that ego, and the bands and girlfriends and that, gave me more ego. I went on wearing a mask all the time". To him this egotism was the root of his drinking problem as it represented a lack of self-esteem.

> I hid behind the guitar most of my life. I didn't really know who I really was because that guitar was my self esteem and all the flashy clothes that went with it. I hid behind that too. When I saw your grandfather come to the cozzie club with his flashy clothes, that's when I thought about myself - the frightened boy underneath all the clothes.

He frames much of his healing in terms of his relationship with his community and his family saying, "if the family structure is not happy, then the person is not happy either," extending this point to the relationship he has with himself. Talking about himself in third person he states,

> The first relationship we have to have right is the one between me and Paora. That's the one we have to have right first before you can have one with anyone else, aye. It's hard to change. It took me a long time to do that, to look in my eyes and say I love you. Oh fuck, I still find it hard now.

For him, he found healing by living a life in which he established meaningful connections with those around him. Consistently, he emphasises the importance of the "simple" way he lives now and the contrast of the days in which he was more self-orientated. He admits jokingly, "See, I never had friends in those days darling, I had hostages" to illustrate both how he caused violence to people around him symbolically and physically, but also to illustrate the loneliness and isolation he felt. Today he has found meaning in the many volunteer positions he holds in restorative justice, and at the Cancer Society and Piki te Ora. Having these relationships where he can help others has helped him to develop a positive sense of self, locating his sense of self within in the relationships he formed.

In this chapter I have demonstrated some of the diverse forms of healing Māori are seeking out. Many of my participants have drawn on broader concepts of colonisation and urbanisation, or whānau legacies of abuse and abusing, to locate their personal story within the historical narrative of trauma. This could be seen as unconsciously buffering some of the burdens of self-making by showing how ones actions are relationally enabled and the result, in part, of power. The examples have exemplified how trauma can be experienced as a flow of hara or mamae through generations. Furthermore, my participants have demonstrated the many possibilities for healing from this trauma, including traditional Māori healing methods, as well as other indigenous techniques. Many of these contrast with the individualised, responsibilities notions of support that characterise neoliberal social agencies.

HE WHAKAMUTUNGA
CONCLUSIONS

I began this research with the aim of understanding the complex processes that have contributed to the disparity between the wellbeing of Māori and non-Māori in Aotearoa. After taking the time to listen to the experiences of my elders, and of the people in my community, it became clear to me that considering the deeply relational way in which illness, trauma, healing, and agency are enacted and experienced by Māori is of utmost importance. In line with this, have situated my research in a body of indigenous scholarship that explores historical trauma and healing, which is beginning to examine the lived, particular experiences of these phenomena. The diverse range of deeply personal and affective stories that I provided in this thesis helped me to contribute to this growing trend by communicating the actual lived and local experiences of trauma and healing for my participants. These local examples highlight sites of structural violence, as well as sites where the reclamation of Māori agency could lead to better health for Māori. In doing so they add to the long standing call for self-determination of indigenous peoples.

Through eleven in-depth interviews, and seven months of participant observation, I was able to develop an ethnographically rich, detailed illustration of trauma and healing practices for my participants. An important part of my research methodolgy was using a Kaupapa Māori framework. As I explained, it allowed me to shape my thesis in a way that prioritised Māori understandings of the world. For example, by focusing on the wheako of my participants, I was able to illustrate how my participants felt the impact of traumas on their bodies, minds, and wairua, as well as the many concrete expressions of healing that they found successful. By identifying the wounds of colonisation and historical trauma through the voices and words of my participants, I have demonstrated understandings of trauma that may resonate with other Māori, and therefore have provided concrete examples that might be useful for them.

Furthermore, establishing and maintaining meaningful relationships, a foundational principle of kaupapa Māori, was ever-present throughout my research journey. As well as shaping my practice, it was drawn on by my participants in many ways. For example, in their reflections on why Māori health organisations are safer for Māori, many emphasised the accountability that comes from relationships founded on whakapapa. These conversations with my participants valued the expertise of Māori health organisations, who too often are delegitimised because they do not adhere to neoliberal constructions of care.

Throughout this thesis I have clearly demonstrated that neoliberal constructions of health can (re)traumatise Māori and restrict possibilities for their healing. I have argued that the neoliberal norms disseminated through the media and government forms which

employ colonial stereotypes cause structural and symbolic violence. As well, I showed that these neoliberal efforts to manage the poor encourage anxiety, fear, shame and guilt. My analysis of this neoliberal environment exemplified the myriad of structurally established spaces, relations, and practices that Māori navigate in their everyday lives, which draw on historical and contemporary trauma. For example, in my discussion of space and discourse I examined particular relations through which historical trauma can be reignited by reanimating the abusive power relations that characterised tupuna experiences of colonialism, and participants' own experiences of neoliberalism. The replaying of histories of abuse and injustice, both intergenerational and personal, can be violent and (re)traumatising. Simply put, I have shown that structural violence enacted through responsibilisation technologies works to further the colonial agendas of the past in today's world.

I have also discussed the ways in which relationality is an integral part of the way my participants understand and experience their bodies. They illustrated an understanding of the body not as an individualised whole, characterised by boundaries and definitive borders, but as a multiplicity of relations that weave people, awa, mountains, kōrero, and wairua together. I have shown that these relations facilitate the flow of hara or mamae through generations, through space, and through discourse. Furthermore, this understanding is reflected in the views of many indigenous scholars who assert that the historical traumas of colonialism can be transmitted through the generations, and that the snowball effects of cumulative trauma are central factors shaping indigenous health.

The multiplicities of healing that my participants have experienced are of vital importance. In line with the intergenerational flow of mamae, they also illustrated a flow of healing facilitated by land, karakia, romiromi, lomilomi, wairuatanga, whanaungatanga, and whakapapa kōrero. This flow was enacted by living kin as well as tūpuna, exemplified by a widespread concern for older generations healing themselves, their wairua, their landscapes, and their traditions for the health of mokopuna. Many of the forms of healing they talked about formed a stark contrast to the individualised, responsibilised notions of support that characterise neoliberal social agencies. For example, the care for the sanctity of human life through aroha and manaaki exhibited by Manaaki Hauora was compared by Hemi to bathing in the cleansing waters of the river, washing away the hara caused by social agencies like WINZ and HNZ.

The neglect or disregard for Māori values by Pākehā-dominated institutions, such as in the case of the Whanganui City Council's decision to re-erect a statue of John Ballance, is a manifestation of structural violence. When taking into account the deeply relational nature of Māori health, I argue that Pākehā individuals and institutions must create and maintain meaningful relationships with Māori if there is to be any significant redress to the health inequality evident in Aotearoa. For Pākehā, this means recognising their worldview as cultured, and acknowledging their place in the network of relationships of people, local history, and colonialism. In doing so, this thesis contributes to wider anti deficit-based explanations of Māori health by shifting some of the responsibility of health disparities experienced by Māori back to the state, and to Pākehā. Doing this will reduce the sites of (re)traumatisation for Māori, and Māori will thus be better equipped to deal with the fallout from historical trauma. I propose that moving away from the western-

centric, linear processes that individualise and responsibilize service users, towards non-linear, rhizomatic processes offers new and broader possibilities for service users (e.g. Zigon).

Throughout this thesis, I have examined the intersection of poverty, colonialism, and neoliberalism. In line with the arguments provided by Bargh and colleagues' (2007) in regards to indigenous resistance to neoliberalism, my participants often sought out healing from the violence of neoliberal reforms and norms by drawing on methods of decolonisation, including the use of traditional Māori healing methods and other indigenous techniques. Further research into the intergenerational transfer of healing would be highly valuable. Adding to this, as there are many other oppressive forces that have a significant role in how Māori experience being Māori in contemporary society. Accordingly, research that uses the framework of historical trauma to investigate the intersection of these forces to understand the various lived realities of Māori, such as the impact of patriarchal forces on women, men, and gender non-binary folk, would help develop a nuanced and complex understanding of the phenomenon.

Although I have relied on a research paradigm that prioritises Māori, the themes I have discussed here draw on broader research, especially in the areas of mental health. I have demonstrated how our wellbeing is connected closely to our sense of social belonging and emplacement. For Māori, this takes a particular localised and cultural form, therefore showing the importance of localised knowledge, such as the kōrero presented here.

I finish here with a whakatauki that was provided to me by an elder to remind us to turn our gaze towards hope and healing in times where we are overwhelmed by despair:

Whāia te pae tawhiti kia tata, ko te pae tata whakamaua kia tīnā:
Pursue your long term goals and aspirations; as you achieve your smaller goals, honour, maintain and nurture those milestones and accomplishments that they may resource and inspire you through your life journey.

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PAPAKUPU – GLOSSARY

Aroha	Love, empathise
Haka	Often labelled as a war dance, but actually refers to dance, perform.
Hapū	Pregnant, kinship group/sub-tribe
Hara	In defilement of Tapu and Mana
Harakeke	Flax, often woven to form kete
Ingoa Tupuna	Ancestral name
Iwi	Extended kinship group, tribe, people – often refers to a large group with a common ancestor or region
Kāinga	Home, address, habitat
Kaupapa	Topic, matter for discussion, purpose
Kete	Basket, kit
Kōhanga	Language learning nest, nursery
Kōrero	Narrative, speak, discourse
Mamae	Ache, pain, injury, wound
Mana	Prestige, authority, control, power, influence, status, spiritual power, charisma
Manaaki	Support, take care of, give hospitality to, protect, look out for
Māoritanga	Māori culture, practices, beliefs and identity
Marae	Traditional meeting grounds
Mātauranga	Knowledge, wisdom, understanding
Mau Rākau	Martial art, arm, wield weapons
Māuiui	Sick, weary, fatigued, sickly
Mauri	Source of emotions, life principle
Mokopuna	Grandchild, descendant
Noho	Sit, stay, settle, remain
Pākehā	New Zealand Europeans
Papa-tū-ā-nuku	Earth, earth mother and wife of Rangi-nui
Piki-te-ora	Lifting wellbeing
Rohe	Tribal territory, boundary, area

Tangi	Shortened form of the word "tangihanga" meaning weeping, crying, funeral, rites for the dead
Te reo Māori	Māori language
Tikanga	Correct procedure, custom, law, practice
Tino rangatiratanga	Self-determination, sovereignty, autonomy
Tohunga	Skilled person, chosen expert, healer
Tupuna/Tūpuna	Ancestor/Ancestors, grandparent
Tūrangawaewae	Domicile, standing, place where one has the right to stand - place where one has rights of residence and belonging through kinship and whakapapa
Waiata	Song, chant, psalm
Waiata tautoko	Song in support of kōrero
Wairuā	Spirit, soul, nature, essence
Whakapapa	Genealogy, lineage, descent, to recite in proper order
Whakataukī	Proverb, significant saying
Whānau	Extended family, family group, a familiar term of address to a number of people
Whanaungatanga	Relationship, sense of family connection
Whanganuitanga	Whanganui specific identity
Whare tangata	Womb, uterus
Whare Tapa Whā	Māori model of health based on social, psychological, physical and spiritual well-being
Wharemoe	Sleeping house
Wheako	Experiential knowledge
Whenua	Land, landscape, placenta