

From whakamā to Karis Knight



E hara taku toa i te toa takitahi, he toa takitini –

My strength is not as an individual, but as a collective.

Ko Hikurangi te maunga

Ko Waiapu te awa

Ko Horouta te waka

Ko Te Whānau-a-Ruataupare te Hapū

Ko Ngāti Porou, ko Rongowhakaata, ko

Pākehā ōku iwi

Ko Tuatini, ko Pahou oku Marae

Ko Karis taku ingoa

No reira tēnā koutou, tēnā koutou, tēnā tātou katoa.

I am a taura (student) in my second year of a Doctorate of Clinical Psychology at the University of Auckland. I am passionate about working to uplift Māori whānau in mental health spaces. It was a privilege to have received the 2018 Karahipi Tumuaki President's Scholarship from the New Zealand Psychological Society. The following article is a summary of findings drawn from my Doctorate rangahau (research) that hopes to offer insight into how Māori understand, experience, and cope with whakamā, and with particular focus given to exploring whakamā in mental health contexts. Note that I am still in the process of collecting kōrero (conversation) and analysis is yet to be finalised so these are preliminary findings.

whakamana: He aha tēnei?

Introduction

Māori voices within the recent Government Inquiry into mental health and addiction have stressed that a transformational shift is needed within the sector to better meet the needs of Māori whānau. This includes giving more space for Te Aō Māori (Māori worldview) (Inquiry into Mental Health and Addiction, 2019). Although many of our whānau are thriving, Māori continue to have greater experiences of depression, anxiety, and psychological distress than non-Māori (Health Promotion Agency, 2018), and disparities shaped by the pervasive effects of colonisation and subsequent intergenerational trauma remain (Wirihana, & Smith, 2014). Therefore, it is important that whānau have access to services that are informed by Māori needs, priorities, and aspirations (Durie, 2018). The current rangahau hopes to build knowledge about the relevance of whakamā in mental health contexts for Māori whānau; a concept of which there is little research despite being widely known and felt by Māori.

Whakamā is a holistic concept that may encompass feelings such as shyness, embarrassment, uncertainty, shame, and pouritanga (sadness). Arguably, whakamā is grounded in a social context, is comparative, and may be viewed as a perceived loss or diminishment of mana in relation to others. Mana could be understood as a korowai (cloak), grounding us in whakapapa (genealogical links) and endowing us with power and authority to act on a particular matter. Conversely, whakamā diminishes our capacity for action, and may result in withdrawal behaviours (Metge, 1986). Tākīrangī Smith's (2019) recent publication on traditional Māori understandings of trauma and wellbeing discusses numerous mātauranga (Māori knowledge) constructs including whakamā. Similar to Metge, Smith argues that whakamā is associated with a perceived sense of powerlessness and exposure of this from others with greater power. He goes on to explain that whakamā is associated with an unsettling of mauri (life force) within a person, dissipating internal ma or energy and vitality, leading to outward expressions of withdrawal and feelings of pouritanga. Sachdev (1990) explored how whakamā may present in clinical settings as observed through his experience as a Pakehā psychiatrist. Sachdev describes how whakamā is both an individual and collective construct and is experienced across a spectrum of intensity. He concludes that his reflection, "merely scratches the surface of a complex and interesting construct" (p. 443).

Rangahau aims and kaupapa

The rangahau will aim to explore how Māori understand

and experience whakamā within mental health contexts of Tāmaki Makaurau. This kaupapa will also consider how mana is enhanced for whānau in spaces of whakamā. Contextualising the rangahau within Tāmaki Makaurau acknowledges that whakamā may be experienced differently across Hapū, Iwi and in rural settings. However, it is hoped this rangahau will act as opening kōrero for further exploration. The rangahau will consist of two stages; kōrero with kaimahi Māori (n = 20) followed by kōrero with Māori tāngata whai ora and peer support workers (n = 12). Semi-structured interviews will aim to draw out participant understandings and experiences of whakamā. A kaitiaki rōpū of five kuia and kaumatua will provide ongoing whakaaro to inform the direction of the rangahau.

To date, 16 kaimahi Māori have been interviewed. Participants have come from a range of backgrounds including; social workers, taurawhiri (cultural advisors), nurses, psychologists, psychotherapists, AOD counsellors, and occupational therapists, working across adult, child and adolescent, Tauīwi and Kaupapa Māori mental health services. A thematic analysis (Braun & Clarke, 2012) will be conducted on this dataset to draw out overarching patterns of meaning and key ideas reflected by kaimahi participants.

At present, three whai ora and two peer support workers have been interviewed. Kōrero with this group will take a narrative approach. Participants have been invited to share their stories and lived experiences of whakamā. Ware's (2018) Kaupapa Māori informed model of narrative inquiry will guide the analysis process for this data set.

All interviews have happened kanohi ki te kanohi (face to face), been approximately one hour in duration, and mostly taken place one-to-one, although participants have had the option of bringing whānau/a support person.

Preliminary reflections

As kōrero gathering is still in process, a full analysis of findings is yet to be completed. However, the following section will outline some key ideas that have been drawn from kōrero across both groups so far.

Taumaha – Layers of whakamā

Participants have talked about there being many layers to whakamā, especially for tāngata



whai ora accessing support from a mental health service. Some have alluded to these layers of whakamā as being taumaha (heavy, burdensome) affecting hinengaro (emotional wellbeing), tinana (physical wellbeing), wairua (spiritual wellbeing), mauri, and tapu. Adding to this, layers of individual whakamā often intersect with shared whānau whakamā.

For example, one whai ora described ongoing struggles with whakamā and frequent use of cannabis to cope with this. However, through learning Te Reo and connecting with tikanga they have started the process of building whakamana within themselves

Participants described how whai ora usually enter services already carrying whakamā. For some, whakamā might have been caused by a specific event, violation, or wrongdoing. For many others, whakamā may be experienced as more pervasive and chronic, caused by living in a state of diminished mana; colonisation and repetitive intergenerational traumas have positioned many whānau in spaces of mamae (hurt/pain), raruraru (conflict/chaos), pouri (sadness), and shaped realities of poverty and stress. As such, tāngata whai ora might attribute mental health providers as being part of a wider 'system' of power that strips mana from whānau thus, adding another layer of whakamā about accessing support and being vulnerable in this context. Once through the doors, whānau might experience further whakamā depending on the nature of referral (i.e., was it driven by whānau or external forces of power?) and the service's ability to provide appropriate manaaki (care/support) and understanding. The deficit structure of mental health services means that withdrawal behaviours

associated with whakamā may be interpreted negatively, as opposed to contextually, with assumptions made about 'willingness' to engage. Unhelpful experiences with mental health services, could reinforce further whakamā possibly affecting whānau decisions about seeking future support.

Nohopuku – Quietness of whakamā

Nohopuku refers to a state of inward reflection and outward withdrawal and some participants made reference to this in relation to the experience of whakamā. Many described whakamā as being hard to articulate and that it was more likely to be seen and felt than spoken about. Participants described how inaction and avoidance associated with whakamā led to barriers preventing open kōrero. Some participants also reflected on how whakamā can be covered up with other protective layers of riri (anger), alcohol and other drugs, making it harder to access and speak to. Some reflected that it was uncomfortable and exposing to kōrero on whakamā as this brought up feelings of mamae. As one participant shared,

"I feel like whakamā is not something that's talked about like at all, even in my own whānau, it's not something that's acknowledged in terms of the whakamā, our whānau are whakamā. It's a real delicate and fragile and vulnerable thing to talk about, it brings up a lot of mamae, like I said, and a lot of pouri as well, it's like a deep, a deep kind of thing."

Kaimahi described the importance of being sensitive to these barriers when working with whānau. Some talked about the importance of settling mauri or attending to wairua within the kōrero space as a means of breaking down these barriers, which could mean talking around the mamae so as to not cause further whakamā or settling the space indirectly through hongī/harirū,

karakia, mihi, and waiata for example.

Mate whakamā

Smith (2019) talks about there being different intensities of whakamā ranging from patu (to be stricken by whakamā within a particular context, transiently) and mate (more pervasive, chronic, and ongoing). In the context of this rangahau, many participants talked about whakamā as being particularly deep and mamae when it was associated with a violation of Mana Māori, leading to a disconnection or weakening of intrinsic mana inherited through whakapapa. Kaimahi talked about disconnect faced by many whānau they worked with and sometimes themselves from living in Tāmaki Makaurau, having moved away from tūrangawaewae often generations prior. Participants shared how disconnection from mana whenua also coincided with disconnection from wider whānau and knowledge about Te Aō Maori ways of being and living. Some whānau had lost knowledge of their own whakapapa or even context surrounding why there was disconnect. This lack of belonging and connection, although perhaps not spoken about, was sometimes embodied and transmitted by whānau as a whakapapa narrative. This violation of Mana Māori led to a deep sense of whakamā that functioned as both a cause of pain and also a barrier to healing. As one participant shared,

"The disconnect's the biggest thing I reckon and then the struggle to reconnect, like reconnecting, I think whakamā is the biggest barrier in reconnecting with your identity because you have to be able to ask for help, you have to be able to connect, through whakawhanaungatanga, if you don't have that as a base how are you meant to reconnect and who are you meant to go to and then you feel

whakamā because it's like, I should know this, because this is where my iwi and my marae is, but you don't have that, so it's kind of, what you need to heal whakamā is also the thing that causes it and so it takes a lot of courage to be able to go and do that."

Some kaimahi, particularly those working within Tauwiwi services, talked about how this source of whakamā was not always acknowledged or addressed in mental health contexts but paving the way towards re-connection with Te Aō Māori could lead to restored mana within whānau.

Whakamā to whakamana

Participants spoke about shifting spaces of whakamā to whakamana and what this might look like. Some kaimahi described whanaungatanga (connection and belonging) as being the opposite of whakamā and many discussed the importance of utilising whakawhanaungatanga to reduce power imbalances that reinforce whakamā. Kaimahi described how whakawhanaungatanga enabled them to connect as whānau while acknowledging the mana held within the whakapapa of tāngata whai ora. As one participant reflected,

"They remember there's not this hierarchy thing, I'm not just a nurse here to take your meds, I'm just another Māori girl and I want you to be free to tell me how you're doing."

Further, many talked about the healing effects of uplifting mana tāngata. Both kaimahi and tāngata whai ora talked about the mana enhancing effects of kapa haka, raranga groups, connecting with Papatūānuku through gardening and spending time in the ngahere (bush/forest), learning the Reo, teaching whānau about roles like Tuakana-Teina and being a whānau rangatira.

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"This dude was trying to sell me a tinny... I just said, 'Oh nah bro, I've gotta keep focused on Te Reo Māori bro, cos

if I get on that I can't progress... I'm just trying to connect with the tupuna, with our tupuna.' He went quiet. He was dazed, because that's what he knew he should be doing, was learning our Te Reo."

Many talked about a grounding wairua connection to whakapapa and Te Aō Māori even for those whānau who had experienced disconnect. Knowing this broke down barriers of whakamā and facilitated action.

Ngā mihi

Thank you to the New Zealand Psychological Society for supporting this rangahau. Tēnei te mihi nui ki a koutou.

E iti noa ana, nā te aroha –

Although it is small, it is given with love.

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