

Descriptions of Depression among a Sample of Maori Smokers

Marewa Glover

University of Auckland

Information about depression was extracted from a PhD study on Maori smoking cessation behaviour. Participants were asked to define and report on their experience of depression. One hundred and thirty Maori smokers aged 16-62, who were intending to quit, were interviewed prior to their quit attempt and on average four months later. Over a third believed they had experienced depression at some time. Qualitative responses were collected from eighty eight participants (68%). Participants described the range of generally recognisable symptoms of a Major Depressive Disorder. They attributed a number of other behaviours to depression, such as, korero about injustice they had experienced and preoccupation with a close relative who had died. Participants said there were many types of depression ranging from mild to severe. Depression was believed to worsen over time if an initial violation was not resolved. Whanau aroha, being able to talk about their feelings and injustices, learning self-help skills and learning about themselves were important for healing. Participants were generally resistant towards the use of medication.

*Tiwhatiwha te po, tiwhatiwha te ao.
Gloom and sorrows prevail, day and
night.*

(Brougham and Reed, 1963)

Both smoking and depression are major public health problems. The combination of these factors in the same person is risky, because immune function is reduced in depression and the adjusted relative risks of cancer at sites associated with smoking has been reported to be especially high – nearly 20-fold in heavy, depressed smokers compared with never smokers without depression. In addition, the most important risk factor for suicide is treatment resistant depression. However, smoking has also been implicated as a risk factor for suicide both in men and women (Tanskanen, Korhonen, Uutela, Viinamaki and Puska, 1996).

In New Zealand, about one in seven people (one in five women) will develop a depressive disorder some time in their lifetime (National Advisory Council on Health and Disability, 1996). There is some evidence suggesting Maori suffer higher rates of depression or are disproportionately admitted to psychiatric hospitals for schizophrenia, alcohol dependence or abuse and drug dependence or abuse (Pomare et al., 1995). In 2002, half (49%) of all Maori adults smoked (Ministry of Health, 2003). Even among people who may not meet the strict criteria for a clinical diagnosis of depression, depressive symptoms are related to higher rates of smoking (Tanskanen et al., 1996).

There have been suggestions that people with psychiatric disorders smoke as a form of self medication (Covey et al., 1994). Some studies have identified a genetic predisposition for addiction to nicotine. For example, a study of 1566

female twins showed “that shared genes, rather than a common environment, more convincingly explained the relationship between major depression and cigarette smoking” (cited in Covey et al., 1994, p.227).

Not only do people with schizophrenia, dysthymia, depression, generalised anxiety disorders, alcohol dependence and other drug addictions, smoke more, research has shown a consistently adverse relationship between these disorders and quitting (Covey et al., 1994; Dale et al., 1997; Fiore et al., 1996). People with depression may also experience more withdrawal symptoms (Gritz et al., 1995). As well, nicotine withdrawal can exacerbate a comorbid condition (Fiore et al., 1996).

The little information that exists on Maori and depression suggests that Maori have different views of the cause and treatment of depression (National Health Committee, 1996). Durie (cited in National Health Committee, 1996) states that “explanations of illness based on a possible breach of tapu continue to have meaning for Maori and therefore have implications for health workers.”

Method

One hundred and thirty self-identified Maori smokers, aged 16-62, who were intending to quit, were interviewed during 1997-1998. Their average age was 35.5 years. Twenty two percent of the participants were men. Sixty five percent had some form of employment, however 50% were receiving an income benefit. In total, 57% were eligible for a Community Services Card. Eleven and

a half percent of the participants had no educational qualifications.

Qualitative information was collected during a face-to-face semi structured interview. Participants were asked if they had had depression, recently or in the distant past. If they responded affirmatively they were asked to describe what they went through, that is, the symptoms. Responses were collected from 68% of participants. The data was coded for entry in to QSR NUD*IST Release V4.0 by separating the text in to paragraphs by singular topic content. Further categories were derived using content analysis (Miles & Huberman, 1984). Te Whare Tapa Wha (the four-sided house) was used as the principal theoretical framework for analysis of depression symptoms. Te Whare Tapa Wha provides for four categories of experience: te taha wairua (the spiritual realm), te taha tinana (physical experience), te taha hinengaro (the psychological world) and te taha whanau (relationships with family and the wider society). Ethical approval for the study was given by the University of Auckland Human Ethics Committee.

Results

Statements about depression were grouped in to four categories:

- Symptoms
- Causation
- Treatment; and
- Specific comments about a Maori theoretical understanding of depression.

Te Whare Tapa Wha was used to categorise statements about the symptoms of depression. This data will be presented first. Secondly, statements about the cause of depression are presented. Depression was seen to be caused by either internal factors or external events. Thirdly, participants' statements about treating depression are outlined and finally their theories about depression are presented.

Over half (58%) of all participants believed they had experienced depression at some time with one quarter (32) of participants saying they had had depression in the last six months. Depression was self-defined. Some participants discussed the task of defining depression. They suggested the need to distinguish

between simply feeling down, stressed or worried and depression. There was an acknowledgement that you could feel sad now and then, or burned out, but these were states that could be easily recovered from. Depression was seen to go "beyond grief."

Symptoms of Depression

Comments describing the symptoms of depression were made by 50% (65) of the participants. The comments were coded as belonging to one of the four realms provided for by Te Whare Tapa Wha. How depression is experienced physically (te taha tinana) is presented first. Then thoughts and feelings (te taha hinengaro) characteristic of depression are described. How depression affects one's spirit (te taha wairua) and the effect on relationships with others (te taha whanau) are presented last.

Te Taha Tinana

Te Taha Tinana is used here to represent comments participants made about how depression is or might be experienced physically in the body. A range of physical symptoms were cited by participants. These were related to a loss of energy, a loss of motivation and a loss of ability. The physical manifestations of anxiety were also described.

Loss of Energy - Due to a loss of energy, participants thought people with depression were slow to comprehend and respond. Their ability to concentrate was diminished and they felt tired. Some participants complained of hypersomnia or disrupted sleep:

Everything just slowed right down, slowed right right right down, where my concentration was completely gone. I had absolutely no energy whatsoever. I slept for 5 weeks (Woman, aged 41).

I'm sleeping but I'm sort of sleeping at 2, 3 o'clock in the morning and then sleeping till 10, 11 in the morning (Woman, aged 29).

...not sleeping, only sleeping for a couple of hours (Woman, aged 31).

Loss of Motivation - In describing depression, participants said they suffered from a loss of appetite, lethargy and a lack of motivation.

Couldn't be bothered doing anything. Couldn't be bothered

getting out of bed, just totally lethargic, moody, irritable (Woman, aged 34).

Just like dragging yourself through the day (Woman, aged 25).

I don't do anything. I just sit there, lie there actually all day. I've just come out of quite a bad one actually. The last couple of days I didn't shower for three days and that's not me (Woman, aged 29).

Loss of Ability - Loss of ability was described as an inability to function, cope or communicate effectively.

Not being able to plan my days, not being able to get out of bed, not being able to want to get out of bed even (Woman, aged 40).

Harder to take care of myself (Woman, aged 24).

I couldn't think or anything (Woman, aged 37).

Unable to effectively communicate. It's frustrating, and I get depressed, get emotional and upset and act out which I hate doing. (Woman, aged 29).

You're incapable of dealing with the emotion yourself, so you have to resort to something to blot it out (Woman, aged 39).

Anxiety - Participants talked about feeling anxious, restless, moody and irritable. Several women complained of incessant crying.

Crying all the time, didn't even know why the hell I was crying (Women aged 24, 31, 34 and 54).

Te Taha Hinengaro

Depression was seen to affect people's thinking, feelings and their perspective which are grouped here under te taha hinengaro. Participants believed that depression increased irrational thinking. Feelings typically trended towards negativity and people with depression were said to have a miserable bleak outlook. With depression the overwhelming negativity was turned against oneself, sometimes leading to self-destructive behaviour.

Negative Feelings - Participants described depression as feeling sad, alone, angry and helpless. Some participants said they felt so bad when depressed it felt like death was all

around them. The following quotes illustrate the range of severity of experiences:

Deep sadness that would be very hard to overcome without any support (Man, aged 30).

My depression is pissed off (Man, aged 37).

I'd be angry, really angry, and then really depressed and hopeless and in despair (Woman, aged 23).

I've felt alone, hopeless, helpless (Woman, aged 42).

You think you're going to go nutty or something if you don't get out of a particular situation (Woman, aged 61).

It felt like hell (Woman, aged 40).

A big black cloud (Man, aged 41).

Shit! Going to hell and not coming back... Just not wanting to be in reality, in the world of reality. You don't want to be here (Woman, aged 35).

...because you live in a black hole, when you're in depression (Woman, aged 44).

I can feel this feeling like death around (Woman, aged 60).

Negative Outlook - Depressed people were said to be always putting things down. They seemed to have no hope.

Always got a gloomy answer ... sees no light, sees no sunshine, no hope at all ... miserable (Woman, aged 33).

I'd wake up in the morning, say early 5 o'clock, and then I'd have this feeling come over me like oh god, another day. What am I going to do today? I don't want to do anything today and if the weather's bad, I'll say what an awful day. And there's nothing nice about anything... I just want to disappear under my bed clothes. I don't even want to go to sleep. That's not pleasant... That's depression (Woman, aged 57).

Negative About Self - Participants said that they didn't feel good about themselves when they had depression. They thought of themselves as hopeless and could not see that their life would improve.

I did have a rock bottom (Man, aged 28).

Right down... Sunken more or less right down in the gutter (Woman, aged 31).

I just thought nothing was worth living for... I really didn't think there were any answers to my life and where I was heading at that time so well the best thing is chuck yourself over the bridge girl - true. At that stage I didn't feel depressed. I was quite happy, but I knew that the life that I was leading was not going to take me anywhere (Woman, aged 33).

I feel like I haven't a future (Woman, aged 52).

Self-destructive Behaviour - Negative thoughts and feelings sometimes manifested in self-destructive behaviour, ranging from poor self-care, smoking and drug abuse to deliberate self-mutilation and attempted suicide.

When you dislike yourself, what do you do? You destroy yourself. Smoking is part of that... I couldn't really do too much to destroy myself 'cos I've got too many other people to think of... not suicidal, but smoking is suicide in the long run isn't it... premeditated suicide... you hurt yourself by cigarette smoking or drinking a lot or walking down a bad alley by yourself, putting yourself at risk (Woman, aged 29).

Smoking increased for a number of people when they were depressed.

Smoking again came in a lot (Man aged 36).

I was just smoking because it was there. I knew physically it wasn't helping me. I knew the facts, but you just don't give a toss about the facts when you're in that state of mind. You either turn infantile or you can't think straight (Woman, aged 22).

Some participants said that the use of drugs was a way to act out or shield themselves from their woes.

To calm me down I used to drink a lot. I could go through a bottle of rum in one night (Woman aged 52).

Heavy drug use, heavy alcohol use... I medicated myself (Woman aged 36).

I got into drinking... I gave up on myself and life and I didn't care about anything anymore (Woman aged 29).

Two women talked about damaging themselves with food.

I've been eating terribly. Not really loss of appetite, just eating all the wrong food that I know is no good for me and then I won't eat at all. I won't eat for a day and then I'll eat horrible food again and then I'll stop again (Woman, aged 29).

The only place that I'm still doing it to myself is that I do the cigarettes. I do it with food and I do it with sex... that's part of that addictive cycle... I see it as a way of nurturing (Woman aged 52).

A number of participants said they had thought about suicide or attempted suicide.

A couple of times I cut myself, and I remember it was to get bail, to get out of custody. Another time I drank a bottle of vodka and sliced my wrists, but I wasn't trying to kill myself, 'cos next morning I woke up and sobered up and went straight to the hospital and got myself sewn up (Man, aged 41).

Suicidal at one point, at just one particular time. Attempted (Woman aged 30, 31).

I hit rock bottom and I needed to escape from all the stress and I was looking to blame somebody. [suicidal?] I did attempt it. I took a whole lot of pills all at the same time, but it didn't work (Women aged 19, 16).

Te Taha Whanau

How depression effects peoples relationship to others was grouped under te taha whanau. Relationships with whanau are affected, initially through the withdrawal of the person with depression and their diminishing capacity to function.

Mine was needing to be totally alone... I'd had enough of people (Woman aged 49).

I wouldn't talk to anybody. I completely blocked myself out (Woman, aged 16).

It's a state of mind where you

feel very alone and can't trust people... [sister interjects: rejection of your whanau] with being unable to trust people, your whanau and unsupportive and very unstable not very clear thinking (Woman, aged 26).

Relationships suffer further if the depression is 'acted out' in a destructive way.

I was taking it out on my nine year old... why don't you just f... up (Woman, aged 31).

I was like a time bomb. If anybody, if any man got in my way I would use anything to hit them I think, so it took me into prison. I beat up a man really badly (Woman, aged 52).

I'm a prick and a jerk (Man aged 41).

I took my hate out on the world ... angry very much. Yeah I just hated the world. Just didn't want anybody in my life (Man aged 32).

Te Taha Wairua

The withdrawal that manifests in a depressed person's behaviour and relationships is also experienced in the spiritual realm of te taha wairua, that is how depression is experienced spiritually. One woman explained it this way:

Feeling as if I had lost total touch with myself... being an empty shell... just somehow losing touch with my wairua, losing touch with my whatumanawa, my emotions, losing touch with those... like I was living in a dark hole somewhere... for me it wasn't so much that they were gone. I had somehow just lost the connection... but certainly it felt like I was in this bloody dark hole (Woman aged 42).

Causes of Depression

Fifty four (42%) participants talked about their beliefs about the causes of depression. Depression was seen to result from internal states brought about by illness or drug abuse, or in reaction to two sorts of external stressors, direct experience of abuse and stressful life events.

Internal Stressors

Some participants concluded that their depression followed physical illnesses, such as, hypothyroidism or bronchitis. Conditions such as pre-menstrual tension and infertility were cited as leading to depression and one woman said she had had postnatal depression.

I put it down to I've got something in my system and it's making me angry (Woman aged 57).

Lack of having more children. Not having more children. That's a very big part of it... To see him growing up like an only child makes me sad (Woman aged 30).

Alcohol and marijuana were seen to induce or quickly enhance depression.

I was also an alcoholic and a drug addict as well... the abusing of alcohol and drugs just brought my life to a point where my life became unmanageable (Man aged 28).

I smoked marijuana for 26 years... I gave up alcohol for 10 years and substituted it with marijuana. I drank and I smoked for 18 years. Then I gave up drinking, then hard out smoking... the depression I'd say came with the drinking. With the marijuana it was from sitting around fantasising and feeling sorry for myself and having stupid ideas floating around in my head (Man aged 41).

Pre-existing psychological states, such as low self-esteem or an identity crisis were thought to contribute to the development of depression.

Before I had any awareness of who I was (Woman aged 52).

Was to do with faith and religion and all that sort of thing. Just questioning everything... crisis of identity (Woman aged 44).

Feels like I've been in this vulnerable place for a long time (Woman aged 40).

External Stressors – Violations

Violations of all sorts, including physical, sexual, emotional and financial abuse, were cited as causes of depression. Participants had experienced a wide range of forms of

abuse, from sexual abuse as a child, rape as young women, to violence from a spouse. One woman had experienced workplace bullying. Put downs and deliberate isolation by whanau were mentioned by others. Colonisation, as a specific form of abuse, was also mentioned by a few participants.

Physical abuse ranged from abuse experienced as a child from a parent to violent attacks when an adult.

My father was really really violent... Then I married my children's father. He was really a violent man (Woman aged 52).

Boyfriend... he lost his job before Christmas and he started to take it out on me... and then Thursday he just got really abusive to me and I said that's it I'm going to ring the police and he come running after me and said I'm going to kill you ... so, I rung the police, got him out ... Saturday he tracked me down here, tried to kill me... so I live in fear (Woman aged 33).

One man received a brain injury in a violent attack. His depression followed the consequences of the changes in his life due to the brain injury.

When released from hospital, on own had no support. Don't have a trade no more, not working - money factor (Man aged 41).

Two women partly attribute their depression to the sexual abuse they experienced when young.

I had an uncle live with us who used to sexually abuse me until I went away to boarding school... At 18 I was raped... I went through a court case that had... a devastating effect on me because nobody believed me, not the policeman, nobody... what really pissed me off was that wasn't my destiny (Woman aged 52).

I lived in that black hole since I was 16 years old... that was connected to my sexual abuse ... the grieving of losing - I've never ever been a child (Woman aged 44).

The family just aroha just helped me through (Woman aged 44).

My whole whanau came and helped me, so you know, some really positive changes kind of started to happen, that's why I was able to stop (Woman aged 21).

Mum was there for me. Sometimes she'd be here 'til 12 o'clock at night just hard out talking (Woman aged 31).

I've like, pulled myself out of that through friends and cousins (Woman aged 29).

Having my family up here too, it's strengthened me (Woman aged 44).

People need someone to talk to about why they're feeling down... sit down and talk to them and let them get quite angry. (Woman aged 26).

It was a matter of just sitting quietly with her and finding out what's going on (Woman aged 60).

Changes in people's lives sometimes shifted things to the positive, for example meeting a new partner or getting in to religion and starting to question and look at oneself. For example:

When I left the children's father things became different. I went into lots of religions. I used to go in and out of religions but they weren't the right things, and I went into what they call the Bahai faith and that allowed me to be Maori and it also allowed me to go and look at the issues... End up learning about myself (Woman aged 52).

Several participants had experienced some form of counselling or attended a treatment service.

I went into peer counselling as well and that helped put some things into perspective plus I talked a lot with [work colleagues] and my family too and most recently did, moved some major stuff for me personally with my Mum (Woman aged 40).

A and D programme only last year, residential... fortunately no medication (Woman aged 39).

A support house for addicts and alcoholics... I just needed help to sort of like get myself off it and get myself back on track again (Man aged 28).

Fifteen years under counselling and I'm still under counselling for sexual abuse (Woman aged 44).

About 15 participants talked about the use of medication for depression. Some said they had been prescribed Prozac, Aropax and sleeping pills. A few avoided going on medication.

Doctor started talking about Prozac but I pulled myself out of there real quick (Woman aged 40).

I was taken off Prozac. I didn't like the stuff... weaned myself off, went to mental health... and they put me on Aropax (Woman aged 26).

Some had been "put in hospital" or were committed at some time. A few participants were currently going to a counsellor or seeing a psychiatrist and taking medication.

I had to go through counselling. I had to go and see a doctor... they tried to get me into Manaaki House (Woman aged 32).

I ended in hospital... saw a psychiatrist, he said something to me. I said to him I think I am crazy that's how I see it. He said you're not. He made me believe in myself. Next thing I just snapped out of it (Woman aged 37).

Theorising about Depression

A small number (10) of participants entered into a more detailed discussion of depression. They believed that depression resulted from a system imbalance, a loss of rangatiratanga, separation from tipuna and a lack of recognition of te taha wairua.

Depression for me is when all your systems, your wairua, your tinana, your hinengaro, it's all just unbalanced (Woman aged 36).

I suppose when we talk about tino rangatiratanga, I start with me, and depression I'm saying is not one of them (Woman aged 52).

As far as I'm concerned Maori people had the most horrible depression you can ever had, worse than Pakeha's... like a lot of things it's to do with your tipuna. Like I communicate with my mum, she's been dead 31 years now... I was 11 years old when she died. I have been communicating with her since and they put me in a psych

unit (Woman aged 44).

One woman talked about the inadequacy of the Beck Depression Inventory because it didn't recognise te taha wairua:

...the Beck, the symptoms are there because they're symptoms... a lot of them are the same. It doesn't cover the spiritual aspect - their whole ihi, wehi, mana; their mana disempowered... When we're looking at our history and we're looking at our Maori families and depression, because we have been for generations now Maori, me being one of them, who have been separated for various reasons in that right from our tupuna, so looking at it like that we've actually all been in a depressed state for generations (Woman aged 42).

One woman explained why she thought Maori present for treatment later.

With Maori, depression happens at a later more critical stage as opposed to non-Maori. The crisis - it's been there for a long time... I think because they always feel they have to cope... I think it's more about maintaining their mana within them and that they don't need help and that they can handle anything sort of thing rather than reaching out... deal to it themselves, especially when it's not a sort of physical misfortune or bad thing that's happened to them like a disability... until there's a crisis... they take it out on drugs, crime... violence, you know, lashing out, so that they can get some form of help... Too proud (Woman aged 31).

It was proposed that depression worsens over time, especially if the first trigger of depression is not attended to. One participant proposed a model depicting the progressive deepening states of depression, which she demonstrated as receding from the forehead back to the base of the skull.

If the first issue is not resolved and then the two issues worsens the depression and then to have a third and fourth one, if they haven't actually gained the ability to work

through number one, how on earth are they going to work through number three and four? (Woman aged 42).

If it keeps going it gets more and more severe. Suicidal tendencies, right at the end... I actually believe that our people know about these things and this was one of the things they talked about in te whare wananga. It was all about you, to maintain your state of mind and your body, to keep it all in balance with one another... I think that te kawae runga is the, they said it was the upper jaw bone. I believe that it's your mind and the different states that you can take yourself into and the lower jaw bone would be the reality... the common world. I think that our people knew of safety measures of not getting to such a bad extent and they had all these different practises, but we've lost a lot of that (Woman aged 26).

There was a suggestion that depression was cyclic and that there were many types of depression.

I come into contact with so many types of depression, like depression of the acute psychotic person who's depressed, and then there's the people that many years ago were sexually abused and all of a sudden it's just come back to them and really haunting them and they're feeling really suicidal because of it, and then there's people that something happens one day and they're not feeling that good, they're just feeling down... they're all different (Woman aged 26).

Discussion

Participants described the range of symptoms of a Major Depressive Disorder (NACHD, 1996). There were the physical symptoms, such as, disturbed sleeping and eating patterns, lethargy and overt sadness. Cognitive symptoms included loss of motivation, persistent negative outlook, withdrawal and feelings of hopelessness. Behavioural symptoms were poor self-care, increased use of drugs and alcohol and acting out. Some participants spoke of self-mutilation and

attempted suicide.

The participants attributed a number of other behaviours to depression. These are recognised in the "Guidelines for the treatment and management of depression by primary healthcare professionals" which lists a number of other signs that are particularly indicative of a depressive disorder for Maori. The most frequently mentioned sign of significance to Maori was korero about issues of injustice experienced by the person or their whanau, which have resulted in intense internalised shame or guilt (puuhi) and/or intense externalised shame or guilt (sometimes described as whakama) (NACHD, 1996, p.27).

Physical and emotional abuse from a partner was cited by participants, as was sexual abuse, with the ill-effect on mental health compounding if the victim was not believed. Violations, put downs, violent attacks and bullying at work were also experienced by participants. A few participants talked about the ill-effect of colonisation on Maori, for example, being separated from tipuna.

Some participants spoke of irritability, anger and lashing out at others, another of the signs listed in the Guidelines. Another sign of significance to Maori is preoccupation with a close relative who has died. Several participants linked the death of a parent, sibling, child or partner to their depression. Others talked about events that resulted in a loss of their status, for example, being demoted at work or losing capacity to work. Not being able to have more children was demoralising for one woman. One man's depression followed the loss of his status as a husband. Two participants talked about going to jail, which can represent a loss of status.

Many of these injustices and other events cited as precipitating depression can include or infer breaches of cultural protocols, which is another of the signs listed in the Guidelines. Knowledge of local kawa and tikanga would be required to identify breaches and determine the potential for ill-effect on the presenting client and/or their whanau.

A few participants said there were many types of depression and that there were different Maori words for the different types. These different types

range through states of depression from mild to severe, from simply feeling down, stressed or worried to states that went beyond grief and to states that were near-death like.

A number of participants believed that depression worsened over time if an initial violation was not resolved or if there were "violation on violation," becoming a more permanent state. This has been said before in a Mental Health Foundation leaflet (undated) describing whakamomori. The leaflet says that whakamomori is "a deep-seated underlying sadness. More powerful than a (passing) 'feeling', Maori describe it as a process which, if left untreated, will lead to acts of desperation."

An experience that seemed to occur towards the severe end but prior to suicidal ideation, was that described as living in a 'black hole'. Or as one woman put it, she could feel death around her. This feeling precedes death but mirrors what Barlow (1991) describes when Maori die. "The spirit enters a place of darkness and awaits the arrival of the guardian spirits which will lead them through the wheiao to the world of light beyond, that is, into the spirit world" (p.184). According to some participants, some people with depression can live close to this state of darkness, that is, close to death, for a very long time.

With regards to the treatment of depression, participants identified the importance of whanau aroha and support, particularly being able to talk about their feelings and the injustices and being listened to. Having or learning self-help skills and learning about themselves, working on their sense of identity, for example, through decolonisation training or therapy was also important. Some participants identified the need to take time out, for example, taking time off work, or entering a residential treatment service for a while, as useful. Participants were generally resistant towards the use of medication.

Despite the frequent reference to injustices as contributing to depression, the participants did not suggest that reparation was essential to recovery from depression. However, this study only asked if people had experienced depression and requested a definition in their own words. The depth of responses

gathered in this study suggests that there is scope for a more in-depth qualitative study that specifically focuses on Maori beliefs about depression, experience of and attitudes towards treatment. Such a study should seek to recruit a representative sample of Maori as participants in the current study were predominantly Maori women drawn from the northern regions of New Zealand and represent a population of smokers intending to stop smoking.

Summary and Conclusions

Maori participants in a study on smoking cessation behaviour were asked if they had experienced depression and to describe it. The data provided a rich set of examples of physical and behavioural symptoms. Participants shared theories on the causes of depression and talked about treatment.

Participants indicated that their tobacco consumption increased when they were depressed. The study did not determine if there was a greater prevalence of depression using standardised measures, although over a third believed they had experienced depression at some time. Because of the likelihood of greater prevalence of depression in smokers, people attempting smoking cessation should be screened for depression and referred for appropriate treatment, as a current depressed state is likely to undermine success at quitting. People with depression who smoke should be supported to reduce tobacco consumption and if possible quit. Otherwise, as occurred for one of the study participants who survived her experience of depression, they may die prematurely from a smoking related illness.

This study suggests that research specifically focused on Maori beliefs about and attitudes towards depression would net detailed information about the causes of depression, direct and indirect experience of depression and its treatments. Such information could assist in the design of public and primary healthcare interventions. Future research would need to engage a representative population of Maori, including Maori who had experienced depression, their whanau and Maori mental health workers.

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Author Note:

Marewa Glover (Nga Puhi)

Correspondence to:

Marewa Glover, PhD
Research Fellow, Social & Community Health, School of Population Health
University of Auckland
Private Bag 92019,
Auckland
Ph: 09 373 7599 ext. 86044
Fax: 09 373 7493
Email: m.glover@auckland.ac.nz