

Mā te mātau, ka ora: The use of traditional Indigenous knowledge to support contemporary rangatahi Māori who self-injure

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International understanding of, and interventions for, self-injury are grounded in definitions and models that are based on a worldview that, for some rangatahi Māori (Māori youth), differ from their own lived realities. In this paper we explore the potential that traditional knowledge has for enabling rangatahi and whānau (families) to understand self-injury within a culturally-relevant context. *Kōrero tuku iho* (traditions or stories of the past) are affirming of behaviours that, in modern society, would be considered self-injury. These *kōrero tuku iho* have been passed down over generations and, as such, are grounded in traditional Māori values and beliefs. This knowledge can be applied to the behaviours rangatahi Māori engage in and provide a culturally-grounded context, rationale and mechanisms for healing when rangatahi self-injure. Learning of these behaviours facilitates an opportunity for rangatahi to reconnect and learn more about their culture.

Keywords: Self-Injury, Rangatahi Māori, Adolescents, Indigenous peoples, Culture, Ethnic minorities

*Mā te rongō, ka mōhio
Mā te mōhio, ka mārama
Mā te mārama, ka mātau
Mā te mātau, ka ora¹*

This paper highlights traditional Māori cultural practices when working with rangatahi Māori who self-injure. In order to centralise the readers' thinking within a Māori worldview, this paper begins with an exploration of relevant aspects of *te ao Māori* (a Māori worldview), namely *kōrero tuku iho* (myths, ancient legends, or stories passed down through generations²) and *whakapapa* (genealogy). *Kōrero tuku iho* are presented here as a metaphorical vehicle by which traditional behaviours can be transmitted from the past to the present. *Whakapapa* is introduced as a construct that is integral to an individual's wellbeing and, as such, it can be used for healing with rangatahi Māori and whānau (Durie, 2015). The intention of this paper is to highlight the role that culture can play in healing in a mental health context, particularly when working with rangatahi Māori and whānau.

Kōrero tuku iho are traditional stories, myths or legends that are transmitted over generations. But *kōrero tuku iho* function as much more than just stories; they pass on knowledge from *tīpuna* (ancestors) that reflect a Māori worldview (Lee, 2009; Roberts & Wills, 1998). Imbued in these *kōrero tuku iho* are morals, values and beliefs that can be taken a priori and applied in a modern context in order to guide current and future generations. In essence, *kōrero*

1 Through perception comes awareness, through awareness comes understanding, through understanding comes knowledge, and through knowledge comes well-being (Māori proverb).

2 The literal translation of *kōrero tuku iho* is a story/stories passed down. Thus, the term *kōrero tuku iho* can describe the myths and legends of Māori history that are also referred to as *pūrākau* (myths or legends). However *kōrero tuku iho* may also include colloquial and familial stories passed down within whānau.

tuku iho are grounded in *te ao* Māori and provide guidelines for being Māori in a modern context.

Kōrero tuku iho reflect a Māori worldview, and central to a Māori worldview is *whakapapa*. *Whakapapa*, in its simplest form, is translated to mean 'genealogy', however, on a deeper level, *whakapapa* provides an understanding for how, to Māori, the world came to be as it is, and how Māori continue to live (Mikaere, 2011). Knowing one's *whakapapa* provides a sense of belongingness, affinity and membership to particular *iwi* (tribes) and *hapū* (sub-tribes) (Mead, 2016). Often when Māori introduce themselves, particularly at formal gatherings, they will locate themselves within space and time by reciting their *whakapapa* and naming aspects of *te ao tūroa* (the natural world) with which they affiliate, for example the mountain, river/lake/sea, and *rohe* (region) from which their *iwi*, *hapū* and whānau originate. Mead (2016) describes how one's *tuakiri* (identity) can be inextricably linked to these physical elements. In essence, the significance of locating oneself within space provides a physical place of belonging, where one can stand with confidence; understood in *te ao* Māori as one's *tūrangawaewae* (home base, literally a place for one's feet to stand; Mead, 2016).

Given that *whakapapa* is inherently tied to identity as Māori, *whakapapa* is also a core component of Māori wellbeing. In his keynote address at Healing our Spirit Worldwide, Durie (2015) described the concept of *mauri* (life force; Moorfield, 2005) as a reflection of the energy or vitality that encompasses a person's whole self beyond their physical wellbeing. Cultural identity is described by Durie as one of eight elements that are essential to a person reaching a state of *mauri ora* (flourishing), whereby:

"[m]auri ora is mirrored by an enlightened spirit, an alert and inquiring mind, a body that is fit for purpose and free of pain, and engagement with a set of relationships that are positive, nurturing, and mutually beneficial. In contrast, *mauri*

noho [languishing] can be manifest by the loss of hope, a mind that is clouded and insular, a tortured body, and engagement in a set of relationships that are disempowering and humiliating. In brief, the *mauri*, whether flourishing or languishing, reflects four dimensions: *wairua* (the spirit), *hinengaro* (the mind), *tinana* (the body), and *whānau* (relationships).

Therefore, in *te ao* Māori, *whakapapa* describes the history of people, places and behaviours (Mikaere, 2011). Knowledge of *whakapapa* can strengthen one's cultural identity and contribute to one's wellbeing and achievement of *mauri ora*. Through *kōrero tuku iho* *whakapapa* has the potential to serve as a mechanism by which *rangatahi* Māori can connect with their identity as Māori.

Current research on NSSI in Rangatahi Māori

Throughout the course of this research, anecdotal evidence from clinical practitioners who work with Māori has highlighted the prevalence of self-injury with *rangatahi* Māori³. Furthermore, recent research conducted by the authors as part of the Youth Wellbeing Study has found that in the *Wave Three* sample⁴ of *rangatahi* who identified as Māori⁵, 32% had either hurt themselves on purpose, or thought about hurting themselves on purpose (7%) in ways that are considered to fit the definition of non-suicidal self-injury (NSSI: deliberate self-inflicted damage to bodily tissue without suicidal endorsement or suicidal intent; Nock, 2010). Of those who had self-injured, cutting their wrists, arms or other areas of the body were the most common form of self-injury. Also, of those who had self-injured, 2% identified that they were 'not at all' interested in stopping hurting themselves on purpose, whilst 12% 'would like to stop'. Of all *rangatahi* Māori surveyed, 71% knew someone who had hurt themselves on purpose. With regard to functions, Mendiola (2011) has found that cultural influences, such as *matakite* (seeing spirits, or into the future, or past), were reported by *whānau* members of *rangatahi* as reasons for why their *rangatahi* had hurt themselves on purpose.

Taken together, these findings validate what has been described by practitioners anecdotally, and highlights the extent to which self-injury is an issue relevant for *rangatahi* and *whānau* in communities in Aotearoa. Even if they have not done it themselves, most *rangatahi* Māori have come in contact with someone who has hurt themselves on purpose, and cultural influences are important.

International Research on NSSI

Leading research internationally tells us that for adolescents NSSI serves both intra- and inter-personal

3 One half-day advisory group workshop was conducted with practitioners who work with *rangatahi* and *whānau* who had self-injured. As follow-on from this, a full-day workshop was held with the wider community for practitioners and *whānau* to come together and share their experiences of supporting *rangatahi* who had self-injured.

4 *Wave three* of the sample was comprised of participants who were surveyed in 2015. The total number of *rangatahi* who identified as Māori within this sample was 175. The age range was 14-17 years, with the median age of 15

5 Identity as Māori was established by those who answered 'Yes' to the question "Are any of your parents, grandparents or great grandparents Māori?", and/or who identified Māori as their ethnicity (primary or other).

functions, and the behaviour can serve multiple functions at one time and are not mutually exclusive (Nock, 2010). Primary intrapersonal functions include the regulation of emotional experiences (Klonsky, 2009; Muehlenkamp, et al 2011; Nock, Prinstein, & Sterba, 2009) self-punishment (Lundh, Karim, & Quilisch, 2007) and as an alternative to suicidal behaviour (Klonsky & Muehlenkamp, 2007). Empirically-validated interpersonal functions include communicating distress or influencing others' behaviour (Klonsky & Muehlenkamp, 2007; Nock & Prinstein, 2005).

One of the most prominent models used to explain NSSI is the Experiential Avoidance Model (EAM; Chapman, Gratz, & Brown, 2006). This model describes NSSI as a coping mechanism; a form of emotion regulation that serves to manage distressing thoughts (Chapman et al., 2006). According to the EAM, when an individual experiences unwanted negative emotions they self-injure in order to either allay or eliminate the negative emotions. The temporary relief that is felt then negatively reinforces the self-injury, which, over time, may become an automatic coping mechanism (Chapman et al., 2006).

With regard to interventions for those who self-injure, there is a paucity of treatments that specifically target NSSI in any population, including adolescents (see Klonsky, Muehlenkamp, Lewin & Walsh (2011) for a review of evidence-based treatments). An emerging treatment approach is Emotion Regulation Group Therapy (ERGT), developed by Gratz and Tull (2011) with adult populations. ERGT has been developed based on the EAM's conceptualisation of NSSI as an emotionally avoidant behaviour. The treatment for NSSI focuses on several components, including mindfulness, emotional awareness, decreasing avoidance, accepting emotions, and a focus on the relationship between emotions and behaviour. Strategies of regulating emotions often utilise mindfulness techniques. Mindfulness is grounded in the beliefs of Buddhism, and activities such as meditation and being fully present in a moment are common practices in mindfulness workshops (Brown & Ryan, 2003). The intervention process for ERGT also includes modules that teach participants to identify their values and encourages engaging in valued action. Currently there is little information on the effectiveness of ERGT in adolescent populations, although as an individualised treatment programme, Bjareberg et al (2014) have recently piloted emotion regulation therapy with adolescents in Sweden, with promising results to date.

Self-Injury in Māori

In exploring traditional Māori knowledge regarding self-injury, this research looked to *kōrero tuku iho*; to stories from Māori ancestors, both real and mythical. These *kōrero tuku iho* are located within *mōteatea* (traditional chants; Ngata & Te Hurinui, 1961), *whakataukī* (proverbs; Mead & Grove, 2004) and *waiata* (songs; Moorfield, 2005) that are passed down over generations (Orbell, 1992).

Indigenous cultures across the world share many similar cultural values, though they may be expressed in different terms. The strong connections that *whenua* (land) holds as a place of belonging (*tūrangawaewae*) described here for Māori are also strong in other cultures. For example, Hawai'ian

(Rezentes, 1996) and other Indigenous cultures such as the Western Apache people of Arizona (Basso, 1996) and, closer to home, the Aboriginal communities of Australia (McKay, McLeod, Jones, & Barber, 2001). We can also look to other Indigenous cultures for similarities in traditional knowledge regarding self-injury. Favazza (2011) provides one of the most comprehensive accounts of cultural understandings of self-injury knowledge accessible in mainstream society. He describes rituals of indigenous cultures that serve as rites of passage, signs of respect and honour for ancestors, the rebalancing of body and/or spirit energies, and for healing of diseased or wounded body, self, or psyche. Traditional Hawai'ian stories talk of the practice of *Ma-newa-newa*, which is an expression of *Na'au'auwa* or intense grief at the passing of a loved one (Pukui, Haertig, & Lee, 1983). Examples of such behaviours include scarring the body or knocking out teeth. Traditional practices such as this demonstrate that there may be behaviours, that from a Western perspective, may be classified as intentional self-harm. Whilst the practice of *Ma-newa-newa* was not culturally mandated or sanctioned as a cultural norm, it was in some ways respectfully tolerated during *Na'au'auwa* (Rezentes, W. personal communication, 29 April 2016).

Returning to examples from traditional Māori perspectives, *Kiri haehae* may be a practice that warrants exploration as a cultural analogue of self-injury. The term *kiri haehae* is translated to mean to scratch, draw, cut up, lacerate or tear (Moorfield, 2005). Ngahua Te Awekotuku (2009) describes the traditional practice of *kiri haehae* as

... a more primal form of modifying the body, including the face, in response to grief and death. Unlike *tā moko*, which was an erudite art form applied by an expert *tohunga* with chisels and pigment, *haehae* was a spontaneous expression of intense grief. Inflicted with *tuhua*, or obsidian flakes, sharp *mata* or *whaiapu* stone, or razor shells; you did this to yourself. It was not seen as mutilation, as self harm; it was a visceral compulsion, still occurring today, but usually misread and misunderstood in modern times. Many *waiata tangi*, or songs of lamentation, allude to this practice as a vivid demonstration of loss. More females than males tended to do this, yet men also engaged in *haehae*. (Te Awekotuku, 2009, p. 5)

Te Awekotuku (2009) refers to this scarification process as a mark of honour that serves as a constant reminder of a loved one who has passed on. *Kiri haehae* is also depicted visually in images/paintings from the 1860's that show Māori, often women, lacerating their arms and chest and letting their blood fall on the tools of war used by their loved ones lost in battle (Higgins, 2015).

Traditional *waiata* and *mōteatea*, such as '*He Tangi*' written by Parewahaika from *Te Arawa*⁶ also talk of grief and loss. The final lines of this *waiata*, "*me ana ripi, hei totohi i ngā toi hau*" talks of the use of stones as tools for *haehae* (referred to here as *totohi*). This song was written in the context of mourning for a loved one (Ngata & Te Hurinui, 1961). A more commonly known *waiata*, *Pūtauaki*, from the tribe of Ngāti Awa, contains the line "*nāu nei i haehae tō kiri e*" (you who lacerated your skin). The well known story that this song refers to talks of the grief expressed by *Tarawera* (the river of the

Ngāti Awa tribe) when her lover *Pūtauaki* (the paramount mountain of the *Ngāti Awa* people) left Tarawera in pursuit of *Whakaari* (known today as White Island). The lines "*hotuhotu ana te whatumanawa e, rere ana te mataku, rū ana te whenua e*" speaks to the intense emotion felt and the expression of this, through the shaking of the earth.

More recent depictions of *kiri haehae* serve as powerful demonstrations of grief and loss in modern contexts. A piece by Robyn Kahukiwa titled '*Haehae mō ngā Pēpi Kāhui*' depicts an image of a Māori female lacerating her chest using mussel shells. The blood flows down her breasts as a small child lies on her lap. This image is the artist's expression of grief for the Kāhui twins Chris and Cru, who passed away in 2006 as victims of child abuse. It is a poignant representation of a mother whose grief is etched into her skin (Trevelyan, n.d.).

The practice of *kiri haehae* also facilitates powerful connections with *atua* (god, ancestor with continuing influence). Roberts (2013) retraces the *whakapapa* of the *pungawerewere* (spider) to *Haumietiketike*, one of the many children of *Ranginui* and *Papatūānuku*, and *atua* of uncultivated/wild foods. As the *atua* of things that grow wild, *Haumietiketike* is also considered to be the *atua* of fertility. Dr Ihirangi Heke recalled *kōrero* about grieving mothers who had lacerated their skin in mourning the loss of a child (personal communication, 1 April 2015). This functioned as expressions of grief and loss and a release of the *mamae* that they were experiencing. Following these acts, they would wrap their wounds in the *whare tukutuku* (spider webs). This behaviour served to stop the blood flow, but on a deeper level, it functioned as a connection to *atua*; in particular to *Haumietiketike* as the *atua* of fertility, signifying her desire to bear children again. The examples presented here provide a brief snapshot of a larger body of knowledge that describes traditional Māori practices of regulating emotions, particularly the intense grief that comes with the loss of a loved one. These practices occurred in differing contexts over different lifetimes, and have been passed down over generations in order to preserve the experiences and memories of those gone before.

The present study

Information from large-scale studies with adolescents, such as the Youth Wellbeing Study and the Youth '07 study (Fortune et al., 2010), tell us that rangatahi Māori engage in self-injury. Research of this nature validates anecdotal evidence from practitioners and whānau members who have described first-hand their experiences of rangatahi who self-injure. Thus the pertinence of self-injury as an issue for rangatahi Māori and their whānau is clear. The present study sought to delve further into the experiences of rangatahi who self-injure in order to understand what rangatahi Māori and whānau believe is 'self-injury', why they engage in this behaviour, and importantly, what helps rangatahi and whānau to desist from self-injuring. It was anticipated that rangatahi would not be explicitly aware of traditional practices of *kiri haehae*, and we were unsurprised to learn that the underlying functions of the self-injurious behaviours that Māori *tīpuna* engaged in a historical context would be similar to some of the functions of self-injury for rangatahi Māori today, namely the physical expressions of grief and loss.

Method

Rangatahi and *whānau* participants were recruited through an open letter of invitation to participate, which was distributed by email through the networks of the three lead authors. This letter invited *rangatahi* who identified as Māori with an interest in speaking in a focus group about NSSI to attend an information *hui* (meeting) held at Victoria University of Wellington. A history of self-injury was not a requirement for participation, nor was it a reason for exclusion from participation. *Rangatahi* were encouraged to bring along members of their *whānau*, and the consent of *whānau* for those under 16 was specified as a condition to participate. In order to understand current *rangatahi* Māori definitions and experiences of NSSI, a series of three sequential focus groups (Boulton, 2012) (*hui*) with *rangatahi* and their *whānau* were conducted over a period of three nights. Twenty five *rangatahi* who identified as Māori took part in two separate groups. At the time of initial contact the age range was between 13 and 18 years, with 20 identifying as female and five males. The process for engagement and collection of data was grounded in *tikanga* Māori (Māori customs) and as such was underpinned by *kaupapa* Māori research values including *whakapapa* (*whānau*, *whakawhanaungatanga*, interconnectedness), *manaakitanga* (hospitality, kindness, generosity), and *rangatiratanga* (collaboration and ownership of knowledge) (Cram, 2001; Smith, 2012). Importantly, both groups consisted of *rangatahi* with a broad spectrum of experiences and history of self-injury. 56% ($n=14$) had never hurt themselves on purpose. Some of these *rangatahi* had never considered it, and some had experiences of supporting other *rangatahi* who self-injured. The remaining *rangatahi* had hurt themselves on purpose previously, and a few still engaged in this behaviour.

Over and above the importance of the ethical requirement of *whānau* consent for participants were the *kaupapa* Māori principles upon this research was grounded, particularly that of *whakawhanaungatanga* (Cram & Kennedy, 2010). In this research, that meant *whānau* had the option to be actively aware and involved in the research process alongside their *rangatahi*, by attending the series of *hui* but remaining in a separate room in order to ensure the *rangatahi* participants felt supported but could speak freely without their *whānau* members in the room.

Whānau experiences of self-injury in *rangatahi* were collected from two sources. Firstly, as an initial scoping study for this research project a one-day *wānanga* (workshop) was held. The invitation to attend was extended to anyone who had experience, either professionally or personally, in supporting *rangatahi* who self-injured, to come and share their experiences. 30 people attended this *wānanga* and came with a variety of roles, backgrounds and histories of experience with self-injury. This included mental health nurses, youth workers, social workers, *kaumātua* (elders), *whānau* members of *rangatahi*, and many of the participants filled multiple roles (for example, a social worker who was also the grandparent of a young person who had self-injured, and a mental health nurse who had a history of self-injury). As an additional source, during the *hui* with *rangatahi*, the *whānau* members in attendance were meeting in a separate room, hosted by members of the research team. At this time conversations

were had regarding their experiences with *rangatahi* who had self-injured. There were 12 *whānau* members in total present at these *hui*, and these conversations were facilitated by members of the research team.

The option to be audio-recorded was presented to both groups during the initial *hui*, consistent with *kaupapa* Māori principles of *rangatiratanga* (governance or ownership of knowledge). The *hui* were audio-recorded for only one of the two groups of *rangatahi*, as one group chose not to be recorded. For the group that was not recorded, notes were taken by both researchers present, and these notes were checked with the participants in subsequent *hui* to ensure that their responses had been recorded correctly. For the first group of participants, who were not audio-recorded, a follow-up *hui* was held five months later where the notes from the three sessions were presented in their entirety. Participants extracted what they deemed to be the key themes that they felt were important to share as a summary of the conversations from the series of research *hui*⁷. In the second group the conversations were transcribed and thematic analysis (Guest, MacQueen, & Namey, 2011) was applied to group related quotes. These quotes (54 in total) were printed on cue cards and a copy of all quotes was given to each participant. During the follow-up session they were asked to sort these quote cards along a five-point continuum from strongly agree to strongly disagree. This information, combined with the key themes and messages identified by the first group of participants, comprises the key findings of this research from the perspectives of the *rangatahi*. This method of active participation and collaboration with participants in the feedback and follow up sessions was loosely based on the Q sort used in Q methodology (Stephenson, 1953). This proved beneficial for this research because it was collaborative and enabled the *rangatahi* participants, in their own words, to clarify what they thought were the key messages that they wanted the wider community to know.

Results and Analysis

Findings from Sequential Focus Groups with rangatahi

Definitions of self-injury

In discussing some of the behaviours that the *rangatahi* defined as 'NSSI', their personal understandings differed slightly from the definition of NSSI adopted in the Youth Wellbeing Study, and international research. While these *rangatahi* often referred to cutting, the behavioural examples were broader and did not necessarily include direct destruction of bodily tissue. For example, "getting wasted when you're feeling sad" (participant 21) and "drinking and driving with the intention of hurting yourself" (participant 4).

When *whānau* members were asked what they considered to be self-injury, again some of the behaviours they described were consistent with the definition of NSSI however again they often spoke of a much broader range of behaviours that did not fit the definition. *Whānau* members considered self-injurious behaviours to include having unprotected sex, or getting a

⁷ Only six of the 18 *rangatahi* participants were able to attend this follow-up *hui*.

tattoo (that doesn't represent their *whakapapa*) on impulse, without their *whānau* permission. They spoke of fighting and physical violence towards others. They described doing things that harm their *wairua* (spirit, essence), and, importantly, that this behaviour was not solely harm directed against self but also to their *whānau*. These conversations with *rangatahi* and *whānau* highlight the broad range of behaviours considered under the mantle of self-injury, which serve the same functions and yet differ from the definitions used both in research, and by clinicians in practice.

Suicidality

Rangatahi participants described their behaviour as anti-suicidal; as a means of keeping them alive, as opposed to wanting to end their life.

"Self-injury is different to suicide because with suicide there is no hope that things are going to get better. But with self-harm there's still hope that things are going to get better someday and this is just what's helping you now till you get there. You're still wanting a second chance" (participant 4).

Whānau found it difficult to see the distinction between suicidal and non-suicidal self-injurious behaviours; to them it was not always possible to separate that intent to die for some *rangatahi* who self-injured. This was echoed by many clinicians who work with *rangatahi* Māori who expressed their uncertainty regarding the relevance of the 'non-suicidal' component of the definition of NSSI. These findings further impress the importance of being cognisant of the definitions used in research, and in practice, in thinking about their relevance in the lived experiences of *rangatahi* and *whānau*.

Functions of self-injurious behaviours

Consistent with literature within Aotearoa and internationally (Garisch & Wilson, 2015; Klonsky, 2009; Muehlenkamp et al., 2011; Nock et al., 2009), emotion regulation served as a key function for self-injury. *Rangatahi* shared experiences of losing loved ones, relationship breakups, financial hardships and other significant emotional challenges. For some *rangatahi*, hurting themselves in some way became a way of dealing with the intense emotional pain and grief they were experiencing. They spoke about feeling emotionally numb and needing to bleed in order to feel something, or drinking to the point of passing out in order to numb themselves from their emotional pain. *Rangatahi* referred to self-injury as a 'cry for help' but that this was different to attention-seeking. "It's needing someone to notice that something's going on on the inside and being able to tell someone but not actually have to tell them what's going on" (participant 6). This emphasises the function that interpersonal influence plays for some *rangatahi* who self-injure, whereby self-injury may provide an opportunity for those close to them to offer help without *rangatahi* explicitly asking for it.

Autonomy and control was also discussed as a key motivator for self-injury. Some *rangatahi* spoke of the many different aspects of their life that they felt were spiraling out of control, particularly relationships with partners, family, *whānau* and friends. For some of these *rangatahi*, their body was the only thing that they felt they had control over. Comments such as "no one can tell you what you can

and can't do to your own body" (participant 15), "you don't need permission from anyone to do it" (participant 21) and "[cutting] is the one thing that no-one can take away from you" (participant 18) reflected their desire to maintain control over some aspect of their life.

Help-seeking

The sense of autonomy that self-injury served for some *rangatahi* also proved to be a barrier when it came to seeking help. Some *rangatahi* expressed a reluctance to access support because of how others may respond and their efforts to stop the behaviour. They spoke of the difficulty in reaching out for help for fear of losing control over the one thing they felt they were in control of; their bodies. When they did reach out for help, close friends were most commonly the ones they turned to.

In speaking of their experiences with supporting friends who had self-injured, many of them asserted that they would not violate their friends trust by telling someone else, unless they were concerned for their life. More often than not they would support their friend to tell someone else, e.g. a guidance counsellor, by going along with them to speak to someone who could help.

A key message that received overwhelming support from both focus groups, was that when they reached out for help to those older than themselves, often all they were looking for was someone to listen to them rather than someone to fix their problems. This message came through in both groups in the context of conversations broader than self-injury. *Rangatahi* spoke of how often when they had reached out for help to *whānau* or other adults, that confidant was focused more on finding a solution to the problem rather than just being a sounding board for them to talk about what's going on for them. *Rangatahi* may be reluctant to reach out for help to people other than their peers for fear of losing control over their behaviour, and what appears to help most is just having someone to listen to them rather than 'fix them', because often they did not feel they were broken. Culture and identity as Māori was a key theme that emerged as a vehicle for helping *rangatahi* to overcome their difficulties and desist from self-injury.

The role of whānau

In exploring what helped *rangatahi* to stop self-injuring, the role of culture and identity was discussed. As participant 6 described, "being Māori doesn't determine whether or not you're more likely to do it (self-injure). But you get through it better 'cos if you're Māori you're more likely to have *whānau* around you to help you get through". This was elaborated on in the context of *kaupapa whānau*, as opposed to *whānau* related by blood. Some of the participants attended an alternative education school for teenage parents. When they spoke of their '*whānau*' they were referring to each other, their peers at the school, as opposed to their *whānau* related by *whakapapa*. Some of these *rangatahi* had felt isolated from their *whakapapa whānau* upon becoming parents, and it was within the school that they found their *kaupapa whānau* who became their *pou* (post, a source of strength or something to lean on); to be there for each other when they needed to.

The role of culture and identity as Māori

For all participants who had self-injured the strength of their identity as Māori differed, yet connecting with their culture in some way, for example through learning *waiata* and *haka*, was found to be a helpful factor in ceasing the behaviour. For those who felt they strongly identified as Māori, they spoke of being taken back home to their *marae*, swimming in their *awa* (river), walking up their *maunga* (mountain) and reconnecting with their *whenua*. This connection with their *whakapapa* via physical space affirmed their sense of self and their identity as Māori.

Some participants had received *tā moko* (traditional Māori tattoo), particularly on their wrists. The use of *tā moko* functioned both to cover their scars, which many felt were noticed and mentioned by people even years after ceasing self-injuring. The *tā moko* also served a greater purpose - as a reminder of who they were and where they came from; their *whakapapa*. As an example, participant 13 had a strong connection with water, in particular their ancestral *awa*, and to them swimming in it was cleansing. So they had their *awa* tattooed on their arm as a symbolic form of cleansing, and of moving on. For these *rangatahi*, knowing their *whakapapa* provided a source of strength and a connection to a physical space that contributed to their wellbeing.

For those *rangatahi* who had self-injured and who did not strongly identify as Māori, some felt a sort of tension between *te ao Māori* and *te ao Pākehā*, and a sense of not really belonging to either. For them, what helped were the small gestures that helped them to reconnect with their culture that helped them to recover, for example through small acts such as learning a simple *karakia* (prayer) or *waiata*, learning their *pepeha*, being encouraged by a guidance counsellor or youth worker to join their school *kapa haka* (Māori cultural) group. Increased involvement in cultural activities enabled some participants to reconnect and belong in *Te Ao Māori* or develop some sort of familiarity with their Māori *whakapapa*, as a reminder of who they were and where they came from. For example, for participant 5, participation in cultural activities such as *kapa haka* provided them with a culturally-based social support network of their peers who also served to affirm their cultural values as Māori. For another participant (participant 18), learning their *pepeha* ignited conversations with their parents, aunts or grandparents that enabled them to learn more about their *whakapapa*. This sent the message to their *whānau* that they were interested in learning more about their *whakapapa* Māori, and opened other doors to engaging in their culture, for example by spending more time on their *marae*.

Other factors that helped *rangatahi* to stop self-injuring included meditation and mindfulness practices, such as focusing on their breath to calm them down. Distraction techniques such as getting outside and being active, being around close friends and *whānau*, or listening to music were alternatives to self-injuring. Importantly, the type of music *rangatahi* preferred to listen to was that which was emotionally charged and served to validate their mood, rather than overly joyful music that others often suggested they listened to in order to “cheer them up” (participant 4), but often had the opposite effect.

Many of the participants who had self-injured also had young children. For some of them, their children served as both a distraction from hurting themselves, and as an incentive to stop self-injuring. They spoke of the stigma that they received when they were seen with their children and others noticed their scars, and of the risk that they may cut too deep and require medical attention, in which case they risked losing their children, or taking their own life and no longer be there for their children.

A resounding feature that the research team noticed in these young mothers was the strength and resilience that they showed to turn their lives around upon becoming mothers. They talked of realising the importance of taking medication they may have been prescribed, and of looking after themselves in order to be fit to parent. This transition to motherhood and the realisation that they were now responsible for another person who shared their *whakapapa* sparked a change in behaviour for the better, not only for themselves but for their *whānau*.

The relevance of traditional understandings of self-injury

During the *hui* the research team shared some of the traditional stories regarding *kiri haehae*. This knowledge was new to most of the *rangatahi*, but through the discussions many identified that within the *waiata* they grew up with the word *haehae* popped up occasionally, and many became curious as to its’ meaning in the context of that song. In discussing how these stories might be relevant for *rangatahi* today, participant 18 echoed the sentiments of many in both groups, that

“it’s helpful to learn about traditional Māori self-injury... like what our *tīpuna* did back in the day and why they did it. Understanding why they did it and even if it isn’t relevant to us today it still puts things into context. And it might help other people to know that it’s not something that’s new, that what we’re doing isn’t new it’s been around for a long time. Might help people to not overreact when they find out”.

This highlights the potential relevance that facilitating *rangatahi* to strengthen their connections with their *whānau* and *whakapapa*, through traditional *kōrero pūrākau* (myths, legends or stories) such as *waiata*, can have for helping them to heal and desist from self-injuring.

Discussion

Definitions of self-injury

The conversations with *rangatahi* and *whānau* regarding understandings of self-injury reflects a Māori worldview that is holistic and all-encompassing. It is broader than just a physical description of the behaviour such as that consistent with the Eurocentric understanding of the mind-body dualism. While some behaviours described were consistent with a definition of NSSI, other behaviours that *rangatahi* and *whānau* considered to be self-injury (e.g. non-cultural tattoos, drinking to excess) served the same functions for *rangatahi* as NSSI behaviours, but they are not culturally sanctioned behaviours. Behaviours such as these fit better under the broader term ‘self-injury, but

we believe that there is a real danger in using such a narrow and specific definition of a behaviour that only includes *te taha tinana*, the physical manifestations of health that are based on non-indigenous understandings of being 'well'. The Experiential Avoidance Model (EAM; Chapman et al., 2006) of NSSI is one of the leading models used to understand NSSI. While this model has its merits, we have demonstrated here that, as a model for explaining self-injury, for *rangatahi* Māori it may not suffice. In its application, the EAM focuses narrowly on physical manifestations of wellbeing. The significance of understanding this lies in its possibilities for healing. The consideration of alternative manifestations of harm, for example harm to *wairua*, is more consistent with *whānau* descriptions of self-injury as a manifestation of *wairua* pain and a need to control and or express that pain.

In addition, understanding *whakapapa* also emphasises the importance of relationships, and the understanding that all things and all people are connected. So *rangatahi* who may be suffering to the extent where they feel they need to hurt themselves on purpose may be lacking in some critical relationships with their *whānau*; and (keeping in mind that definitions of *whānau* are broad (e.g. *kaupapa whānau*)), damaged relationships may influence their state of being unwell. Therefore, while we acknowledge the utility of the EAM in understanding NSSI, we encourage practitioners who work with *rangatahi* Māori and their *whānau* to take a wider, contextual view that is consistent with holistic definitions of wellbeing.

Functions of self-injury

Traditional *kōrero* on *kiri haehae* talks of the practice of honouring loved ones who have passed on. Similarly, the *rangatahi* participants in this research have talked of expressing grief at the loss of a loved one and self-injuring was a way of acknowledging their loved ones who have passed. While this may be considered to be an intrapersonal function of self-injury through the regulation of emotions, we suggest that it may also serve interpersonal functions but in a unique manner. Nock (2008) discusses how interpersonal functions directly influence those physically around the individual. However, the behaviour of *kiri haehae* as expressed by the *rangatahi* participants in this study, is a practice that relates to others who are not currently with them physically, but remain with them *ā wairua* (in spirit). Whilst this behaviour may be culturally sanctioned and therefore exempt from definition as NSSI, self-injury (in the broader sense of the definition) that occurs within a cultural context may still share similar functions, both inter- and intra-personal.

The role of culture and identity

For the *rangatahi* participants who had self-injured, the extent to which their identity as Māori played a significant part in their lives differed. Some had been raised in *kohanga reo* (Māori full immersion language preschools) and were in *kura kaupapa* (full immersion high schools). They were confident and fluent speakers of *te reo Māori* (Māori language) who knew their *whakapapa*, were connected with their *marae*, and had strong connections to where they were from. There were others who self-injured who were really *whakamā* (shy) about

identifying as Māori. They did not know their *whakapapa* or which *iwi* they descended from, and they could not speak te reo. Yet, for all of these *rangatahi*, regardless of the strength of their cultural identity, reconnecting with their culture in some way was a significant factor in helping them to stop self-injuring. These results indicate that there significant benefits related to the power of *whakapapa* in connecting *rangatahi* with their past in order to encourage them to learn more about who they are and find their place to stand, their *tūrangawaewae*.

One key finding of this research has been to realise that, without being consciously aware, these *rangatahi* are engaging in Māori understandings of mindfulness as ways of overcoming self-injurious behaviours; by returning to their *tūrangawaewae*, immersing themselves in their *awa* to be cleansed by their ancestral waters; walking barefoot on their *whenua* so as to be grounded and connected to *Papatūānuku*. "*Hoki atu ki tō maunga kia purea e koe i ngā hau o Tāwhirimātea.*" This *whakataukī* talks about going back home to your mountain, to be cleansed by the winds of *Tāwhirimātea*, god of the wind. *Kōrero tuku iho* that speak of the actions of *atua* and ancestors can serve as vehicles for the transmission of *whakapapa* and be used to place the self-harming behaviour of *rangatahi* in a broader context.

Durie (2015) talks of the integral role that *whānau* plays in ones *mauri*; a reflection of the importance of *whānau* for Māori. This was reflected in the value that all of the *rangatahi* participants in this research placed on their *whānau*. What was interesting, however, were the broad and varied definitions of *whānau* that *rangatahi* held. Those who did not feel that they had *whakapapa whānau* to turn to formed *kaupapa whānau* who served as a source of strength and support when needed.

The use of traditional knowledge in healing with *tangata whaiora* (mental health clients) is not new; practitioners throughout Aotearoa have been using traditional knowledge in healing for *tangata whaiora* for many years (Cherrington, 2002; Rangihuna & Kopua, 2015). In the context of the present research, by relating the self-injurious behaviours of *rangatahi* to traditional *kōrero tuku iho* rather than trying to impose western concepts of being 'well' on them, this can serve to help them to find their sense of self, regardless of the strength of their identity as Māori. The benefits of this are numerous, particularly in utilising *whakapapa* as a tool for understanding who they are and how they fit in the world, and what that means with regards to wellbeing.

Conclusion

Similar to the role that *kōrero tuku iho* play in guiding our Māori values and beliefs, understanding traditional behaviours helps to provide "contextually-relevant explanatory theories" (Roberts & Wills, 1998, p. 66) that can help to guide behaviour in a modern context. Thus the traditional *kōrero* such as those given here are relevant because by helping *rangatahi* and *whānau* to understand some of the reasons behind why they may hurt themselves, it can help them see that it's not something unnatural, that it was done by Māori *tīpuna* back in the day, and that this has connections back to *atua* Māori. This is not about encouraging *rangatahi* to engage in this behaviour,

but it can put their actions into a larger context that enables them to heal their *wairua*. Practitioners may use traditional stories to discuss the behaviours as processes of engaging with *wairua*, *hinengaro*, and *whakapapa*, right back to *atua* Māori. This would be far more beneficial than framing the behaviour as problematic which in turn risks invalidating the experiences of *rangatahi* and *whānau*, which can often push them away and deter them from seeking help. Through the *kōrero tuku iho rangatahi* and *whānau* can learn, through reconnecting with *atua*, of ways of moving on from grief and loss. The learning of these stories may also facilitate reconnections with culture and identity, with *whakapapa*, and with *atua*.

Mā te mātau, ka ora

Through understanding comes wellbeing.

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References

- Basso, K. H. (1996). *Wisdom sits in places: Landscape and language among the Western Apache*. UNM Press.
- Bjareberg, J., Sahlin Berg, H., Hedman, E., Jokinan, J., Tull, M., Gratz, K., ... Ljotsson, B. (2014). Emotion regulation group therapy for nonsuicidal self-injury: A Swedish nationwide effectiveness study. In *The International Society for the Study of Self-Injury conference, Chicago, United States*.
- Boulton, A. (2012). *Facilitating whānau resilience through Māori primary health intervention: Final report to the health research council of New Zealand Partnership Programme*.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822.
- Chapman, A. L., Gratz, K. L., & Brown, M. Z. (2006). Solving the puzzle of deliberate self-harm: the experiential avoidance model. *Behaviour Research and Therapy*, 44(3), 371–94. doi:10.1016/j.brat.2005.03.005
- Cherrington, L. (2002). The use of Māori mythology in clinical settings: Training issues and needs. In *Proceedings of the national Māori graduates of Psychology symposium* (pp. 117–120).
- Cram, F. (2001). Rangahau Māori: Tona tika, tona pono - The validity and integrity of Māori research. In M. Tolich (Ed.), *Research ethics in Aotearoa New Zealand* (pp. 35–52). Auckland, New Zealand: Pearson Education.
- Cram, F., & Kennedy, V. (2010). Researching with Whānau Collectives, 1–12.
- Durie, M. (2015). Mauri Ora. In *Healing our Spirit Worldwide 7th International Indigenous Peoples Gathering*.
- Favazza, A. R. (2011). *Bodies under siege: Self-mutilation, nonsuicidal self-injury, and body modification in culture and psychiatry*. JHU Press.
- Fortune, S., Watson, P., Robinson, E., Fleming, T., Merry, S., & Denny, S. (2010). *Youth '07: The health and wellbeing of secondary school students in new Zealand: Suicide behaviours and mental health in 2001 and 2007*. Auckland: The University of Auckland.
- Garisch, J. A., & Wilson, M. S. (2015). Prevalence, correlates, and prospective predictors of non-suicidal self-injury among New Zealand adolescents: Cross-sectional and longitudinal survey data. *Child and Adolescent Psychiatry and Mental Health*, 9.
- Guest, G., MacQueen, K. M., & Namey, E. E. (2011). *Applied thematic analysis*. Sage.
- Higgins, R. (2015). Tangihanga – death customs - The tangihanga process. *Te Ara - the Encyclopedia of New Zealand*. Retrieved from <http://www.teara.govt.nz/en/artwork/28786/haehae>
- Klonsky, D. (2009). The functions of self-injury in young adults who cut themselves: Clarifying the evidence for affect-regulation. *Psychiatry Research*, 166(2), 260–268.
- Klonsky, D., & Muehlenkamp, J. (2007). Self-Injury: A Research Review for the Practitioner, 63(11), 1045–1056. doi:10.1002/jclp
- Klonsky, D., Muehlenkamp, J., Lewis, S., & Walsh, B. (2011). *Nonsuicidal self-injury: Advances in psychotherapy evidence-based practice*. Cambridge, MA: Hogrefe.
- Lee, J. (2009). Decolonising Māori narratives: Pūrākau as a method. *MAI Review*, 2(3), 79–91.
- Lundh, L.-G., Karim, J., & Quilisch, E. (2007). Deliberate self-harm in 15-year old adolescents: A pilot study with modified version of the Deliberate Self-Harm Inventory. *Scandinavian Journal of Psychology*, 48, 33–41. Retrieved from file:///Users/TahliaKingi/Downloads/Lundh, Karim & Quilisch (2007).pdf
- McKay, H. F., McLeod, P. E., Jones, F. F., & Barber, J. E. (2001). *Gadi Mirrabooka: Australian aboriginal tales from the dreaming*. Libraries Unlimited.
- Mead, H. M. (2016). *Tikanga Māori: living by Māori values* (Revised Ed.). Huia Publishers.
- Mead, H. M., & Grove, N. (2004). *Nga pepeha a nga tipuna*. Victoria University Press.
- Mendiola, C. A. (2011). *He Koha Aroha ki te Whānau: Deliberate Self-Harm and Māori Whānau*. The University of Auckland.
- Mikaere, A. (2011). *Colonising myths - Maori realities: He Rukuruku Whakaaro*. Wellington, N.Z.: Huia Publishers and Te Wānanga o Raukawa.
- Moorfield, J. C. (2005). *Te Aka: Māori-English, English-Māori Dictionary and Index*. Longman.
- Muehlenkamp, J., Claes, L., Smits, D., Peat, C., & Vandereycken, W. (2011). Non-suicidal self-injury in eating disordered patients: A test of a conceptual model. *Psychiatry Research*, 188(1), 102–108. doi:10.1521/suli.2009.39.1.58;http://dx.doi.org/10.1016/j.psychres.2010.12.023
- Ngata, A. T., & Te Hurinui, P. (1961). *Nga Moteatea Vol. 2. Wellington, The Polynesian Society*.
- Nock, M. K. (2008). Actions speak louder than words: An elaborated theoretical model of the social functions of self-injury and other harmful behaviors. *Applied & Preventive Psychology: Journal of the American Association of Applied and Preventive Psychology*, 12(4), 159–168. doi:10.1016/j.appsy.2008.05.002
- Nock, M. K. (2010). Self-injury. *Annual Review of Clinical Psychology*, 6, 339–363. doi:10.1146/annurev.clinpsy.121208.131258
- Nock, M. K., & Prinstein, M. J. (2005). Contextual features and behavioral functions of self-mutilation among adolescents. *Journal of Abnormal Psychology*, 114(1), 140–6. doi:10.1037/0021-843X.114.1.140
- Nock, M. K., Prinstein, M. J., & Sterba, S. K. (2009). Revealing the form and function of self-injurious thoughts and behaviors: A real-time ecological assessment study among adolescents and young adults. *Journal of Abnormal Psychology*, 118(4), 816–27. doi:10.1037/a0016948
- Orbell, M. R. (1992). *Traditional Māori Stories/Introduced and Translated by Margaret Orbell*. Auckland: Reed Books.
- Pukui, M. K., Haertig, E. W., & Lee, C. (1983). *Nana i Ke Kumu (look to the source) volume 1*. Hui Hanai.

- Rangihuna, D., & Kopua, M. (2015). Mahi a Atua - An Indigenous Approach to Building a Critical Mass. In *Healing our Spirit Worldwide 7th International Indigenous Peoples Gathering*.
- Rezentes, W. C. (1996). *Ka Lama Kukui--Hawaiian Psychology: An Introduction*. 'A'ali'i Books.
- Roberts, R. M. (2013). Ways of Seeing: Whakapapa. *Sites: A Journal of Social Anthropology and Cultural Studies*, 10(1), 93–120.
- Roberts, R. M., & Wills, P. R. (1998). Understanding Maori Epistemology - A Scientific Perspective. In H. Wautischer (Ed.), *Tribal Epistemologies: Essays in the Philosophy of Anthropology* (pp. 43–77). Hants, England: Ashgate Publishing Ltd.
- Smith, L. T. (2012). *Decolonizing methodologies: Research and indigenous peoples* (2nd ed.). London: Zed Books [u.a.].
- Stephenson, W. (1953). The study of behavior; Q-technique and its methodology.
- Te Awekotuku, N. (2009). *Memento Mori: Memento Māori – Moko and memory*. Hamilton.
- Trevelyan, J. (n.d.). Real Art Roadshow: the book. *Real Art Roadshow Trust (Waikanae)*, 26–27.

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