

# HISTORICAL TRAUMA, HEALING AND WELL-BEING IN MĀORI COMMUNITIES

---

*Rebecca Wirihana\**

*Cherryl Smith†*

## **Abstract**

The high rates of indigenous peoples exposed to traumatic experiences are exacerbated by the affects of historical trauma passed from generation to generation. Research exploring the individual and collective impact of this phenomenon is growing internationally. Yet little is known about Māori practices that facilitate healing from historical trauma. This article aims to analyse the affects of this trauma on Māori by exploring them in the context of the growing body of international historical trauma research. It then discusses how Māori defined well-being traditionally, and outlines the methods used to promote healing from trauma. To summarise, it demonstrates how these methods are being widely used to facilitate healing and discusses how their application across health services will enhance Māori well-being.

## **Keywords**

Māori, healing, well-being, indigenous, historical trauma

\* Researcher/Clinical Psychologist, Te Atawhai o te Ao: Independent Māori Institute for Environment and Health, Whanganui, New Zealand. Email: rebecca@teatawhai.maori.nz

† Director, Te Atawhai o te Ao: Māori Institute for Environment and Health, Whanganui, New Zealand.

## Understanding historical trauma

Trauma research in the field of psychology developed in the 1980s when Vietnam War veterans were first diagnosed with post-traumatic stress disorder (Briere & Scott, 2006). Since this period, research in this field has prioritised psychological theory and practice which focuses specifically on individual experiences of single trauma incidents. For example, the recently revised *Diagnostic and Statistical Manual for Mental Disorders, 5th Edition* defined trauma as “exposure to actual or threatened death, serious injury, or sexual violence” (American Psychiatric Association, 2013, p. 271). This includes being witness to such an event, having a close family member or friend who has suffered from a traumatic event, or experiencing repeated aversive exposure to the event.

These definitions emphasise individual and actual events allowing for clear and succinct diagnostic utility, yet they fail to account for long-term chronic and complex individual and collective trauma. In addition, they do not allow for experiences of historical trauma due to assimilative colonial practices, which have occurred for indigenous populations worldwide. To compensate for this problem indigenous theorists and health practitioners have been exploring how historical exposure to long-term chronic, complex and collective trauma has impacted on their communities (Pokhrel & Herzog, 2014; Walters et al., 2011; Whitbeck, Adams, Hoyt, & Chen, 2004). This work began initially with Maria Yellow Horse Brave Heart (2003) who first defined indigenous experiences of historical trauma:

Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behavior, suicidal thoughts

and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised. (p. 7)

The historical trauma framework provided a means for indigenous peoples to conceptualise the generational effects of colonial oppression on well-being and offered a process for understanding how it exacerbates post-traumatic suffering. Pihama et al. (2014, p. 249) noted that “Native American scholars such as Bonnie Duran, Karina Walters and Eduardo Duran” initially introduced historical trauma theory to New Zealand, offering a template for Māori to examine their own experiences of colonial oppression, a process Turia (2000) described as having become “integrated into the psyche and soul Māori” (p. 28).

Indigenous peoples are increasingly reconstructing Christian patriarchal assimilative methods, revealing “unpleasant truths such as ecocide, ethnocide, [and] genocide” (Ruwhiu, 1999, p. 30). Pihama (2013) highlighted how the long-term affects of colonisation due to multiple “acts of genocide” and generations of cultural assimilation have impacted on indigenous well-being. Duran (2006) reflected on experiences of genocide in Native American history when between “1870 and 1900, at least 80% of the population had been systematically exterminated” (p. 16). Pihama et al. (2014) analysed Māori experiences of genocide by contextualising cultural assimilative processes within the context of historical trauma theory. Atkinson (2013) stated that cultural and spiritual genocide was founded on the belief that indigenous peoples were inferior, which enabled “authorities to remove Aboriginal children from the families, among many dehumanising and oppressive acts” (p. 69). Crook and Short (2014) reported that “up until the end of the

frontier era in the late nineteenth century, genocidal processes in North America were largely geared towards, and derived from, expansionist policies opening up Indian land for a seemingly limitless influx of settlers” (p. 309). In addition, recent advances in epigenetic research have found that exposure to historical trauma can lead to the development of “chronic and persistent” physical illness (Walters et al., 2011).

The confiscation of land has had a massive impact on the well-being of indigenous communities. For example, land loss affected the well-being of Australian Aboriginal communities because of the intimate spiritual and physical relationships they sustained with the land (Raphael, Swan, & Martinek, 1998). Successive disruptions to the balance of social and kinship relationships due to policies facilitating the removal of Aboriginal children from their families exacerbated their trauma (Walls & Whitbeck, 2012). Walker, Fredericks, Mills, and Anderson (2013) described indigenous well-being as a “simultaneously collective and individual inter-generational continuum that exists in the past, present and future”, and the disruptions to this continuum undermined their methods of sustaining well-being (p. 208). In addition, the transmission of trauma across generations meant that land dislocation had long-term negative implications, as connections to the land were essential for economic stability.

Duran, Firehammer, and Gonzalez (2008) described historical trauma as a soul wound which, if healing did not occur, would transfer across generations indefinitely. Moreover, interventions that acknowledge and validate historical trauma are required to facilitate individual and collective soul healing (Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). These methods have been effectively utilised to support healing from historical trauma within Native American communities for many years now (Duran, 2006). When working with historical trauma, Duran and Duran (1995) also encouraged the adaptation of indigenous knowledge and the creation of new knowledge

which aimed to liberate indigenous peoples and facilitate healing. In summary, if indigenous peoples utilise traditional forms of knowledge to define health and well-being, this knowledge will enhance the process of healing from historical trauma within these communities.

### **Historical trauma in New Zealand**

Māori experiences of historical trauma have echoed those of indigenous peoples in Australia, Canada and the United States. The New Zealand Land Wars began in the early 1840s following conflict over land sales, interpretations of the indigenous and English versions of the Treaty of Waitangi, and the first substantial contingent of British settlers. They included the British army, settler militia and kūpapa forces and ended in 1916 following the arrest of Rua Kenana, a tribal prophet and a leader of Māori rights for self-determination (Keenan, 2012). The wars occurred throughout New Zealand in a series of battles aimed at staunching Māori movements towards political autonomy and perpetuated multiple episodes of mass murder of Māori men, women and children (Belich, 1998). They pre-empted large-scale land confiscation and amalgamated the destruction of entire communities and their livelihood.

In addition to the impacts of warfare on the Māori community, Walker (1990) highlighted how the primary aim of early European contact was to settle land and assimilate Māori peoples to Christian patriarchal practices. To this end, early Christian missionary goals to civilise Māori led to the conversion of entire tribal regions to Christianity (Naylor, 2006). This process of assimilation was entangled in what Atkinson (2013) described as psycho-social domination, stating that “Aboriginal people would call this the greatest violence, the violence that brings the loss of spirit, the destruction of self, of the soul” (p. 69). Psycho-social domination was achieved using strategies such as “land purchase, warfare, land confiscation, legislation,

religion, and the imposition of non-Māori cultural and social practices” (Anderson et al., 2006, p. 1777). Sorenson (1956) noted that Māori depopulation was strongly connected to land sales and land loss between 1865 and 1901. Evidence of the impact of these methods was also described by early settlers who believed that Māori were a dying race unable to “survive European conquest and disease” (Pool & Kukutai, 2014, p. 2).

Colonisation had a long-term deleterious effect on Māori resources, customs and well-being, although Māori resistance and inherent protective factors have sustained Māori practices and beliefs (Marsden, 2003). Māori desires for autonomy were demonstrated in the development of such movements as the Kīngitanga, which saw many Māori tribes unite under the leadership of an elected monarch in 1858 (Smith, 2005). The King Movement grew out of protest against increasing British settlement and land sale conflicts and became the key driver for the Waikato Land Wars in 1863 (Ministry for Culture and Heritage, 2014b).

The process of legal imperialism began with large-scale land confiscation and had a devastating effect on the health and well-being of Māori. The New Zealand Settlements Act in 1863 and the Native Lands Act led to the confiscation of “3 million acres of Māori land for Pākehā settlers” (Walker, 1990, p. 38). This law was used as a method to “punish North Island tribes which were deemed to have rebelled against the British Crown in the early 1860s” (Ministry for Culture and Heritage, 2014a, para. 1). The loss of customary land title under the Native Lands Act in 1862 further eroded Māori social structures and led to “rapid Māori land loss and consequential impoverishment” (Boast, 2012, p. 7).

Changes to the structure of interpersonal and family relationships also had a damaging effect on the Māori community. The adoption of colonial views towards women as inferior to men had a further subjugating effect on Māori women (Jenkins & Mathews, 1998).

A study conducted by Poananga (2011) identified that prior to colonial contact, Māori children were nurtured and protected within intergenerational extended family environments (Poananga, 2011). Early observations of Māori children and child-rearing practices evidenced an approach of “loving care (aroha) and indulgence”, which became fragmented by colonial practices of physical abuse to reinforce discipline (Jenkins & Mountain Harte, 2011, p. x). British disciplinary practices were reinforced by the introduction of the Native Schools Act 1867. The Native Schools Act also had a detrimental effect on Māori language as Māori children were physically and emotionally abused for speaking Māori in school. Kuini Rangiamai described her experience in a Native School growing up in rural Taranaki when Māori was her only language. Due to her inability to converse in English she was so badly abused by her teacher that she left school before the age of 10 years old (Wirihana, 2012).

The introduction of health legislation further marginalised Māori well-being. For example, the Tohunga Suppression Act in 1907 “restricted the use of traditional Māori rongoā (medicine) and healers in favour of western-trained doctors” (Came, 2012, p. 70). The Tohunga Suppression Act also subverted Māori methods of healing by forcing “Māori healers underground” (Durie, 1998, p. 45).

### **The impact of historical trauma on Māori**

Historical trauma in New Zealand has had major systemic implications for the Māori community. For example, Moeke-Pickering (1996) reported that colonial contact has had a detrimental effect on Māori identity. Liu and Temara (1998) acknowledged that changes in the economy, workforce and rural farming lifestyles of Māori eroded the maintenance of traditional Māori identities. Māori disconnection with these environments perpetuated the

decline of Māori language and cultural practices and precipitated the colonisation of indigenous values and knowledge (Smith, 2005). Reid, Taylor-Moore, and Varona (2014) noted that the loss of land, economic stability and resources had a long-term effect on Māori health outcomes. Furthermore, research highlighting the epigenetic effects of historical trauma on the health and well-being of indigenous peoples notes that exposure to environmental trauma can be passed down across generations (Walters et al., 2011; Yehuda & Bierer, 2009). A study conducted by Farrelly, Rudegair, and Rickard (2005) argued that current suicide rates, poor health statistics, and the heightened risk of exposure to violence and abuse within Māori communities was “a reflection of the trauma of colonisation transmitted, as trauma often is, through generations” (p. 203).

Māori exposure to historical trauma has had a massive impact on Māori well-being across multiple generations. It began with the loss of entire communities during the land wars and was maintained by the incapacitation of social, cultural and economic autonomy through land loss and psycho-social domination. Legal imperialism facilitated the loss of language and cultural practices and damaged protective social structures and interpersonal relationships within Māori families and communities. These processes exposed Māori to chronic and complex trauma precipitating the development of physical and psychological conditions across generations. Moreover, they ruptured the sacredness of relationships between men and women and destroyed the nurturing protective environments required for child rearing. In short, the accumulative impact of historical trauma on Māori well-being has been severe and understanding this history is especially important at present as Māori are suffering from high rates of exposure to physical, sexual and psychological abuse (Flett, Kazantzis, Long, MacDonald, & Millar, 2004; Hirini, Flett, Long, & Millar, 2005). Te Rau Hinengaro, the New Zealand

Mental Health Survey, identified that Māori demonstrate higher prevalence rates for mental health disorders than non-Māori (Baxter, Kingi, Tapsell, & Durie, 2006). Recent research has identified that Māori poverty and incarceration rates are increasing (McIntosh & Workman, 2013; Poata-Smith, 2013). Māori children exhibit higher rates of exposure to trauma, abuse and poverty than non-Māori (Salvation Army Social Policy and Parliamentary Unit, 2014). Māori rates of attempted and completed suicide are higher than non-Māori (Ati Hau, 1997; Aupouri-Mclean, 2013; Beautrais & Fergusson, 2006). Māori are “negatively over-represented in statistics of reported cases” of intimate partner violence and child abuse and neglect (Herbert & Mackenzie, 2014, p. 19). To summarise, the Māori community has been overwhelmed by the impacts of historical, collective and individual trauma, which reinforces the need to embrace and utilise all methods of healing and well-being.

### **Māori well-being and healing**

Māori viewed well-being as a holistic process which emphasised the interconnected nature of spirit, body, society and the natural environment. Moreover, individual well-being and interpersonal relationships relied on a complex and sophisticated process founded on the basis of spiritual knowledge. Māori communities encouraged a balance between men and women whose primary aim was to provide for their children in the context of nurturing and protective environments (Mikaere, 1994; Walker, 2004; Wirihana, 2012). The community as a whole worked together collaboratively to ensure that children were safe and well protected from harm. Māori values, knowledge and practices were sustained within the context of intergenerational and extended whānau environments wherein all members of the whānau, which included grandparents, great-grandparents, aunts, uncles, older cousins and siblings,

maintained roles and responsibilities for nurturing younger generations (Hata, 2012). Smith (2012) also advised that Māori women “were the protectors, carers, and nurturers of tribal whakapapa in the sense of being responsible for the whare tangata (womb) and maintaining ahi kā (home fires) of tūrangawaewae” (p. 8).

These methods of sustaining well-being within the Māori community were presupposed on the basis of knowledge sustained within whānau, hapū and iwi contexts using whakapapa kōrero. Whakapapa kōrero were the foundations upon which Māori knowledge was developed and, as discussed by Smith (2005), were “narratives about the relationships of local families with their environment and other peoples. They include accounts of creation and how all things came into being” (p. 4). Edwards (2009) described whakapapa knowledge as “the unbounded collection of theory, observation and experience seen through Māori eyes” (p. i). These narratives were bodies of knowledge which espoused original tribal teachings and were maintained using the intergenerational transmission of oral knowledge across generations (Wirihana, 2012). In addition, this knowledge articulated the methods Māori used to nurture their relationships, interact with their environments, and operate as a community. They remain relevant to Māori in contemporary society in many ways, but most importantly in relation to how they operate within the context of whānau, hapū and iwi. For example, the key finding from the Ministerial inquiry into the determinants of well-being for Māori children was that “the well-being of tamariki Māori is inextricable from the well-being of whānau” (Māori Affairs Committee, 2013, p. 5). This report emphasised how Māori well-being would be enhanced when whānau-centred approaches were utilised and historical trauma was acknowledged and addressed. It highlighted how whakapapa kōrero regarding the nurturing of whānau relationships were imperative, and defined how individual Māori well-being was reliant on the

collective well-being of whānau, hapū and iwi relationships.

Māori have been promoting the use of traditional knowledge and practice to enhance well-being for many decades. Durie (1985a) identified that within the therapeutic context psychological theories sit in conflict with Māori perceptions of emotion. These insights led to the development of Māori-centred approaches to therapy such as Paiheretia, which aimed to improve Māori well-being by enhancing identity, reconnecting with cultural heritage and balancing relationships within families and wider tribal networks (Durie, 2003). Māori methods of expressing emotions can include the use of performing arts such as song, chant, lament, formal speech and dance, which are highly therapeutic and healing processes for emotional distress. Additionally, Māori have high rates of emotional expression as emotions are expressed physically rather than verbally. This is most aptly demonstrated within the grieving process at tangihanga when Māori express their remorse with tears and wailing rather than by sharing their condolences (Durie, 1985a). Nikora et al. (2010) described how during tangi, “spontaneously composing farewell orations and enduring chants” (p. 401) is a powerful expression of grief and loss. These processes exemplify how therapeutic interventions for Māori need to encourage the use of Māori interpretations and constructive expressions of emotions. These methods of healing from trauma and distress were also demonstrated in a television programme, *Songs from the Inside*, which used music as a “stepping stone” for Māori returning to the community following incarceration (J. Arahanga, personal communication, 27 March 2014). Ruth, one of the women in the programme, described how singing helped her to express her emotions in a constructive manner and reduced her risk of violence towards others:

Music calms me down. Yeah, I love music because it lets me release a lot of emotion

that I've had and a lot of hurt that I've had from 4 years old upwards until I came in here when I was 22. Um, to finally let it out in a way where I'm not going to hurt anyone or anything. (Māori Television, 2014)

Waiata as an expression of emotion and a traditional form of healing has long been an effective method for maintaining well-being for Māori. Wirihana (2012) identified how mediums of traditional oral narrative and performance were used as adaptive methods for emotional expression in Māori communities and could be used to express joy, anger, grief, loss and sadness. The use of performing arts as an expression of emotion is demonstrated in the funeral process by the use of “whaikōrero (formal speech), waiata (song), haka (dance) and hīmene (hymns)” (Peapell, 2012, p. 39). Mōteatea are another method Māori used to express grief and to process memories of loss and trauma across generations (Hata, 2012). Rangihuna (2001) described haka as all forms of dance and noted it could be used as an expression of anger and a representation of the Māori god of war, which helped to prepare Māori to engage in the act of battle.

Pere (1994) advised that Māori knowledge retention and transmission promoted connections to spirit, family and environment. Barlow (1991) described how the social harmony between men and women relied on the balance between the physical and the spiritual realms:

The roles of man and woman should be complementary. When one aspect of our lives is wanting, the other part suffers, but the spiritual and physical components of our being should develop according to the prescribed order and function for each. In other words, the Māori people “cannot live on bread alone”: physical development must be complemented with appropriate spiritual nourishment. (p. 149)

These social structures within Māori communities were inherently connected to the spiritual

realm and could be linked back to whakapapa kōrero. Whakapapa kōrero has also been adapted over time and sustained using various mediums of knowledge retention. For example, Smith (2012) noted how Māori adopted new communication methods such as writing to maintain traditional knowledge. More recently, O'Carroll (2013) discussed how Māori are using social networking to connect with te ao Māori.

Traditional methods of healing in Māori communities were developed on the basis of the interconnected relationships between spiritual, physical, social and psychological processes. This view was first outlined in the Whare Tapa Whā model developed by Durie (1985a, 2011) who described Māori views of health as a “four sided concept, representing the four basic tenets of life. There is a spiritual component, a psychic component, a bodily component and a family component” (1985b, p. 483). Mark (2012) noted how this method of understanding well-being remains highly relevant for Māori and continues to be practised in contemporary health and community-based systems throughout New Zealand. There are methods for sustaining well-being by participating in ceremonial activities which acknowledge and nurture spirituality. For example, Durie (1998) described how Māori view well-being and illness based on traditional knowledge by stating that “both noa and tapu had meaning for health: noa denoting safety, tapu protection” (p. 9). Māori Vietnam War veterans discussed how these processes facilitated healing from the trauma of war in a study conducted by Te Atawhai o Te Ao (2008):

Nor did we get any kind of deprogramming or in Māori terms, whakanoa. We had to go back to our own marae, our own people to de-programme. I can assure some of us were very hyped up, very much so.

The whakanoa was done for me by my own parents. Unlike today's modern soldiers Ngāti

Tūmatauenga they do that when they come back. I think that a lot of it was that we were mono-cultural at that time. (p. 38)

These discussions depict how whakapapa kōrero provided instructions for how Māori prepared for warfare and returned to a state of safety thereafter. In addition, the New Zealand military's use of these methods to support recovery from the trauma of war demonstrates the importance of Māori methods of healing for all peoples.

The Whānau Ora policy developed a whānau-centred approach to working with Māori and was based on widely collected oral and written submissions from Māori organisations and individuals recognising the importance of whānau well-being in relation to individual Māori well-being (Taskforce of Whānau-Centred Initiatives, 2010). This led to the funding and the implementation of national services aimed at integrating Māori knowledge, practice and methods of engagement when working within Māori communities. A study conducted by Boulton and Gifford (2014) highlighted that though the scope and development of the Whānau Ora policy was based on feedback from Māori, the delivery of services across New Zealand was varied and Māori using them noted that there was “no one understanding of whānau ora; that whānau ora is a multidimensional concept; and that, even for whānau with limited understandings of cultural institutions of te ao Māori, access to these institutions remains important” (p. 12).

Generational well-being and acknowledging the importance of ancestry is also inherent to Māori well-being. Whakapapa in traditional Māori society formed the foundation of all Māori social and kinship relationships (Johnstone, 2005). Moreover, Māori retained and acknowledged the influence of previous generations by constant reconnection with their ancestors. Celebrating the connections ancestors had with their natural environments maintained this practice as Māori believed their ancestors

became kaitiaki for tribal areas and have a protective relationship towards their descendants. Barlow (1991) described these kaitiaki as “left behind by deceased ancestors to watch over their descendants and to protect sacred places” (p. 34). Manu Rangimarie Magrath stated that when she was working in prisons and with at-risk youth, her role was dependent on acknowledging the presence of ancestors and kaitiaki. She stressed the need to be aware of the spiritual realm when working with Māori and that Māori well-being was connected to relationships with the natural environment (Tito, Reinfield, Pihama, & Singer, 2007).

Māori relationships with their ancestors are a further example of the deep connections they maintain with spirituality. Māori spirituality is a vast and ever-present phenomenon that is strongly connected to sustaining well-being and supporting methods of healing. When describing Māori indicators of well-being, Tucker (2006) stated the Māori worldview was based on the belief that atua have a connection to “all living things” (p. 213). She went on to note that the holistic worldview Māori upheld was described in the creation stories maintained by whakapapa kōrero. In addition, as whakapapa knowledge and the practices associated to well-being were sustained by the intergenerational transfer of knowledge, this meant that well-being relied on a firm grounding in cultural knowledge. Moreover, sustaining this knowledge enhanced individual and community potential and gave rise to healthy interpersonal, spiritual and environmental relationships. Furthermore, Wakefield, Stirling, and Kahu (2006) advised that “when the balance between *atua*, *whenua* and *tangata* is disrupted, desecrated, disturbed or violated, this can have a detrimental impact on these relationships” (p. 173).

Whakapapa kōrero can provide infinite value in relation to healing from trauma for the Māori community. These narratives encourage Māori to honour the sacredness of intimate partner relationships (Smith, 2012). They view children and young people as treasured gifts who



are nurtured and protected by the community (Reynolds & Smith, 2012; Wirihana, 2012). They hold clear healthcare practices, which are “employed within a wider philosophical and theoretical context” (Durie, 1998, p. 15). They provide multiple examples of how to constructively express emotion and bear the weight of emotional distress. They provide specific methods for recovering from emotional distress, such as those used in the process of tangi to support healing from grief (Peapell, 2012). Nikora et al. (2010) described tangi as the “ultimate signifier of Māori community and self-expression” and as a space from which Māori tradition and practices have been sustained over time regardless of cultural assimilative practices (p. 400). Using whakapapa kōrero as the basis for healing within the therapeutic context is becoming more widely acknowledged and practised within New Zealand. Cherrington (2003) described her use of Māori creation stories when working in a therapeutic context in her role as a clinical psychologist. Whakapapa kōrero has been used to adapt cognitive behavioural therapy programmes when working with people with depression and has helped to improve rapport and develop therapeutic relationships (Bennett, 2009). It has also been used to develop psychological interventions when working with young people in mental health services (Cargo, 2008).

These examples have identified how Māori well-being incorporated a complex holistic process which relied on whakapapa relationships and knowledge, connections to the environment (physical and natural), and an intrinsic spirituality. Furthermore, whether Māori have access to traditional knowledge and practice or not, it is an extremely valuable tool which can be used to enhance Māori well-being. Finally, these studies highlight how important education regarding this knowledge can be when supporting Māori to heal from historical, community and individual trauma.

## Conclusion

Whakapapa kōrero can be adapted and applied across a variety of contexts using multiple mediums, and research supporting the potential for Māori knowledge to facilitate healing is growing. This article discussed numerous methods which have been effectively used in the Māori community to support healing from psychological trauma, grief and loss. First, it described the traditional protective factors in the context of nurturing intergenerational family environments which have the potential to reduce the risk of exposure to trauma and abuse. Second, it discussed how Māori methods of healing such as waiata, mōteatea, haka, whakanoa and whakawhanaungatanga are used on a daily basis within Māori communities to sustain well-being. Third, it highlighted how these methods were based on generations of tradition which continue to ease distress and enhance well-being. Most importantly, it demonstrated how traditional narratives have the potential to support healing from the historical, collective and individual trauma which continues to influence Māori well-being today.

## Glossary

ahi kā	home fires
aroha	to love
atua	ancestor with continuing influence, god, demon, supernatural being, deity
haka	dance, perform
hapū	kinship group, clan, tribe, subtribe
hīmene	hymn, psalm, hymn book

iwi	extended kinship group, tribe, nation, people, nationality, race	tangata tangi	person, man, human being shortened form of the word “tangihanga”
kaitiaki Kīngitanga	guardian Māori King Movement	tangihanga	weeping, crying, funeral, rites for the dead
kōrero	narrative, speak, discussion, discourse	tapa tapu te ao Māori	edges sacred the Māori world
kūpapa	a term applied to Māori who side with Pākehā opposition or government	tohunga tūrangawaewae	expert, priest domicile, place where one has the right to stand
marae	traditional meeting grounds	waiata wha whaikōrero	song, chant, psalm four formal speech
mōteatea	to grieve, lament, traditional chant, sung poetry	whakanoa whakapapa whakapapa kōrero	to remove tapu genealogy genealogy narratives
noa	free from the extensions of tapu, ordinary, unrestricted	whakawhanaungatanga whānau whare	process of establishing relationships family house
ora	healthy, fit, healed, well	Whare Tapa Whā	Māori model of health based on social, psychological, physical and spiritual well-being
Paiheretia	Māori-centred relational therapy		
Pākehā	New Zealander of European descent	whare tangata	womb
rongoā tamariki	medicine children	whenua	land

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorder (5th ed)*. Arlington, VA: Author.
- Anderson, I., Crengle, S., Leialoha Kamaka, Chen, T., Palafox, N., & Jackson-Pulver, L. (2006). Indigenous health in Australia, New Zealand, and the Pacific. *The Lancet*, 367, 1775–1785.
- Ati Hau, J. (1997). *Māori youth suicide in Aotearoa: Selected interviews with Māori elders* (Unpublished master's thesis). University of Auckland, Auckland, New Zealand.
- Atkinson, J. (2013). *Trauma trails, recreating song lines: The intergenerational effects of trauma in indigenous Australia*. Melbourne, Australia: Spinifex Press.
- Aupouri-Mclean, C. (2013). *No time to say goodbye: The personal journeys of whānau bereaved by suicide* (Unpublished master's thesis). Massey University, Auckland, New Zealand.
- Barlow, C. (1991). *Tikanga whakaaro: Key concepts in Māori culture*. Auckland, New Zealand: Oxford University Press.
- Baxter, J., Kingi, T., Tapsell, R., & Durie, M. (2006). Māori. In M. Oakley Browne, E. Wells, & K. Scott (Eds.), *Te rau hinengaro: The New Zealand mental health survey*. Wellington, New Zealand: Ministry of Health.
- Beautrais, A., & Fergusson, D. (2006). Indigenous suicide in New Zealand. *Archives of Suicide Research*, 10, 159–168.
- Belich, J. (1998). *The New Zealand wars and the Victorian interpretation of racial conflict*. Wellington, New Zealand: Penguin Books.
- Bennett, S. (2009). *Te huanga o te iwi Māori: Cognitive behavioural therapy for Māori clients with depression—Development and evaluation of a culturally adapted treatment programme* (Unpublished doctoral thesis). Massey University, Wellington, New Zealand.
- Boast, R. (2012). Te tango whenua—Māori land alienation—Raupatu—Confiscations. In *Te Ara—the Encyclopedia of New Zealand*. Retrieved from <http://www.teara.govt.nz/en/te-tango-whenua-Māori-land-alienation/page-4>
- Boulton, A., & Gifford, H. (2014). Whānau ora; He whakaaro ā whānau: Māori family views of family wellbeing. *The Intergenerational Indigenous Policy Journal*, 5(1). Retrieved from <http://ir.lib.uwo.ca/iipj/vol5/iss1/1>
- Briere, J., & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. London, England: Sage.
- Came, H. (2012). *Institutional racism and the dynamics of privilege in public health* (Unpublished doctoral thesis). University of Waikato, Hamilton, New Zealand.
- Cargo, T. (2008). Hoes a mai tōu waka—Claiming spaces for Māori tamariki and rangatahi in cognitive behaviour therapy. In M. Levy, L. W. Nikora, B. Masters-Awatere, M. Rua, & W. Waitoki (Eds.), *Claiming spaces: Proceedings of the 2007 National Māori and Pacific Psychologies Symposium* (pp. 97–102). Hamilton, New Zealand: Māori and Psychology Research Unit, University of Waikato.
- Cherrington, L. (2003). The use of Māori mythology in clinical settings: Training issues and needs. In L. W. Nikora, M. Levy, B. Masters, W. Waitoki, N. Te Awekotuku, & R. J. M. Etheredge (Eds.), *Proceedings of the National Māori Graduates of Psychology Symposium 2002: Making a difference* (pp. 117–120). Hamilton, New Zealand: Māori and Psychology Research Unit, University of Waikato.
- Crook, M., & Short, D. (2014). Marx, Lemkin and the genocide-ecocide nexus. *The International Journal of Human Rights*, 18(3), 298–319.
- Duran, E. (2006). *Healing the soul wound: Counselling with American Indians and other native peoples*. New York, NY: Teachers College Press.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. New York, NY: State University of New York.
- Duran, E., Duran, B., Brave Heart, M., & Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In Y. Daneili (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 327–340). New York, NY: Plenum Press.
- Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counselling and Development*, 83(3), 288–295.
- Durie, M. (1985a). *Counselling Māori people*. A presentation to the New Zealand Counselling and Guidance Association hui, Tu Tangata urban marae, Palmerston North, New Zealand.
- Durie, M. (1985b). A Māori perspective of health. *Social Science & Medical*, 20(5), 483–486.
- Durie, M. (1998). *Whaiora*. Auckland, New Zealand: Oxford University Press.

- Durie, M. (2003). *Ngā kahui pou: Launching Māori futures*. Wellington, New Zealand: Huia.
- Durie, M. (2011). Indigenizing mental health services: New Zealand experience. *Transcultural Psychiatry*, 48(1–2), 24–36.
- Edwards, S. (2009). *Titiro whakamuri mārama ai te wao nei: Whakapapa epistemologies and Maniapoto Māori cultural identities* (Unpublished doctoral thesis). Massey University, Auckland, New Zealand.
- Farrelly, S., Rudegair, T., & Rickard, S. (2005). Trauma and dissociation in Aotearoa (New Zealand): The psyche of a society. *Journal of Trauma Practice*, 4(3/4), 203–330.
- Flett, R., Kazantzis, N., Long, N., MacDonald, C., & Millar, M. (2004). Gender and ethnicity differences in the prevalence of traumatic events: Evidence from a New Zealand community sample. *Stress & Health*, 20(3), 149–157.
- Hata, S. (2012). What's in a word. *The e-Journal on Indigenous Pacific Issues*, 5(1), 119–125.
- Herbert, R., & Mackenzie, D. (2014). *The way forward: An integrated system for intimate partner violence and child abuse and neglect in New Zealand*. Wellington, New Zealand: Impact Collective.
- Hirini, P., Flett, R., Long, N., & Millar, M. (2005). Traumatic events and New Zealand Māori. *New Zealand Journal of Psychology*, 34(1), 20–27.
- Jenkins, K., & Mathews, M. (1998). Knowing their place: The political socialisation of Māori women in New Zealand through schooling policy and practice, 1867–1969. *Women's History Review*, 7(1), 85–105.
- Jenkins, K., & Mountain Harte, H. (2011). *Traditional Māori parenting: An historical review of literature of traditional Māori child rearing practices in pre-European times*. Auckland, New Zealand: Te Kahui Mana Ririki.
- Johnstone, K. (2005). Māori women confront discrimination: Using international human rights law to challenge discriminatory practices. *Indigenous Law Journal*, 4(1), 19–69.
- Keenan, D. (2012). New Zealand wars—New Zealand wars overview. In *Te Ara—the Encyclopedia of New Zealand*. Retrieved from <http://www.teara.govt.nz/en/new-zealand-wars/page-1>
- Liu, J., & Temara, J. (1998). Leadership, colonisation, and tradition: Identity and economic change in Ruatoki and Ruatahuna. *Canadian Journal of Native Education*, 22(1), 138–150.
- Māori Affairs Committee. (2013). *Inquiry into the determinants of wellbeing for tamariki*. Retrieved from [http://www.parliament.nz/enz/pb/sc/businesssummary/00DBSCH\\_INQ\\_11080\\_1/inquiry-into-the-determinants-of-wellbeing-for-Māori-children](http://www.parliament.nz/enz/pb/sc/businesssummary/00DBSCH_INQ_11080_1/inquiry-into-the-determinants-of-wellbeing-for-Māori-children)
- Māori Television. (2014). *Songs from the inside* [Television series]. Retrieved from <http://www.Māoritelevision.com/tv/shows/songs-inside/all-episodes>
- Mark, G. (2012). *Rongoā Māori (traditional Māori healing) through the eyes of Māori healers: Sharing the healing while keeping the tapu* (Unpublished doctoral thesis). Massey University, Auckland, New Zealand.
- Marsden, M. (2003). *The woven universe: Selected writings of Rev. Māori Marsden*. Ōtaki, New Zealand: Te Wānanga o Raukawa.
- McIntosh, T., & Workman, K. (2013). The criminalisation of poverty. In M. Rashbrooke (Ed.), *Inequality: A New Zealand crisis*. Wellington, New Zealand: Bridget Williams Books.
- Mikaere, A. (1994). Māori women caught in the contradictions of colonised reality. *Waikato Law Review*, 2(1994), 125–149.
- Ministry for Culture and Heritage. (2014a). *Land confiscation law passed*. Retrieved from <http://www.nzhistory.net.nz/the-new-zealand-settlements-act-passed>
- Ministry for Culture and Heritage. (2014b). *New Zealand's 19th century wars—Timeline*. Retrieved from <http://www.nzhistory.net.nz/war/new-zealands-19th-century-wars/nzwars-timeline>
- Moeke-Pickering, T. (1996). *Māori identity within whānau: A review of literature*. Hamilton, New Zealand: University of Waikato.
- Naylor, S. (2006). *Tā te pūnaha mātauranga o Aotearoa he kaikai haere i te oranga tonutanga o te reo: The perpetuation of Māori language loss in the New Zealand education system: A Pākehā perspective* (Unpublished master's thesis). University of Otago, Dunedin, New Zealand.
- Nikora, L. W., Te Awēkotuku, N., Rua, M., Temara, P., Maxwell, T., Murphy, E., ... & Moeke-Maxwell, T. (2010). Tangihanga: The ultimate form of Māori cultural expression—Overview of a research programme. In J. S. Te Rito & S. M. Healy (Eds.), *Proceedings of the 4th International Traditional Knowledge Conference 2010* (pp. 400–405). Auckland, New Zealand: Ngā Pae o te Māramatanga.
- O'Carroll, A. (2013). *Kanohi ki te kanohi—A thing of the past?: An examination of Māori use of social networking sites and the implications for Māori*

- culture and society* (Unpublished doctoral thesis). Massey University, Auckland, New Zealand.
- Peapell, N. (2012). *Exploring grief experiences of rangatahi offenders through the kōrero of Māori community leaders* (Unpublished master's thesis). Massey University, Auckland, New Zealand.
- Pere, R. (1994). *Ako: Concepts and learning in the Māori tradition*. Wellington, New Zealand: Te Kōhanga Reo National Trust Board.
- Pihama, L. (2013). *Dr Leonie Pihama: 2013 Symposium*. Paper presented at the Fostering te Harakeke: Healthy and Prosperous Families of Mana Conference, Tauranga, New Zealand. Retrieved from <http://mediacentre.maramatanga.ac.nz/content/2013-symposium>
- Pihama, L., Reynolds, P., Smith, C., Reid, J., Tuhiwai-Smith, L., & Te Nana, R. (2014). Positioning historical trauma theory within Aotearoa New Zealand. *AlterNative*, 10(3), 248–262.
- Poananga, S. (2011). *Positive “whānau management”: Privileging the centrality of whānau and culturally specific understandings of child discipline for the effective psychological practice with Māori* (Unpublished doctoral thesis). Massey University, Auckland, New Zealand.
- Poata-Smith, E. (2013). Inequality and Māori. In M. Rashbrooke (Ed.), *Inequality: A New Zealand crisis* (pp. 148–158). Wellington, New Zealand: Bridget Williams Books.
- Pokhrel, P., & Herzog, T. (2014). Historical trauma and substance use among Native Hawaiian college students. *American Journal of Health Behaviour*, 38(3), 420–429.
- Pool, I., & Kukutai, T. (2014). Taupouri Māori—Māori population change—decades of despair, 1800–1900. In *Te Ara—the Encyclopedia of New Zealand*. Retrieved from <http://www.TeAra.govt.nz/en/taupouri-Māori-Māori-population-change/page-2>
- Rangihuna, F. (2001). *Te haka a Tānerore rāua ko hineruhi* (Unpublished master's thesis). Victoria University of Wellington, Wellington, New Zealand.
- Raphael, B., Swan, P., & Martinek, N. (1998). Intergenerational aspects of trauma for Australian Aboriginal people. In Y. Daneili (Eds.), *International handbook of multigenerational legacies of trauma* (pp. 327–340). New York, NY: Plenum Press.
- Reid, J., Taylor-Moore, K., & Varona, G. (2014). Towards a social-structural model for understanding current disparities in Māori health and well-being. *Journal of Loss and Trauma*, 19(6), 1–23.
- Reynolds, P., & Smith, C. (2012). *The gift of children: Māori and infertility*. Wellington, New Zealand: Huia.
- Ruwhiu, L. (1999). *Te puawaitanga o te ibi me wehi: The politics of Māori social policy development* (Unpublished doctoral thesis). Massey University, Palmerston North, New Zealand.
- Salvation Army Social Policy and Parliamentary Unit. (2014). *Striking a better balance: A state of the nation report from the Salvation Army*. Auckland, New Zealand: Salvation Army and Parliamentary Unit.
- Smith, T. (2005). *Turangawaewae: A case study of the colonisation of indigenous knowledge* (Unpublished doctoral thesis). University of Auckland, Auckland, New Zealand.
- Smith, T. (2012). Aitanga: Māori precolonial conceptual frameworks and fertility—A literature review. In P. Reynolds & C. Smith (Eds.), *The gift of children: Māori and infertility* (pp. 3–37). Wellington, New Zealand: Huia.
- Sorenson, M. (1956). Land purchase methods and their effect on Māori population. *The Journal of Polynesian Society*, 65(3), 183–199.
- Taskforce on Whānau-Centred Initiatives. (2010). *Whānau ora: Report of the Taskforce of Whānau-Centred Initiatives*. Report produced for Hon. Tariana Turia, Minister of Community and Voluntary Sector. Retrieved from: [http://www.tpk.govt.nz/\\_documents/whanau-ora-taskforce-report.pdf](http://www.tpk.govt.nz/_documents/whanau-ora-taskforce-report.pdf)
- Te Atawhai o te Ao. (2008). *Ka rongō te pakanga nei: Māori Vietnam veterans & whānau perspectives on the impacts of involuntary chemical exposure and the broader effects of the war*. Whanganui, New Zealand: Te Atawhai o te Ao.
- Tito, J., Reinfield, M., Pihama, L., & Singer, N. (Eds.). (2007). *Matarakau. Nga kōrero mo nga rongō o Taranaki: Healing stories of Taranaki*. New Plymouth, New Zealand: Karangaroa.
- Tucker, J. (2006). *Appendix I: A compilation of indicators of well-being from the conference presentations*. In J. S. Te Rito (Ed.), *Proceedings of the Mātauranga Taketake: Traditional Knowledge Conference 2006* (pp. 213–220). Auckland, New Zealand: Ngā Pae o te Māramatanga.
- Turia, T. (2000). Keynote address to the New Zealand Psychological Society Annual Conference, Waikato. *The Bulletin (The New Zealand Psychological Society)*, 99, 27–28.

- Wakefield, B., Stirling, T., & Kahu, M. (2006). Tangihanga: Haumanu taiao ihumanea. In J. S. Te Rito (Ed.), *Proceedings of the Mātauranga Taketake: Traditional Knowledge Conference 2006* (pp. 173–186). Auckland, New Zealand: Ngā Pae o te Māramatanga.
- Walker, M., Fredericks, B., Mills, K., & Anderson, D. (2013). Perspectives on a decolonizing approach to research about indigenous women's health: The indigenous women's wellness study. *AlterNative*, 9(3), 204–216.
- Walker, R. (1990). The role of the Pākehā press in defining perceptions of the Māori. In P. Spoonley & W. Hirsh (Eds.), *Between the lines: Racism and the New Zealand media*. Auckland, New Zealand: Hienemann Reed.
- Walker, R. (2004). *Ka whawhai tonu matou: Struggle without end*. Auckland, New Zealand: Penguin Books.
- Walls, M., & Whitbeck, L. (2012). The intergenerational effects of relocation policies on indigenous families. *Journal of Family Issues*, 33(9), 1272–1293.
- Walters, K., Mohammed, S., Evans-Campbell, T., Beltran, R., Chae, D., & Duran, B. (2011). Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives. *Du Bois Review*, 8(1), 179–189.
- Whitbeck, L., Adams, G., Hoyt, D., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(3/4), 119–130.
- Wirihana, R. (2012). *Ngā pūrākau o ngā wāhine rangatira Māori o Aotearoa: The stories of Māori women leaders in New Zealand* (Unpublished doctoral thesis). Massey University, Auckland, New Zealand.
- Yehuda, R., & Bierer, L. (2009). The relevance of epigenetics to PTSD: Implications for DSM-V. *Journal of Traumatic Stress*, 22(5), 427–434.
- Yellow Horse Brave Heart, M. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7–13.