

The background of the cover is a deep blue night sky filled with stars. A prominent star with a four-pointed diffraction pattern is located at the top center. To its right, a constellation of several bright stars is visible. The bottom of the image features a decorative pattern of overlapping, semi-transparent orange and red geometric shapes, resembling a stylized mountain range or a traditional Māori koru design.

TE PŪTAKE – WHAKAUAE RARO

OCCASIONAL PAPER SERIES

Number 2, December 2021

Bro Ora: revitalising tāne Māori wellbeing
through an awa lens

Tom Johnson

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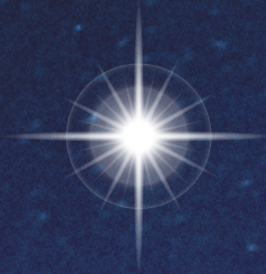
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Acknowledgement: Pātiki Pattern (front cover & throughout)

The kōwhaiwhai pattern is of the pātiki and was designed by Honor McCorkindale for Ngāti Hauti to reflect one of the mōkai left by Tamatea Pōkai Whenua in the district. Pātiki may still be found in the Rangitikei River.



W H A K A U A E
Research for Māori Health and Development



Ka tiaho mai ngā whetū o Puanga
Hei tohu o te Kauaerunga
Ka whitiwhiti mai te rā
Hei ara ki te Kauaeraro
Ngā pou o te Whare Kura

*The lights of Rigel glows
The beacon of celestial origins
The sun shines bright
A pathway to terrestrial horizons
Pillars of higher institutions*

Ko Papatūānuku, i tūhonotia e te
Pito o Te Hono i Wairua
Ko Ranginui, i tūhonotia e te kāwai
i Tākawe o Kahukura
Ki te Whaiao, ki te Ao mārama

*The female form, joined
by the umbilical cord to Te Hono i Wairua
The male form, joined
by lineage to Tākawe o Kahukura
Behold the world of light and understanding*

E ngā whānau, e ngā hapū ō
Ngāti Hauiti whānui
Nei rā te mihi atu ki a koutou katoa

*To the families and extended families of the
wider Ngāti Hauiti group
This is our greetings to you all*

Mauria mai o koutou mate kua tangihia
kua mihia i waenganui i a tātou

*Bring your departed, so that we may weep
and pay homage to them together*

Nōreira, e te whānau, tēnā koutou,
tēnā koutou, tēnā koutou katoa

*Hence whānau, our greeting,
thrice greetings to you all*

Many generations ago our tupuna, Tamatea Pōkai Whenua travelled through the Rangitīkei valley naming places along the way. The range, that extends, from the north-west of Mangaweka along a ridge to the west behind Taihape, was so named; "Te Whakauae ā Tamatea Pōkai Whenua" (The Jawbone of Tamatea Pōkai Whenua).

The jawbone of a Rangatira was said to be where mātauranga, both celestial and terrestrial knowledge was stored. It was for that reason Whakauae Research Services was so named.

We believe that information researched and gathered by Whakauae Research Services, in relation to all things Ngāti Hauiti should, most appropriately, be stored in an institution of that name.

Matua Neville Lomax

Te Pūtake - Whakauae Raro Occasional Series

Te Pūtake – Whakauae Raro Occasional Paper Series is a forum for working papers, original research and review studies, commentary and reflective essays on issues of relevance to whānau, hapū and Iwi Māori. Produced by Whakauae Research, these peer-reviewed papers are designed to disseminate formative thinking, early research findings, critical commentary and ideas to support discussion and engagement around creating positive outcomes for all Māori. The Series explores aspirations, challenges and important new issues arising from research on hauora Māori, where hauora is defined in its broadest sense, and is intended to address a wide audience of national and international change-makers.

The name *Te Pūtake – Whakauae Raro* reflects the merging of two key concepts central to Ngāti Hauiti's tradition of pursuing knowledge and applying that knowledge for the benefit of its people. The kupu pūtake refers to the idea of the source or origins; the origins of Hauiti as a people, but also the origins and creation of knowledge. *Te Pūtake* is also the name given to Ngāti Hauiti's own journal, launched in 2006 and intended to support Iwi advancements through the provision and dissemination of Hauiti-specific whakapapa, waiata, mōteatea, pūrākau and other scholarly writings.

Whakauae Raro, meanwhile refers to the origins of our organisation's name. Our name is derived from Te Whakauae ā Tamatea (the Jawbone of Tamatea), a hill country range between Mangaweka and Taihape in the Rangitikei and named by Hauiti tupuna, Tamatea Pōkai Whenua. In Māori tradition, the jawbone holds significant meaning referring both to te kauae-runga (celestial knowledge) and te kauae-raro (terrestrial, or worldly knowledge). Te Whakauae ā Tamatea provides Ngāti Hauiti with a physical and cultural link to ancestral knowledge and traditions. As the Ngāti Hauiti centre for health research and development, Whakauae Research is a hub for information and knowledge that strives to improve Māori communities and embody the essence of Te Whakauae ā Tamatea.

Te Pūtake – Whakauae Raro Occasional Paper Series brings these two traditions of knowledge and information together. Launched during the time of Puanga, this series of occasional papers also serves to remind us of the need to take stock, to reflect on the past, to make time for wānanga and to re-energise for future challenges. Thus, *Te Pūtake – Whakauae Raro Occasional Paper Series* seeks to promote new knowledge, new ways of thinking and of contributing to knowledge and evidence that upholds and supports Māori wellbeing. We hope you enjoy the series.

The Editorial Team





Bro Ora: revitalising tāne Māori wellbeing through an awa lens

Tom Johnson

Introduction

This paper examines the issue of wellbeing for tāne Māori (Māori men) in the rohe (area) of Whanganui within the context of Te Awa Tupua - the Whanganui Awa (river) – as a pou that frames the experience of wellbeing. The starting point of "wellness" here is the connection to Te Awa Tupua as a metaphysical (and physical) ancestral source of wellbeing which supports the descendants of Whanganui in an intrinsic and holistic way. From this position of the relevance of Te Awa Tupua, the paper goes on to investigate the literature around colonisation as a driving factor of the genderisation of tāne Māori highlighting its impact on contemporary experiences of wellbeing for tāne Māori. The paper concludes by highlighting existing gaps in research around tāne Māori wellness, and suggests the utilisation of Iwi-specific methodologies, such as Te Awa Tupua, to re-contextualize and capture the experiences of Māori wellness. The paper thereby builds a picture of the current reality, and the opportunities for change, in utilising Mātauranga Māori to investigate gaps in the literature of improving tāne Māori wellbeing.

A Whanganui lens on wellbeing

Ngā manga iti, ngā manga nui e honohono kau ana, ka tupu hei Awa Tupua

The small and large streams that flow into one another form one river

The context of the above whakatauki (proverb), voiced by Te Awa Tupua (the sacred waters of the river) of Whanganui and its people, explains the natural lore and value systems reflected in the relationship between river and Iwi (tribe) (Te Aho, 2014). The analogy of this

natural lore suggests that whilst the larger streams may be well known, traversed, and documented, the smaller streams - hidden, trickling, flowing - all lead to the same end: the great body of wellness (river) which is te Whanganui. To me, this whakatauki acknowledges and values the many streams of thought and active practice gathered alongside the awa, which can all flow into a single body of collective wellness, available to all who seek it. This is especially relevant

“This is especially relevant in Whanganui where Iwi have a direct relationship with the awa as a source of not only food and transport, but as a source of their own physical, mental, and spiritual wellness.”

in Whanganui where Iwi have a direct relationship with the awa as a source of not only food and transport, but as a source of their own physical, mental, and spiritual wellness. "Ko au te awa, ko te awa ko au – I am the river, and the river is me". If the river is sick, then so am I.

Iwi relationships to Te Awa Whanganui (also known as Te Wainui ā rua, Te Awa Tupua) are complex and deep, but the significance of Te Awa is best summed

up by the Ngāti Hauaroa tohunga (descendant of the Māori prophet Te Kere Ngataierua) Titi Tihu, who stated "Ko te awa te tuatahi, ko te awa te tuarua! The river first and the river second!" (nā Titi Tihu in Te Whawhaki Trust, 2020). At 260 kilometres long, the awa's headwaters gush toward Tangaroa (the god of the ocean) from the western flanks of three maunga (mountains) - Tongariro, Ruapehu and Ngāuruhoe. The name Te Awa Tupua is more than can be expressed in English - it refers to the entire water system, its wairua, its status as whakapapa and a tupuna. It inherently understands that we are directly related to the awa by blood, a singular inseparable entity that is 'indivisible' from its people (Morris & Ruru, 2010). For centuries the tribes of the awa drew their name and mauri (life force) from this place having intimately

traversed her strong tides, ripo (rapids) caves and called on the awa as "their food basket, their medicine cabinet, their highway, and their defensive moat. It was their healer, their priest, and their parent. It was the source of their prestige and the core of their being" (Warne, 2019, p. 1). This inseverable connection to the ancestral river is explored in waiata "He pataka ia he pu wānanga ko te awa. Tiakina mai he taonga atua: For the river is our storehouse and wellspring of our prestige. Look after it, it is a precious gift of God" (Albert, 2015, p. np). In the opening paragraph of Wai 167 (Waitangi Tribunal, 1999, p.1) the awa is the "aortic artery, the central bloodline of that one heart"; the awa has a pulse.

Ko te awa te mātaupuna o te ora. The river is the source of wellness.

The Te Awa Tupua (Whanganui River Claims Settlement) Act legislation reads "Te Awa Tupua is a spiritual and physical entity that supports and sustains both the life and natural resources within the Whanganui River and the health and wellbeing of the Iwi, hapū and other communities of the River" (NZ Government, 2017, np). The first line of the legislation acknowledges "Ko te Awa te mātaupuna o te ora" (The River is the source of spiritual and physical sustenance). Indigenous understandings of the world identify an interwoven connection between human and non-human (waters, environment, whenua) and the health and wellness of both (Durie, 2003; Greenwood & Leeuw, 2007; Reid et al., 2014; Yates-Smith, 2019). This forms an Indigenous holistic knowledge system developed from a strong understanding and interaction with the natural world and the systems that define the landscape (Baker & Marques, 2017; Marques et al., 2018). It includes traditional wellness rituals (manifested in oral narratives, pūrakau, waiata, customs and ceremonies) that have influenced Māori approaches to healing, birth and death (Walker, 1996). Emerging from a Māori world view which emphasises interconnection, interdependence, and balance (Royal, 2009) the river is an important relational and holistic

source of wellbeing practices.

The World Health Organisation (WHO) reflected in the early 1900s a relational and holistic approach to defining aspirational wellbeing by explaining it as "a state of complete physical, mental and social wellbeing and not merely the absence of infirmity" (United Nations, 1946, p.100). This deviates from the predominant (Western) biomedical perspective of wellbeing which narrowly understands health as the physical absence of disease and does not consider the wider social determinants of wellbeing such as elimination of poverty and equitable distribution of resources (Lyons & Chamberlain, 2006) or Indigenous notions of wairua (Durie, 2011). The WHO further defines mental health as "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2004, p.10).

The innovative legislation advocated for by Iwi in the 2017 Te Awa Tupua

(Whanganui River Claims Settlement) Bill had its third reading, passing into law a conference of legal personhood onto the Whanganui River. The river was given the legal status of a person, along with all the rights, powers, duties, and liabilities of a legal person (Te Awa Claims Settlement Bill, Government Bill 129-2, cl 14.), (NZ Government, 2017). The Act recognises the river, and its surrounding ecosystem as an indivisible living entity, comprising physical and metaphysical elements in the surrounding area which should work collaboratively for the health and wellbeing of the awa and its people (Youatt, 2017). This was already inherently known and practiced by Whanganui Iwi as Te Awa Tupua has, and continues to provide, a secure cultural identity. Research demonstrates the strength Māori draw on from their relationships to tribal land markers such as the awa (Houkamau & Sibley, 2015b; Mark & Lyons, 2010; Rameka, 2016) and how this empowers a secure and healthy cultural identity (Durie et al., 1993; Moeke-Pickering, 1996). Whanganui

“The Te Awa Tupua framework provides a holistic 'catchment-wide' approach ensuring phenomena across the awa are considered a holistic interconnected ecosystem, and like our wellbeing, cannot be isolated into parts.”

Iwi worked tirelessly to demonstrate to the state how the Crown's practices broke the Whanganui River down into parts with actions, laws and regulations. In response the Te Awa Tupua framework provides a holistic 'catchment-wide' approach ensuring phenomena across the awa are considered a holistic interconnected ecosystem, and like our wellbeing, cannot be isolated into parts.

Pre-colonial Māori wellbeing

Much like Te Awa Tupua, whose tributaries, maunga and the path and spaces between her and Tangaroa cannot be separated or split up into individual entities, tāne Māori wellness, or hauora, is collective. Te Awa Tupua relies upon a series of interconnected phenomena related to create hauora, where nothing can be separated from the whole. Māori have a holistic and interconnected relationship with the natural world which is intricately based upon thousands of years of Mātauranga Māori (Māori knowledge base) dating back to many Pacific migrations which inform understanding of ecosystems (Harmsworth & Awatere, 2013). Prior to colonisation, Māori had well-developed inter-generational systems and health structures tailored to their tribes and environments reflecting collective concepts and practices of health and wellbeing (Ratima, 2001). Multiple Māori healing techniques including Rongoā - using herbal remedies (Durie, 1994) mirimiri, karakia (Jones, 2000) - are part of "a traditional system of healing that has developed out of the cultural traditions of Māori" (Mark et al., 2017). These techniques were most frequently practiced by tohunga who had gone through extensive training in the domains of healing (Durie, 1999) and were the traditional trained Māori health professionals. They were able to diagnose unwellness not just from an individual perspective, but also from the environmental, spiritual and social realms (Durie, 2001; Jones, 2000).

There are several well-established Kaupapa Māori frameworks which have evolved from this understanding of holistic wellness. Te Wheke (Pere & Nicholson, 1991), Te Whare Tapa Wha and Te Pae Mahutonga (Durie, 1994) (Durie, 1999), Pōwhiri Poutama (Huata, 1997), Te Ao Tūtahi (McNeill, 2009), Ko te Tuakiri o te Tangata (Ihimaera, 2004), Te Whare Pora, Raranga (Fletcher et al., 2014), Meihana Model (Pitama et al., 2007) and Atua Matua (Heke, 2016) are Māori health frameworks which have utilised the interrelated and holistic cultural components for Māori wellbeing outcomes underpinned by an

understanding that wellbeing to Māori is holistic and "...contextualised within te whenua (land providing a sense of identity and belonging), te reo (the language of communication), te ao turoa (environment), and whanaungatanga (extended family)" (Cram et al., 2003, p.1).

A Māori perspective of wellbeing can be understood from Durie's (2012) analogy where he describes that when Māori think of themselves, it is often in relation to a collective body where Māori wellness will "exist in relationship to something else" (p.157). Māori draw on relationships with traditions, objects, places, and people to construct a sense of self, and of wellness. A Māori sense of self is therefore fundamentally connected to others, environmental, spiritual and physical domains, history, the present and far beyond the individual body (Marsden, 2003). Prior to colonisation Whanganui Iwi had a deeply interconnected relationship with Te Awa Tupua and its holistic metaphysical elements as a source of mauri (essential life force). This is beautifully captured in kōrero nō te ao tawhito (ancestral knowledge) of Whanganuitanga (Indigenous knowledge of Whanganui): "Kaua e kōrero mō te awa, kōrero ki te awa: don't just talk about awa, speak to the awa" (Turia, 2016, np).



Wellbeing and colonisation: disconnection from identity

Literature on the processes of the colonisation of Aotearoa highlights how colonisation changed the physical and political, as well as the social landscape of the Māori world. Colonisation and its negative consequences for Māori wellbeing have been well documented (Durie, 2012; Moewaka Barnes & McCreanor, 2019). Colonisation dispossessed Māori of their access to resources, participation in the economy and their land (Jackson, 1992). It broke up long-established knowledge-practices which resulted in the dependence of Māori on colonial economic systems undermining the very fabric of Māori society (Walker, 2004). Practices, culture, land, and world views of Indigenous peoples were seen as something that needed to be 'civilised', or conquered, to assist in the assimilation of Indigenous people into the new dominant colonial ideology (Hodgetts & Rua, 2010; Nikora, 2007)

For Māori, colonisation created an environment wherein expression of cultural identity became controlled or prohibited, resulting in historical trauma passed from generation to generation (Wirihana & Smith, 2019) and a legacy of shame, self-hatred and internal identity conflicts felt by Māori (Reid et al., 2016). The experience of a 'split self' where one element is denied or repressed through "the internalisation of colonial disregard for local cultures and values" (Good et al., 2008, p.12) has meant that Māori have been thrown into a crisis of self-concept where "a primary vector for psychosocial trauma is the internalisation of colonial narratives that portray Māori culture as undesirable, primitive and backwards, in comparison to European culture as desirable, civilised and modern" (Reid et al., 2016, p.96). Whānau were indoctrinated into this mindset, and internalised this narrative (Barnes et al., 2013; Hokowhitu, 2004) which has been shown to harm the Māori psyche with cascading negative psychological and social trauma (Reid et al., 2016)

A Māori world view exists in parallel with mainstream constructs of health in New Zealand, where Māori "accommodate to ordinary New Zealand culture yet maintain an equivalent and parallel reality within

the Māori world" (Nikora, 2007, p.81). As a result, Indigenous ways of thinking and behaving are ignored, and historically Indigenous ways of healing are hidden from the mainstream discourse (Nikora, 2007). The disconnection from Te Awa Tupua through the machinery of colonisation across systems and practices has resulted in a predominant Western approach to nature,

where nature is a resource to be deployed and extracted. Morris & Ruru (2010) explain that with colonisation came a Western presumption of Crown ownership over land and waterways, which sits in opposition to a Māori worldview, where the river can never be separated from its people and its metaphysical and physical elements. The Whanganui awa under the Western legal system became a resource to exploit instead of a sacred

tupuna which nourished, supported, and taught its people. Research has shown that distress caused by a homeland being changed beyond recognition can 'escalate' into more serious health and medical problems "such as drug abuse, physical illness and mental illness (depression, suicide)" (Albrecht et al., 2003, p.228). The effects of colonisation resulted in poor wellbeing of Māori which reverberate today. Māori men's failings in wellness are often apportioned to their own self-negligence, and do not regard the long-term impacts of the social determinants of health (Hokowhitu, 2004). This is a critical issue as Māori men's health is a personal but also a systemic-institutional issue, which can be attributed to colonisation (Hodgetts et al., 2004). Little regard is given to the structural inequalities which affect Māori men's wellbeing, and considerable evidence exists to demonstrate how the determinants of health are not medical or individual concerns, but instead stem from the collective impact of economic, social, political, and cultural influences on life (Hall & Lamont, 2013). The wellbeing needs of Māori men exist in a complex ecosystem of social determinants, one of which being the construction, perimeters and assertion of their masculinity.

“Practices, culture, land, and world views of Indigenous peoples were seen as something that needed to be 'civilised', or conquered, to assist in the assimilation of Indigenous people into the new dominant colonial ideology.”

Colonisation and the shaping of "Māori masculinity" - a static mono-dimensional role

One of the important issues highlighted by the literature is the effects of the colonising process on the construction of Māori masculinity. Colonisation had a severe impact on cultural concepts of Māori male identity through imposing rigid gender traits for both wāhine and tāne Māori. Colonisation fragmented both collective care structures of Māori society, and traditional Indigenous masculinity of pre-contact New Zealand (Leonard, 2020). Smith (1999) explains that "oppression by race is not, on the surface, gender-specific. It does, however, have many ways of defining the roles to be played out by men and those to be played out by women" (p.48). While pre-colonial gender roles are difficult to untangle from the lens of colonisation (Hokowhitu, 2008), the gendering of the world and people is at odds with Māori ways of thinking (George & Tauri, 2020).

Other research suggests a complementary balance of gender roles between tāne and wāhine with mutual obligations and no one gender holding dominion over another (Eruera & Ruwhiu, 2015; Glavish, 2010; Herangi-Panapa, 1998; Mikaere, 1994). In a Te Ao Māori context, male and female roles can be understood from the natural order of the universe, interrelationship with all living things (Mikaere, 2019) and the overarching principle of balance (Mikaere, 1994) thus, this balancing of gender is critical for the maintenance of most, if not all, our cultural practices (Eruera, 2015a) Whakapapa is a birth right to be a part of the collective, belonging and a system of confirming identity (Lawson-Te Aho & Liu, 2010; Mead, 2016). Whakapapa thereby enables Māori to clarify their roles and responsibilities (Eruera & Dobbs, 2010) and could be interpreted as being more crucial than gender identity, gender performance or gender role.

In some sense there are still gaps in what we know about pre-colonial gender roles for Māori, meaning that researchers today hold diverse attitudes and perspectives on the role and positions of pre-colonial gender (Mikaere, 1994). However, the evidence highlights that traditional structures of Māori life including gender roles and masculinity were likely very different to our contemporary experiences (Hamley &

Le Grice, 2021), and that colonisation combined with other structural dynamics has altered Māori gender norms and beliefs (Eruera, 2015b). Hokowhitu analyses how much of what is characterised as "masculine" in New Zealand has been defined by Pākehā ideology, which creates limitations for Māori men in responding to and creating their own forms of masculinity (Hokowhitu, 2004; Hokowhitu, 2012). This ideology has led to an environment where Māori male identities

are afforded a narrow space in discourse, fixed by colonial narrative, and has resulted in the framing of Māori culture as primitive, and Māori men as inferior to Pākehā men (Hokowhitu, 2008; Rua, 2015).

Māori and Pacific masculine identity in Aotearoa has been long associated with violence, warriorhood,

athleticism and physicality (Borell in Cariou et al., 2015); Henderson, 2011; Hokowhitu, 2004; Hokowhitu, 2008; Hokowhitu, 2012; Tengan & Markham, 2009). With the Native Education Act (1867), Māori boys were sent to schools designed to equip them with menial agricultural skills, contributing to the exclusion of Māori men from positions of status and power (Pihama, 2001). Physical-manual instead of academic instruction was prioritised for Māori at both primary and secondary education as Māori were considered to have low mental ability (Berryman et al., 2012; Curtis, 2016; Smith, 1998; Williams, 2010). Colonial representations of Māori are primitive and naive compared to their Western counterparts, asserting Pākehā hegemony as the 'superior' civilised state (Hokowhitu, 2004). Māori men, in contrast, were seen to behave and act upon instinct rather than intellect, with Māori physicality compared to the "untamed countryside, something to be conquered and civilized" (B. Hokowhitu, 2004, p.1). Established on Victorian ideas of 'manliness', colonial discourse and policies perpetuated limiting notions of male masculinity of Māori men as dependent on their strength, size and physicality. These discourses were designed to homogenise, limit and reproduce an acceptable imagined Māori masculinity from a colonial lens (Hokowhitu, 2004).

Māori men have had to assimilate to these prescribed notions of masculinity, resulting in a loss of the rich history of traditional tāne Māori ideals. The breaking down of collective care and the emergence of

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hegemonic masculinity ideals occurred alongside other forms of colonisation (land loss, poverty, racism, poor health and educational outcomes) all contributing to harm for Māori (Leonard, 2020). Māori connection to whānau and taiao became further compromised by urban drift, and the need to work in cities, so the last place for tāne Māori to shine is in the fetishised role of a strong, powerful rugby player. Hokowhitu (2008) terms this phenomenon "positive racism" (p.262) where sport is one of the few spheres where Māori men could compete with Pākehā on an equal footing, where they could "gain mana in the Pākehā world" (p.260). Yet it was still another way to "channel men into the physical realm" (Hokowhitu, 2003, p.262), initially as cheap labour for the growing colonial nation, and subsequently in the twenty-first century as "a spectacle played out by the overachievement of tāne Māori on the sports field" (Hokowhitu, 2004, p.1). Entry into these limited fields was by way of adopting and fulfilling hegemonic male role norms. Leonard et al. (2020) explain seven dimensions of this male role being restrictive emotionality, self-reliance through mechanical skills, negativity toward sexual minorities, avoidance of femininity, importance of sex, toughness, and dominance.

These constructions of Māori men and masculinity are homogenised and limited (Hokowhitu, 2004), yet have gained uptake and hegemonic consent from many Māori men with limited alternatives to draw from. In New Zealand media, there is negative framing of tāne Māori, where Māori are often "...under-represented, negatively depicted, and less likely to find stories that affirm themselves or their communities" (McCreanor et al., 2010, p.236). Māori are portrayed with mono-dimensional stereotypes particularly in the media and in fictional narratives such as film, as "violent, brutish, and irresponsible – even in movies made by Māori. We are depicted as poor parents, and poor partners who struggle to function healthily in modern society; as untrustworthy and prone to addiction" (Ngata, 2019, p.1). Māori masculinity narratives are negative and limited, where the "standard story" (Kirkwood et al., 2005) or common discourse across a majority of New Zealanders is that Māori need to move on and take personal responsibility for their behaviour. In the

context of Māori men, this pervasive and dominant storytelling concretes ill-informed narratives about Māori men and limits their ability to make sense of themselves and the worlds around them.

Critical literature points out that tāne Māori were not just warriors or rugby players. "Contrary to mainstream belief, Māori succeed in all spheres, including the intellectual. Not only are we scholars, but we can go one better than that and redefine what scholarship might look like" (Mercier et al., in Macfarlane, 2016, p.76). Tāne Māori are doctors, explorers, lovers, and fathers. Fatherhood, according to Salmond (2016), was an integral component of Māori masculinity. Using extracts from the 19th century missionary Samuel Marsden, Salmond (2016) dispels some of the misconceptions of tāne Māori and their association with violence against women and children, observing "They are kind to their women and children. I never observed either with a mark of violence upon them, nor did I

ever see a child struck" (p. 1). Myth and misinformation have misinterpreted the tāne Māori ancestral legacy of nurturing and providing for their whānau and tamariki. Whilst war and the demonstration of skills and prowess may have played a role in defining pre-colonial masculinity amongst Māori, what defined a valued Māori man was an ability to contribute to the survival and stability of the whānau

(Borell in Cariou et al., 2015). There is a lack of regional narrative of what rohe-specific Māori male roles and masculinity may have looked like, so the default falls to the mainstream discourse which can be unhelpful. "If you teach children for long enough that their ancestors were violent, abusive savages, after a while, they are likely to believe you. This can be a cause for shame and self-loathing" (Salmond, 2016, p.1). Patriarchal values and characteristics of colonial New Zealand still exist today (Sim & Thomson, 1999) which can be especially harmful when the dominant narrative for Māori men is the hegemonic masculinity ideology where the expression of emotion is "not deemed acceptable" (Leonard, 2020, p.8). Colonial discourses of Māori men continue to have reverberating implications for the health and wellbeing of Māori men across their lifespan contributing to the cycle of intergenerational impacts of marginalisation of Māori (Hamley & Le Grice, 2021).

“In the context of Māori men, this pervasive and dominant storytelling concretes ill-informed narratives about Māori men and limits their ability to make sense of themselves and the worlds around them.”

The naturalisation of constructed roles for Māori men does not allow space for research and discourse on Māori men reclaiming traditional tribal notions of masculinity and celebrating what a healthy, balanced Māori male looks like. There is also a failure of research to account for broader notions of what tātane Māori can represent with a lack of "Māori men as leaders, role models, professionals and entrepreneurs" (Rua, 2015, p.15). Pressure on young Māori men to behave in certain ways, dismissing "unmanly" behaviour and the suppression and concealment of identity, particularly emotions, has influenced young tātane to be programmed with unhealthy and often unrealistic ideas of masculinity. Colonial discourses and fixed narratives on Māori masculinity hold substantive discursive power and have significant implications for the health and wellbeing of Māori men (Hamley & Le Grice, 2021). In the absence of access to healthy Māori notions of masculinity, wellbeing is affected as it affects how Māori men make sense of themselves and how they relate to and treat each other, and others around them.

Tātane Māori today: the current health inequities

Issues around Māori men's wellness are inextricable from the context of the impacts of colonisation and the current health system which does not effectively cater to their needs. Colonisation disrupted the existing Māori models and systems of wellbeing and imposed an English system of care that separated 'the mind' from the rest of the wellbeing pillars (tinana, wairua, hinengaro, whānau). As a historically tribal community, wellbeing and good health were critical to the survival of the entire iwi. Māori wellness was focused upon the collective's wellbeing over the individuals' (Pere & Nicholson, 1991). The introduction of Western medicine to New Zealand brought with it a focus on individuality and self-responsibility (Kara et al., 2011) and an overemphasis on physical or psychological illness breaking up the collective and interconnected notions of traditional Māori wellbeing.

The New Zealand health system has too long privileged the individual's wellbeing over collective wellbeing

“Issues around Māori men's wellness are inextricable from the context of the impacts of colonisation and the current health system which does not effectively cater to their needs.”

(Panelli & Tipa, 2007). The health system design focuses on reducing individual physical illness (individualistic approaches), clinical discourses and acute need which disadvantages Māori (Gifford et al., 2017). The

health system design is founded upon pathogenic approaches (Amerijckx & Humblet, 2014) and bio-reductionist empirical frameworks (Mark & Lyons, 2010) which is problem-based, individualistic (Health Quality & Safety Commission, 2019) and does not reflect the holistic worldviews or practices of Indigenous peoples. Psychology and mental health support are

prevailingly dictated by a scientific Western clinical model favouring Western science and rejecting Indigenous knowledge systems (Broughton et al., 2015; Mila-Schaaf & Hudson, 2009). Many Māori report that their experiences within the health system are hostile and alienating (Graham & Masters-Awatere, 2020) raising discomfort with stress and anxiety for people and their whānau (Wepa & Wilson, 2019; Wilson & Barton, 2012).

Whilst Māori are one of the fastest-growing ethnicities in New Zealand at 16.5% of the country's population (Statistics New Zealand, 2018), they experience some of the worst health inequities in the world (Alcorn, 2011). Māori men access the health system late (Eade, 2014). Mental health concerns amongst Māori have increased since the early 1970s, but particularly so for Māori men (Waitangi Tribunal, 2019). Furthermore, Māori males are more likely than non-Māori males to report a high or very high probability of experiencing psychological distress, anxiety and depression (Russell, 2018). In 2016, the Ministry of Health (MoH) reported that Māori males committed suicide at a higher rate than Māori women which is significant when Māori suicide rates remain higher than other ethnic groups in Aotearoa (Durie, 2017). Māori men are more likely to commit suicide with a significant increase in the Māori suicide rate among young males (Coronial Services of New Zealand, 2019; Ferguson et al., 2004). Young tātane Māori grow up in areas of financial hardship, experience discrimination in employment (Rangiheuea, 2010), the justice system (McIntosh & Workman, 2017) and in education (Ministry of Education, 2013). Many of these factors are related to the unequal distribution

of health determinants (Came-Friar et al., 2019; Walsh & Grey, 2019), which is beyond the scope of this paper, but impact significantly on health outcomes for tāne Māori.

It is important to note here that the extent of Māori men's mental health data has been described as 'incomplete', due to poor access to services and availability of Māori male-centric data. This is concerning when policies aimed to address Māori men's health are being based on data which "...is at best incomplete, and at worst invalid or misleading" (Jones et al., 2006, p.63). The literature shows that whilst Māori men fare poorly in terms of health status and experience a disproportionately high burden of disease, there is a paucity of qualitative information on the contemporary issues influencing the health of Māori men from their own perspective (Jones et al., 2006). The research on the lived experience and contemporary conditions which contribute to Māori men's unwellness is sparse.

Alongside other developed nations, men's health in New Zealand has not historically been a priority within policy and the status of men's wellbeing and utilisation of health services remains lower for men than for women (Johnson et al., 2006). Men's health concerns were raised from the mid-1990s continuing into 2005-2006 in a call to improve the strategic direction and impact of men's health messaging (Johnson et al., 2006). However, little attention has been paid to men's health as a public health issue, instead, it has been isolated and framed within the context of other government policies (Jones & McCreanor, 2009). Finding adequate statistics on the wellbeing status of tāne Māori is complicated (Jones et al., 2006), with little research that employs a strengths-based, or solutions-based lens.

Bro Ora: Re-creating tāne Māori wellbeing with Mātauranga Māori

There are growing numbers of tāne Māori taking up the challenge and developing tāne Māori strengths-based approaches utilising traditional healing methods (Mataira, 2008). In an effort to disrupt mainstream notions, various movements of local Whanganui tāne Māori are aiming to transcend the limitations of a colonised masculinity. Tāne Māori are diving into the question of what it means to live well by revitalising wellness practices. At the intersect of ancient learnings and new applications in their contemporary realities, I witness in Whanganui tāne Māori developing deliberate and nourishing wellness activities for themselves. Tāne Māori in Whanganui are co-creating a new paradigm of emerging Māori masculinity which uplifts wellbeing and revitalizes healthy Indigenous

notions of wellness against a backdrop of restrictive and imposed colonial norms.

Cariou et al. (2015) explain that around the globe, Indigenous men have begun to question and challenge masculine identities in an act to decolonise and regenerate healthy and positive ways of expressing masculinity that reflect their contemporary realities. Whilst colonisation has had long-term negative effects on wellbeing, inherent protective factors

have sustained Māori practices and beliefs (Marsden, 2003). Ratima et al. (2015) argue that for Māori wellbeing to flourish, promotions must be positioned within a Māori worldview and include relevant activities that promote secure cultural identities underpinned by a collective orientation (including whānau, hapū, iwi and diverse Māori communities) where collective autonomy and responsibility control and define what Māori need for their health and wellbeing.

Mātauranga Māori encompasses not only what is known but how it is known, and includes Māori cultural world views, language, principles, and practices (Paul-Burke et al., 2018). It is a complete knowledge and science system, experiential and emphasises relationship-based learning (Broughton et al., 2015).

“Tāne Māori in Whanganui are co-creating a new paradigm of emerging Māori masculinity which uplifts wellbeing and revitalizes healthy Indigenous notions of wellness against a backdrop of restrictive and imposed colonial norms.”



It is a knowledge base built upon generations of observation, experience and experimentation which allowed Māori to thrive in their traditional environments. This ensured the sustainability and survival of Māori as they navigated and interacted with the environment and spiritual world (Durie, 2005).

In contemporary application, there are endless possibilities for Mātauranga and science to work together on practical projects (Mark et al., 2017). Mātauranga Māori can manifest in many different forms from its origins in Polynesia to its evolution in Aotearoa (Royal, 2009) and continues to be applied and adapted to contemporary contexts (Durie, 2012; Smith et al., 2016). Mātauranga

Māori is adaptive and regionally specific and, at its core, is community knowledge accrued over generations carried in the forms of song, dance, place names, memories, visions, stories, ceremonies, and genealogies (Hudson et al., 2020).

There are gaps in the literature. Graham & Masters-Awatere (2020) conclude that "much of the work conducted by Māori practitioners is not published in academic sources or accessible to wider audiences; the parameters of a systematic review are themselves a tool of colonial practice" (np). There has been little investigation into the different pathways whereby New Zealand men seek help to address mental wellbeing (Broadhurst, 2003). Improved wellbeing and mental health has been connected to a secure cultural identity (Durie, 2003; Hohepa et al., 2010) which create protective factors for distress and increases resilience (Durie, 2001; Houkamau & Sibley, 2015a; Muriwai et al., 2015; Waiti & Kingi, 2014). If Whanganui men's wellbeing can be understood to be connected to the river, research needs to row alongside and encourage the movement of Māori men discovering how to use Te Awa Tupua as their source of wellness.

Tāne Māori in Whanganui are boldly reforging what it looks like to be a modern Māori male, underpinned by Mātauranga Māori practices, tikanga relevant to Whanganui, and revitalizing ancient Indigenous wisdoms – putting the tools of our tupuna into practice today. These young tāne Māori are practicing a different type of Māori masculinity than what the literature has told me tāne Māori can perform or

embody and are reimagining Mātauranga Māori tools which through colonisation have been marginalised or written as mythology or worse, lost. This is underpinned by the te ao Māori view that wellness is a balancing act between the person, environment and whānau (Johnson et al., 2013; Panelli & Tipa, 2007;

Pere, 1982; Durie, 2006). I have not observed these types of Māori male-centric accounts being recorded in literature, written evidence, or documentation and thus, these anecdotal accounts are experiential and need to be documented as a practice that could benefit a movement of tāne Māori wellbeing. A lack of evidence and documentation of Māori male community approaches

to, and the revitalisation of, Mātauranga Māori are holding back the movement of well tāne Māori.

Opportunities for change

It is an optimal time for researching and understanding tāne, where and how tāne Māori are re-constructing notions both of 'what it means to be a Māori male' and what it means to be well. Globally, interest in Indigenous wellbeing is growing underpinned by the understanding that health and wellbeing is culturally bound. There is an opportunity to research the application of Mātauranga Māori with Whanganui tāne, as Ratima et al. (2015) argue that for effective Māori wellbeing to occur in promotions, there is a need to incorporate the diverse realities of contemporary Māori. In *Whakamaui* 2020, the New Zealand Government Māori Health Action Plan, the MoH sets the roadmap for the Māori Health Action Plan 2020–2025. *Whakamaui* (Ministry of Health 2020) highlights that whilst some Māori health gains may have been made, including an increase in life expectancy, and should be celebrated significant and persistent inequalities for Māori remain. The plan explicitly advocates for the integration of Mātauranga Māori into the health and disability system, acknowledging Mātauranga Māori as both a legitimate source of knowledge in Ministry and DHB (District Health Board) funding and commissioning processes and as a professional skill (Ministry of Health, 2020). The plan (Ministry of Health, 2020) acknowledges the need to build knowledge and understanding of Mātauranga Māori through research

“It is an optimal time for researching and understanding tāne, where and how tāne Māori are re-constructing notions both of 'what it means to be a Māori male' and what it means to be well.”



and evaluation to accelerate improved Māori health outcomes. *Whakamaui* was informed by the final report of the Health and Disability System Review (New Zealand Government, 2019), which highlighted the importance of Mātauranga Māori as a vehicle to provide cultural constructs for improving Māori health and wellbeing and the delivery of healthcare and services in Māori communities.

Using Indigenous approaches, based on traditional and innovative ways to wellbeing, are needed and Mātauranga Māori holds enormous potential to provide a holistic approach to enhance the understandings of Māori men's health needs. The revaluing of traditional beliefs and practices is a key element within the journey of Māori self-determination (Durie et al., 1993; Harmsworth et al., 2002). Innovative applications of Mātauranga Māori can be a path into te ao Māori for those who do not have te reo Māori or clear whakapapa links, and this is a valuable thread into the Māori world, a source of great strength and central to a solid foundation for wellness to flourish.

Whilst outside the scope of this article, it is important to note that Hudson et al. (2020) warn that a key challenge in Mātauranga Māori will be for Iwi to make Mātauranga more usable and readily accessible whilst developing platforms which provide the appropriate

control, context, and content in using the Mātauranga Māori. As economies grow and societies shift towards more open data environments, Iwi will need to create tools to allow the use of Mātauranga Māori in ethically and culturally appropriate ways (Boulton et al., 2014). With the potential to create long term change at cultural, social and community levels, we also need

to look at Mātauranga Māori in the context of the drivers of poor mental health for Māori men: the structures, social norms, and practices that influence the behaviours which create harm. We further need more understanding of Mātauranga Māori as a preventative measure, and how it can be applied to protect tāne Māori from unwellness. Whilst there is

anecdotal evidence that Māori methods of wellness are efficacious, there is still the impediment of lack of evidence for this. Whilst much knowledge has been lost there is an urge to rebuild that knowledge, and that process needs to be recorded.

“We further need more understanding of Mātauranga Māori as a preventative measure, and how it can be applied to protect tāne Māori from unwellness.”



Conclusion

Māori men's unwellness is a highly complex issue, with no single solution. The literature highlights the multi factorial causes of unwellness for tāne Māori. Outside of the formal health system dynamic applications of preventative wellness built around Mātauranga Māori are occurring, initiated by resilient and determined tāne Māori. This movement of Mātauranga Māori in action raises a myriad of questions around the potential to aid long-term sustainable wellbeing for tāne Māori. This paper has sought to highlight the critical need for evidencing this movement and for the inclusion of Mātauranga Māori modalities of wellbeing to be allocated the necessary resource and attention required to explore Indigenous and innovative approaches toward Māori health equity.

To use the metaphor of the lifeline of Whanganui, the awa: The great body of the awa – tāne Māori wellbeing - appears unwell. The negative health statistics focus on the outcomes, the end result of the river mouth, and rarely consider the many smaller streams and tributaries, which are the protective factors, male wellbeing movements, tupuna tools and Mātauranga Māori that are being used to create wellness amongst tāne today. There are ripo (currents) and toka (rocks) blocking the awa's flow of wellness to its people. However, beneath its surface two strong currents run in unison - the underpinning elements of tāne Māori social support networks and the innovative application, and revitalisation, of Mātauranga Māori. There is

a need for further research and documentation of holistic, interconnected focus on the conditions which fosters wellness amongst tāne Māori today. We need to value the pūrakau, innovations, informal support groups and movement of tāne wellness, recognise the accomplishments and understand what has led to wellness outside of the offerings of mainstream public health, the many flowing streams and tributaries that lead to the great body of wellness for tāne Māori. All streams flow into one great body of our collective wellness.

Nga manga iti, nga manga nui, e honohono kau ana, ka tipu, hei awa tupua.



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