



# Ka Ao Ka Ao

POST - VENTION FOR MĀORI

**ISBN:** 978-1-98-850182-6 (Electronic)

Citation: McClintock, K. & Baker, M. (2019). *Ka Ao, Ka Ao Postvention for Māori*. Wellington. Te Rau Matatini.

## Contents

Executive Summary.....	5
Conclusion.....	6
Introduction .....	7
Postvention as Prevention .....	7
Self- preservation.....	7
Self-blame .....	7
Anger.....	8
Depression .....	8
Suicidality .....	8
Support the Survivor.....	8
Māori and Whakamomori (suicide) .....	9
Whakamomori .....	9
Tangihanga process.....	10
Māori suicide data .....	12
Māori Postvention .....	16
Case studies .....	16
Case study one .....	16
Te Waiariki Pūrea Trust: The Tree of Life – My Journey with Grief Rotorua .....	16
Case study two.....	17
Best Care (Whakapai Hauora) Charitable Trust: Manawatū, Taranaki and Rangitikei .....	17
Case study three .....	18
Rauawaawa Kaumātua (elders) Charitable Trust: Kirikiriroa .....	18
Case study four .....	19
Te Ao Marama - Ngā Iwi o Mōkai Pātea Services: Taihape Wanganui .....	19
Excerpts.....	20
Excerpt One from Te Ao Marama .....	20
Shift in the Worlds .....	20
Excerpt Two from Te Ao Marama .....	21
The Toughest Journeys in life are reserved for the Strongest People.....	21
Excerpt Three from Te Ao Marama .....	22
More than just words.....	22
Excerpt four from Te Ao Marama .....	23
Hikoi ki te Ao Marama .....	23

Conclusion.....	23
Glossary.....	25
References .....	27

## Executive Summary

Postvention in relation to suicide is described as a suicide prevention strategy that occurs after a suicide death that aims to:

- facilitate recovery and healing and
- Prevent adverse health outcomes for those bereaved from suicide, the survivors.

In traditional times a state of whakamomori contributed to suicide and self-injury often attributed to the alteration of relationships. The concept of whakamā (shame) also had huge impact as it included a deep sense of sadness because of breaches of tapu (sacredness) against the collective wellbeing. These situations still exist and the term whakamomori has come to encompass suicide.

Postvention strategies to be helpful must be age, gender and culture appropriate. In Aotearoa (New Zealand) Māori suicide statistics have identified that the youth population has the highest need. An overseas study on female youth survivors identified bereavement as experiencing, self-blame, anger, depression and suicidality therefore responses for youth should also include ways to support these challenges.

The narrative within reveal that the Māori population would benefit from having access to similar cultural elements as espoused for the Pacific population such as improved coroner liaisons; sensitivities and cultural appropriateness shown at the death scene and during the investigation. The need for financial guidance especially when faced with trauma and decision making may also be an issue.

Since time immemorial the tangihana (funeral process) for Māori has been a process of healing that shares grief and loss, a process that remains central to the Māori rituals of death. The Pae tapu, the community leaders have a role to ensure that the whānau, hapū and iwi have an opportunity to heal through this process. To be free from stigmatisation and shame. The desired outcome is to work together to develop tīkanga that is more positive and whānau responsive and allows the Hikina o te tapu (*lifting the sacredness*).

Protocols must be openly discussed regarding the receiving of a tūpapaku (the deceased) who has died by suicide, to allow a healing process for whānau and friends particularly with youth not only in the short term but for as long as needed. Solutions that deal with self-blame, anger, depression and suicidality should also be offered as long-term solutions.

Cultural alienation and the effects of colonisation must be addressed in order for the Māori population to move from little hope to a state of flourishing. Other relevant actions for Māori include:

- survivors themselves to lead postvention strategies to share their lived experiences;
- listen, share and communicate with respect and trust; speak to others, speak with children, be honest with each other, don't push it under the carpet;
- be watchful, look out for depression, live free from violence;
- accept help to tell the truth, support and access support;
- recognise where and who are supports, kaumātua support;
- honour the contribution of the whānau; and
- the sacredness of life.

## Conclusion

While international evidence has been sourced to feature in *Ka Ao Ka Ao – Postvention for Māori* for guidance. Narratives from Māori whānau with lived experience provide a specific cultural pathway of hope and healing for Māori bereaved by suicide. Key elements from these demonstrate the following are important to Maori postvention;

Although, the impact of colonisation and deprivation has had an impact on most Māori communities, the following aspects are integral to postvention approaches:

- Te reo Māori me ona tikanga, mātauranga Māori, knowledge in mental health, whakamōmori from Māori perspectives, with an understanding on the impact of these on the wairua of Māori and the ability to facilitate kōrero amongst Māori safely is essential.
- Tangihanga and customary practices for Māori is important to the grieving process, and recovering from the losses to suicide.
- Māori led processes, guided by Māori facilitated through Hui to provide a safe forum for whānau, hapū and community members, will enable Māori to talk together as a collective about their mamae and their healing following their loss to suicide.
- Strategies that promote healing processes led by Māori for the overall, spiritual, emotional, social and whānau wellbeing of Māori dealing with suicide deaths.
- Maori will aim to have their loved one's body returned to whānau as soon as possible. The Coronial inquest process must be cognisant of the tikanga and sensitivity around the care and sanctity of the tūpāpaku.

## Introduction

The *Ka Ao Ka Ao - Postvention for Māori* (Indigenous people of Aotearoa/ New Zealand) provides a comprehensive view on the position of suicide for Māori in Aotearoa (New Zealand). Important Māori-driven and Māori centred developments with some focus on youth are needed to move Māori from a state of grief, bereavement and distress to one of being nurtured and flourishing.

## Postvention as Prevention

The term *postvention*, (Shneidman, 1969) was created nearly 50 years ago referring to the support for those bereaved by suicide. In the 1960's support for the bereaved by suicide was not considered important nor was there any thought towards postvention research let alone postvention knowledge relevant to indigenous communities.

More recently, postvention has come to be known as a process with a dual aim:

- of facilitating recovery after suicide; and
- preventing adverse health outcomes among those bereaved by suicide (Andriessen, 2014).

Cvinar (2005) reported that survivors, left behind after suicide cope with the:

- emotional trauma of losing a significant other;
- struggle with many unanswerable questions;
- self-blaming and
- sometimes with an inability to move on with their lives.

Difficulties may also arise by a perception that:

- the act of suicide is a failure by the deceased and the family to deal with some emotional issue and
- the shame society may blame the loss on the survivors.

This individual or societal stigma introduces a unique stress on the bereavement process not present in non-suicidal bereavement and that in some cases requires clinical intervention (Cvinar, 2005).

Hoffmann, et al (2011) reported the lived experiences of late-adolescent female suicide survivors in the aftermath of a significant other's death by suicide. In some cases, the reported experiences seemed to worsen with time. Hoffmann, et al (2011) believed these situations could provide well-informed effective postvention support for older adolescents who had experienced suicide bereavement. The elements included:

### Self- preservation

Stigmatisation has been reported as shame or disgrace that potentially detracts from the character or reputation of a person, coupled with an internalisation of negative attitudes towards oneself (Rohleder & Gibson 2006:26). Hoffmann, et al (2011) reported that some suicide survivors report that the cause of death was something other than suicide thus coping by avoiding public scrutiny and stigmatisation; if the death can be described as an accident or due to natural causes, means no one can be blamed and no one needs to feel guilty.

### Self-blame

Self-blame is a common experience among suicide survivors which refers to the sense that *if only I had done something*.

## Anger

Suicide survivors sometimes focus their anger on the victims' seemingly deliberate departure or avoidance of problems that could have been resolved. Instead of dealing with the problems, the deceased seemingly took an option that ended it all and left the survivor helpless.

## Depression

Hoffmann, et al, (2011) also referenced studies among adolescents and university students that identified depression was the most common emotional response to the suicide of a significant other. Depression amongst this population can manifest as apathy, fatigue, emptiness, despair, crying, sadness and exhaustion.

## Suicidality

Suicidal thoughts are not uncommon among suicide survivors during the early months of bereavement. Adolescent suicide survivors have a higher tendency than other survivor groups to engage in suicidal thinking and suicide attempts in the first year following a significant other's suicide (Feigelman & Gorman 2008:191).

## Support the Survivor

Suicide bereavement support has become available in many countries and has been promoted by the World Health Organisation (WHO) (2014) as an important strategy for suicide prevention. WHO (2014) advocates that communities are crucial to supporting those bereaved by suicide and that interventions should also be offered to grieving individuals, and national suicide prevention objectives should include support for the bereaved by suicide (WHO, 2014). Importantly, in many countries, bereaved or survivor support as it has come to be known has been initiated by the bereaved themselves. In many countries, those bereaved by suicide are actively involved in suicide bereavement support, as well as in suicide prevention activities<sup>1</sup>.

Kaslow, Samples, Rhodes & Gantt. (2011) advocated for postvention strategies that address the multiple impacts of age, gender, ethnicity, cultural identification, religious belief of the individuals' suicide beliefs and the family healing process. When supporting families who have lost a loved one to suicide, it is essential to provide:

- a safe environment for family members to explore their personal responses to loss,
- create and share their suicide stories,
- encourage family interaction,
- engage with extended family and family members' social support networks, and
- to access appropriate treatment for social and mental health problems that might arise.

Kaslow et al, (2011) also believe that engagement in effective postvention effort is empowering to family members resulting in becoming more active in self-healing and recovery process. This is based on hope and is experienced in regarding individual futures and the future of the family.

---

<sup>1</sup> <http://wakahourua.co.nz/te-waiariki-purea-trust-1>

Tiatia-Seath (2017), advocated that the essentials for both immediate and long-term support for Pacific people bereaved by suicide are:

- family;
- grief counselling;
- spiritual guidance;
- Victim Support; and
- health professionals.

These five focused areas need to be strengthened to better support Pacific communities. Suicide post-prevention training and appropriate resources also needs to be developed and support groups should be encouraged and established for and amongst Pacific family and or friends. For mainstream organisations to be helpful a show of adequate levels of Pacific cultural competency is seminal. There were also strong views around improved coroner liaisons; sensitivities and cultural appropriateness shown at the scene during the investigation; and the need for financial guidance especially when faced with trauma and decision making may be clouded (Tiatia-Seath, 2017).

## Māori and Whakamomori (suicide)

### Whakamomori

In traditional times a state of whakamomori contributed to suicide and self- injury often attributed to the alteration of relationships through possible death of a spouse, a child, a parent, a loved one (Lawson-Te Aho, 1998). Fragile love triangles were also recorded as causing distress and trauma associated with whakamā and were recorded as loss of mana (status) by physical dominance such as that which existed between the victorious Kakepuku and less fortunate Karewa to win the desirable Te Kawa.<sup>2</sup> The concept of whakamā (shame) also had huge impact as it included a deep sense of sadness because of breaches of tapu (sacredness) against the collective wellbeing (Lawson-Te Aho, 1998).

The Māori creation story involving Tane and Hineahuone has been offered as a way forward (Ihimaera & MacDonald, 2009). This event signals the beginning of the Māori whakapapa (genealogy) whānau (family), hapū (subtribe) and iwi (tribe) and a sense of hope and support to reach potential despite the existence of traumatising events and relationships (Jenkins, 2011). The presence of suicidal behaviour in traditional Māori society refers to these events but there has been added caution not to link a pattern of suicidal behaviour of traditional Māori culture to contemporary situations of Māori suicide (Skegg, Cox and Broughton, 1995).

Yet, painful severed relationships, whakamā and unresolved and traumatic issues remain significant matters in contemporary times. Colonisation for Māori in the 1800s onwards brought unprecedented trauma, caused by imposed legislation which resulted in alienation from land, language and culture, limiting self-determination and success as Māori and society wide (McClintock & McClintock, 2018). This situation has contributed to a population that continues to experience disadvantage, distress, racism and a high incidence of whakamomori. The word whakamomori has gained popular usage as a term for Māori suicide in contemporary times and has come to be interpreted as a relationship with a deep seated underlying sadness (Lawson – Te Aho, 1998; Lawson-Te Aho, 2013).

---

<sup>2</sup> [http://nzetc.victoria.ac.nz/tm/scholarly/tei-Gov03\\_04Rail-t1-body-d12-d5-d2.html](http://nzetc.victoria.ac.nz/tm/scholarly/tei-Gov03_04Rail-t1-body-d12-d5-d2.html)

## Tangihanga process

The tangihanga (funeral) remains central to Māori culture and as an enduring tikanga (protocol) that contributes to addressing loss and promotes a grieving process that allows this to be shared openly and honestly and contribute to healing of the bereaved. This is in despite of a new system of death procedures that was imposed on the tangihanga (funeral) process by legislation in the early colonial years. Death documentation, health and safety regulations and ethical applications were required. The Health and safety regulations were determined by the *Burial and Cremation Act 1964*<sup>3</sup> and the *Health (Burial) Regulations 1946*<sup>4</sup> both proved to be determining documents which altered Māori traditional death practices (Sullivan 2013). These regulations affected the duration of tangihanga which in the past allowed the time for mourners to participate and grieve in an undetermined timeframe.

Despite the changes, the purposes of tangihanga remains unaltered, bringing people together to remember a life, reform old relationships, giving the spirit of the deceased a forum to travel and return to the spiritual home land, and, perhaps just as importantly, provide a medium for the open expression of emotions, grief and loss unique to Māori (Sullivan, 2013). The following experiences are shared to illustrate that the tangihanga has evolved and what still remains of this process dear to Māori in contemporary times.

### Personal experience 1

*<sup>5</sup>..,on the right side of a house was a garage clothed in greenery and the colour black, that have been symbols of mate (death) tangihana (funeral) to honour our tūpāpaku (dead) for as long as I can remember. But only then did I recognise the group not as Mongrel Mob gang members standing but as mourners in grief, Māori who had experienced the loss of a loved one, all waiting in quiet respect to enter the realm of Hine-nui-te-po, our Goddess of Death, all waiting patiently for the tikanga to be performed to allow them entry into the sanctum of the whānau pani (bereaved family).*

*My daughter and I recognised their solemnness, their heads bowed in grief, in respect and of respect for our protocols of death, of standing to be called into the realm of Hine-nui-te-pō, to share the loss with the whānau pani. We pulled to the side of the street, stopped our car and waited with respect in a suburban street! Heads turned slowly and looked at my daughter and I, and then without any words being spoken and fuss being made they moved off the street to let us pass. Why did they do that? I know they did that NOT because they knew they were holding us up but without doubt because they knew we had understood their grief and had respected them and they knew too there was time for them to move aside for these two Māori women who had momentarily honoured their loss by stopping.*

*As we passed their tūpāpakū, their deceased not known to me, but whose spirit was about to be sent to the final resting place of all Māori, a farewell to send the tūpāpakū to Hawaiki nui, Hawaiki roa, Hawaiki pamamao ki te okiokinga o te tangata. I tangi hoki tōku ngākau, I also silently wept overjoyed that in the middle of suburbia in 2018 our tikanga relating to tūpāpaku, to tangihanga to loss of life still had value for Māori of all generations and from all walks of life!*

---

<sup>3</sup> <http://www.legislation.govt.nz/act/public/1964/0075/latest/whole.html>

<sup>4</sup> <http://www.legislation.govt.nz/regulation/public/1946/0132/latest/DLM2944.html>

<sup>5</sup> Excerpt from Tuku iho tuki iho, Culture in Māori Health Service Provision, McClintock, K. & McClintock, R (2018)

Personal experience 2

*Some 30 years ago at the tangihanga of my father at “Te Tira Hou Marae” in Panmure,<sup>6</sup> Auckland; I listened as my mother stood to mihi (acknowledge) the Whānau whānui (wider Whānau) gathered there with these opening words “Tino Nui Te Pouri Ki o Toku Nei Manawa” My emotions are those of great sadness and, with the accompanied tears and downward looking stance displaying the emotions and grief of the passing of her husband, our father.*

*In this I understood for the first time the measures and expressions of loss and sadness. Yes, I was a Registered Nurse who had assessed similar events and the results in the lives of whānau as a process of work. Yes, I had also been to other tangihanga before but that was really as a bystander. Through the words and actions of my mother I was able to experience this with meaning and a deeper understanding about the process of loss and grief.*

*I also remember a Ngāti Maniapoto kaumatua, Panetaua Ra ngitaawa, who stood to mihi to a whānau and spoke of Te Pō Nui, hei whānui ake i te ahuatanga nei, te maha o ngā take i waenganui the breadth of The Great Night is immense containing many parts. Pēnā hoki anō Te Pouritanga (Sadness, grief, loss is a dark time and much varied); thus, Ngā Pō are known and compared with grief and loss.*

*Te Pō Roa: The long night, never ending: Recurrent low mood experiences*

*Te Pō Kerekere: The night defined in time: When winter brings the blues*

*Te Pō Tangotango: The cold night with little warmth: Deep depressive feelings*

---

<sup>6</sup> Personal communication with Ron Baker (2018) currently a kaumatua and kaiwhakarite for Te Rau Matatini.

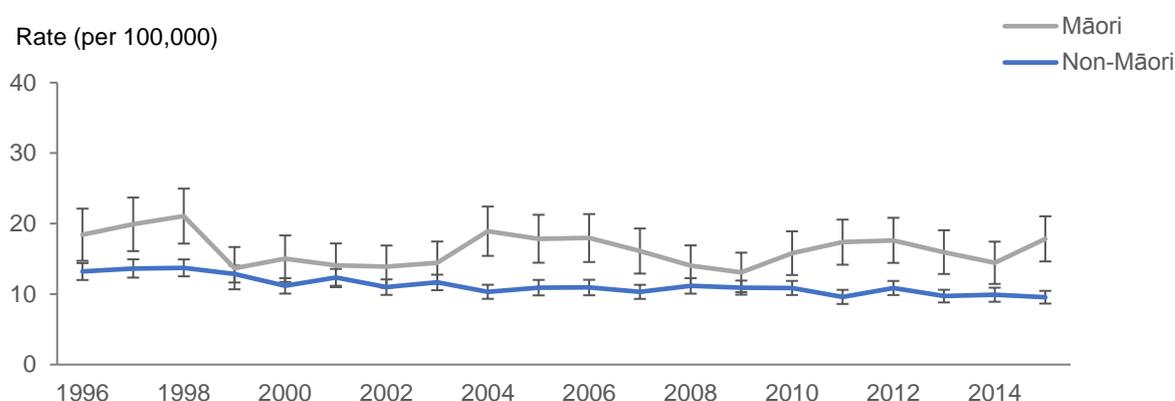
## Māori suicide data

Provisional suicide statistics are provided by the Ministry of Justice (2018)<sup>7</sup> which clearly deliver substance to the claim Durie (2017) articulated in the *Turamarama* article *high Māori suicide mortality rates in Aotearoa have been known for decades*.

Suicide Facts for Māori compared to non- Māori 1996 – 2015<sup>8</sup> include:

- over the 20-year period 1996 – 2015, suicide rates for Māori fluctuated, but were significantly higher than for non-Māori for most of the period;
- rates of suicide (for the five-year period 2011–2015) were higher for Māori than other ethnic groups; and
- the rate of suicide for Māori by deprivation quintile fluctuated over the 10-year period, but rates for Māori were mostly higher than non-Māori for equivalent quintiles in nearly all years

Figure 1 Age-standardised suicide rates for Māori and non-Māori, 1996–2015<sup>9</sup>



Rates are expressed per 100,000 population and age standardised to the WHO World

Notes: Standard Population. Error bars represent 95% confidence intervals.

Source: New Zealand Mortality Collection

Figure 2 shows the difference in rates<sup>10</sup> between Māori and non-Māori and is most notable in the youth age group. For the last five years to 2015, the rate for Māori youth was at least twice that for non-Māori youth. The trend was true for both Māori male and females in this age group.

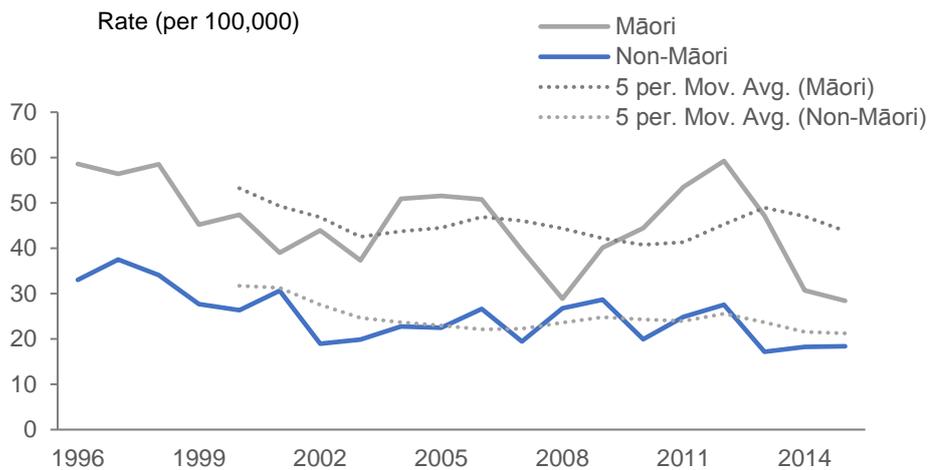
<sup>7</sup> <https://www.mentalhealth.org.nz/assets/Suicide/2017-2018-Annual-Provisional-Suicide-Statistics-Final.pdf>

<sup>8</sup> <https://www.health.govt.nz/publication/suicide-facts-data-tables-19962015>

<sup>9</sup> <https://www.health.govt.nz/publication/suicide-facts-data-tables-19962015>

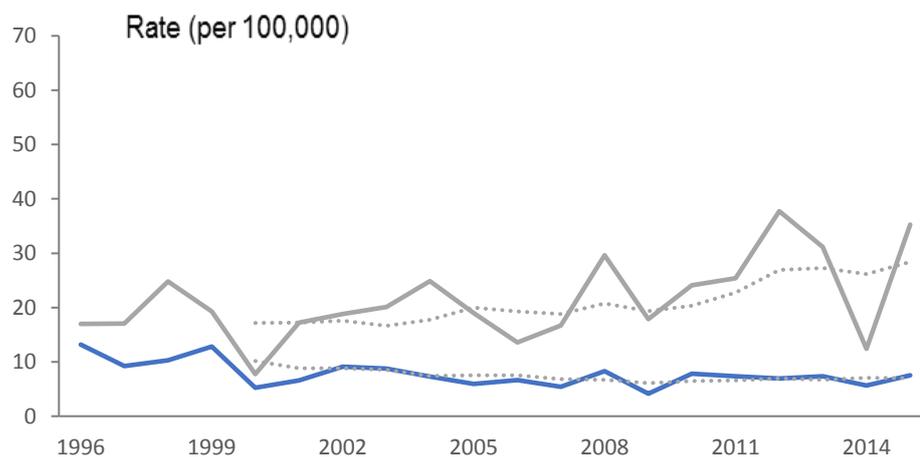
<sup>10</sup> The differences between rates and numbers are that numbers refer to the actual number of people who have died by suicide. Rates account for differences in populations, which make them more useful when comparing suicide deaths between population groups of different sizes. A rate measures how often a suicide occurs relative to the number of people in the population. Rates, rather than numbers, are also more meaningful when comparing suicide data over time, the trends and between different populations (eg, between Māori and non-Māori, between males and females) <https://www.health.govt.nz/publication/suicide-facts-data-tables-19962015>

Figure 2 Male youth (15 – 24 years old)<sup>11</sup>



Over the last ten years rates for Māori females have generally increased while the rates for non-Māori females have stayed about the same

Figure 3 Female youth (15 – 24 years old)<sup>12</sup>



Examination of Table 1<sup>13</sup>, *the Provisional suicide deaths by ethnicity between July 2008 and June 2018*, shows that Māori suicide rates, when compared to Asian, Pacific, European and Other, consistently are the highest per 100,000 population. That is proven evidence and the major trend which needs attention.

The Māori suicide rate has steadily increased from 15.39 in the 2007/2008 reaching an alarming 23.34 in 2011/2012 and further rising to 23.72 in 2017/2018.

The European suicide rate was measured at a rate of 10 below Māori.

The Asian suicide rate was measured at a rate of 15 below Māori.

The Pacific suicide rate was measured at a rate of 16 below Māori and is something that Māori will need to achieve by equitable resource level and appropriate programming.

<sup>11</sup> <https://www.health.govt.nz/publication/suicide-facts-data-tables-19962015>

<sup>12</sup> <https://www.health.govt.nz/publication/suicide-facts-data-tables-19962015>

<sup>13</sup> <https://www.mentalhealth.org.nz/assets/Suicide/2017-2018-Annual-Provisional-Suicide-Statistics-Final.pdf>

TABLE 1 Provisional suicide deaths by ethnicity between July 2008 and June 2018 <sup>14</sup>

Year	Asian		Māori		Pacific		European and other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2007/2008	21	5.93	87	15.39	24	9.05	408	13.26
2008/2009	10	2.82	95	16.81	26	9.81	400	13.00
2009/2010	22	6.21	105	18.58	31	11.69	383	12.45
2010/2011	19	5.36	101	17.87	22	8.30	416	13.52
2011/2012	19	5.36	132	23.34	31	11.69	365	11.24
2012/2013	28	7.90	105	18.58	24	9.05	384	12.48
2013/2014	22	4.66	108	18.04	26	8.79	373	11.25
2014/2015	16	3.39	130	21.72	27	9.12	391	11.80
2015/2016	39	8.27	129	21.55	24	8.12	387	11.68
2016/2017	27	5.72	130	21.72	27	9.12	422	12.73
2017/2018	41	8.69	142	23.72	23	7.77	462	13.94

<sup>14</sup> <https://www.mentalhealth.org.nz/assets/Suicide/2017-2018-Annual-Provisional-Suicide-Statistics-Final.pdf>

Reported suicide rates for Māori tended to be highest for males, those aged 15–44 years and those living in more deprived areas<sup>15</sup>.

Figure 4, 15–24 years

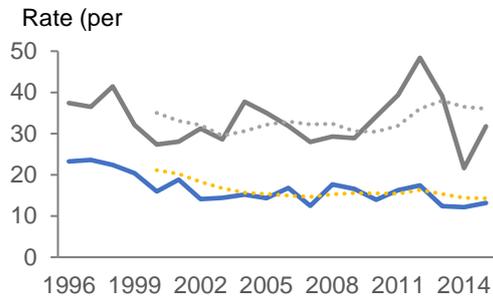
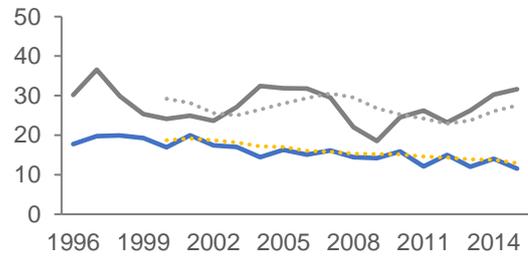


Figure 5, 25–44 years



It is a fair expectation that any movement forward in terms of Post-vention care for Māori would take into consideration the statistics provided and in the areas of greatest need that have been identified in this section.

<sup>15</sup> <https://www.health.govt.nz/publication/suicide-facts-data-tables-19962015>

## Māori Postvention

### Case studies

The following are Case studies drawn from the Waka Hourua Maori Community Programme.<sup>16</sup> The four include, Te Waiariki Purea Trust<sup>17</sup>, Best Care (Whakapai Hauora) Charitable Trust<sup>18</sup>, Rauawaawa Kaumātua Charitable Trust,<sup>19</sup> Ngā Iwi o Patea Service Trust<sup>20</sup>, all provide guidance from a lived experienced<sup>21</sup> perspective. Their generosity is acknowledged in sharing their stories and know the contents and guidance will provide positive energy and inspiration for those in similar situations.

### Case study one

Te Waiariki Purea Trust: The Tree of Life – My Journey with Grief Rotorua<sup>22</sup>

Heeni had two rangatahi (youth), one son died in a car accident, another son who was in the car survived. Soon after the car accident the surviving son took his life. This is their story shared by a grieving mother. Heeni decided to share her experience about her loss through written word. *Writing has always been a place of no judgement where I can speak freely. My own form of medicine.*

Heeni wrote a book titled *The Tree of life: My Journey with Grief*. She wrote this book to help whānau who were in the same unfortunate position as her. She had hoped by sharing her story of loss and grief families would benefit in some way. The book was launched in the Te Arawa area between the 8th to the 10th of September, 2015. Presentations were also made at Maketu, Rotorua, Reporoa, Taupō, Turangi, Masterton and Whanganui. Heeni presented her book to audiences and spoke of why she wrote it.

The book takes you through the times where she had suicidal thoughts herself and wanted to be with her sons, to be free of the pain. She speaks of the happiness she felt to rise above that grief, to be in a place of love where she can now talk on behalf of her boys. She believes her family members that have passed on are now taking care of her sons. This gives her the strength to carry on for her remaining children and family. This strength allows her to share and give back to whānau who were less fortunate than her and may not have had the support they needed.

*“People can go a long way if your honest and keep it simple, go back to basics our babies need it. I know what I know now and I’m not afraid to share, I’m there to support and help, we have to, otherwise them (her deceased boys) not being here is for nothing. Consider your family they help you to keep getting up and moving forward. Grief is the most horrible thing and I don’t want it (the loss) to be for nothing.”*

On the 26th of May 2015 Heeni, Taupe and Te Ariki spoke at the national suicide awareness day. Their message was thoughtful, simple and strong. *“Speak with your children, be honest with each other.”*

---

<sup>16</sup> <http://wakahourua.co.nz/community-fund>

<sup>17</sup> <http://wakahourua.co.nz/te-waiariki-purea-trust-1>

<sup>18</sup> <http://wakahourua.co.nz/best-care-whakapai-hauora-charitable-trust-1>

<sup>19</sup> <http://wakahourua.co.nz/rauawaawa-kaum%C4%81tua-charitable-trust-0>

<sup>20</sup> <http://wakahourua.co.nz/ng%C4%81-iwi-m%C5%8Dkai-o-p%C4%81tea-services-trust>

<sup>21</sup> <https://www.sprc.org/keys-success/lived-experience>

<sup>22</sup> <http://wakahourua.co.nz/te-waiariki-purea-trust-1>

Kaiako Raewyn spoke about suicide also: *“It’s often things that are hidden from the community but it’s time for us to understand them and for more light to be shed on this subject.”* Photos placed on the Facebook page documented the Taupō wānanga with at least 20-30 rangatahi participating.

After Heeni shared her story on the television program Marae on the 14th of September 2015, an overwhelming 100,000 responses on social media were received within 24hours. On numerous occasions people have asked where they might be able to purchase her book.<sup>23</sup>

Comments of support included:

*“This is a story that needed to be heard if we continue to push it under the carpet there will be more sadness for our families.”*

Case study two<sup>24</sup>

Best Care (Whakapai Hauora) Charitable Trust: Manawatū, Tararua and Rangitikei

Kia piki te kaha suicide prevention navigation service and Kai toipoto provided support for Paepae wānanga<sup>25</sup>. The goal was to lay a platform for discussion at a public health level but also to encourage discussions to take place within hapū (sub tribal) on their respective marae (community cultural space) within the Manawatū, Tararua and Rangitikei to talk about suicide and support Marae when suicide occurred and to give direction for other wānanga.

Often it is never mentioned by the paepae (marae speakers) during a tangihana (funeral) when one has died by suicide, yet everyone knows. There needs to be support for the paepae to feel safe about being able to talk about such issues during a tangihana and strengthen their resilience to provide the necessary support to whānau (family) and follow up after tangihana.

Marae participants

Tokorangi

Poupatate

Aorangi

Kikopiri

Tainui

Kauwhata

Motuiti

What happens?

A death is reported to a Coroner in the following situation: *the cause of death was sudden, violent or unnatural such as an accident, or suicide*<sup>26</sup>. Location of death and protocols pertaining to death remain important to Māori – Hikina te tapu (lift the sacredness). The discussion needs to continue on how Māori tikanga is maintained and operationalized when the Office of the Coroner and the Police are controlling the situation, treating the scene as a crime site.

---

<sup>23</sup> People wanting single copies are able to purchase online through McLeods Bookstore Rotorua. If people are wanting bulk orders contact [heenimorehu@gmail.com](mailto:heenimorehu@gmail.com)

<sup>24</sup> <http://wakahourua.co.nz/best-care-whakapai-hauora-charitable-trust>

<sup>25</sup> The wānanga provided an opportunity for open discussion on the tikanga (protocols) of receiving a tūpapaku (the deceased) who had committed suicide. The desired outcome was to encourage hapū (sub tribes) to work together to develop tikanga that is more positive and whānau responsive

<sup>26</sup> [https://www.google.com.au/search?q=Coronor+role+in+suicide&rlz=1C1GCEU\\_enNZ820NZ820&oq=Coronor+role+in+suicide&ags=chrome..69i57.27441j0i8&sourceid=chrome&ie=UTF-8](https://www.google.com.au/search?q=Coronor+role+in+suicide&rlz=1C1GCEU_enNZ820NZ820&oq=Coronor+role+in+suicide&ags=chrome..69i57.27441j0i8&sourceid=chrome&ie=UTF-8).

When can whānau become involved?

Whānau will be questioned by the Office of the Coroner/ Police and should have support around them for what will be an ordeal given the experience of grief over the unexpected loss of their loved one. This support could come from whānau in the first instance and ideally should stay in place well after the tangihanga.

*Personal communication* <sup>27</sup> On occasions of coronial inquest, there have been examples where the tūpāpaku has been returned to whānau without all tissue / organs intact. This is most distressing especially when whānau are not informed that as part of the postmortem – tissues/ organs were retained, and the body was returned to whānau without them. Where is the respect, the ethics and integrity?

Often what occurs is whānau will bury their loved one and they find out about remaining tissues/ organs are being held elsewhere or they are informed months after the fact; when they are contacted to retrieve or dispose of these. When a loved one is buried via tangihanga; and has been returned to their traditional urupa ( cemetery) the whānau will have to return to bury that tissue/ organ that they have had to retrieve to be placed with the person's body – it results in the protocols around tangihanga having to be reenacted and for some this will retraumatize the whānau especially in circumstances alike suicide, homicide and accidents

How to help the paepae understand?

Hapū development, to connect back to kaupapa Māori ways of living, responsible for looking after the tapu (sacredness) and mauri (life force) of whānau members and the marae as the principal home.

Does a tīkanga need to be established?

Some marae don't discriminate when there is a tūpāpaku, whakamōmori (suicide) or not. Tūpāpaku not being allowed on marae due to the cause of death, buried in an unmarked grave or set outside of the urupā (cemetery) – thought of as cowards, discrimination. But what about perpetrators of domestic violence, child abusers, murders are they allowed in the urupā? Each marae must find their own tīkanga and sensitivity to support the whānau in time of trauma and grief at the loss of a loved one.

Case study three<sup>28</sup>

Rauawaawa Kaumātua (elders) Charitable Trust: Kirikiriroa

Rauawaawa Kaumātua Trust produced two Kaumātua-responsive resources 1) a video resource and 2) a pamphlet. Consultation resulted in the resource name of He Maimai Aroha – Suicide Prevention and support.

Five individual videos were produced, which together provide the overall He Maimai Aroha – Suicide Prevention Resource. These five individual videos are available on the youtube links provided in the footnotes below include:

1. Introduction to He Maimai Aroha - Suicide Prevention Support Resource<sup>29</sup>  
Listen and Share
2. Contemplating suicide and deciding not to go through with the suicide<sup>30</sup>  
Sacredness of life

---

<sup>27</sup> Personal Communication (2019) Maria Baker CEO Te Rau Matatini

<sup>28</sup> <http://wakahourua.co.nz/rauawaawa-kaum%C4%81tua-charitable-trust-0>

<sup>29</sup> <https://www.youtube.com/watch?v=Xt6j35VHiY0>

<sup>30</sup> <https://www.youtube.com/watch?v=yaB-0l43n5Y>

3. Supporting whānau in dealing with suicide<sup>31</sup>  
Anger at loss, shame, support and communication
4. Recognising the signs of someone at risk of suicide and the role of Kaumātua<sup>32</sup>  
Respect, trust and listen  
Kaumātua support
5. Attempted suicide, types of support received, and dealing with suicide<sup>33</sup>  
Be watchful  
Access support  
Honour the contribution of the whānau

Kaumātua reflected and identified that suicide can happen anywhere, it's not selective and that its prevalence is increasing. Simultaneously "life is not getting any easier" so tools need to be available that relieve that pressure; that people can ask for help and know where to go.

Kaumātua reflected that "no one likes to talk about suicide". Despite this, through the knowledge learned, through participation and through the resources, Kaumātua shared the project and the issue of suicide prevention with their whānau, friends and colleagues.

#### Case study four<sup>34</sup>

##### Te Ao Marama - Ngā Iwi o Mōkai Pātea Services: Taihape Wanganui

Te Ao Marama is a state of being that helps to guide a person out of the realms of darkness into the light of day. The basis of the Te Ao Marama - Ngā Iwi o Mōkai Pātea Service was to develop and produce a series of short stories based on individual journeys from a state of Te Pō (darkness) to a state of Te Ao Marama (into the light). Ultimately these stories will promote self-esteem, positive relationships, dealing with and resolving conflict and provide people with a sense of hope.

Ngā Iwi o Mōkai Pātea Services aimed to increase the number of protective factors people currently possess to help them cope with negative thoughts leading to suicide ideation and to discover strategies to manage and flourish in their lives.

Connecting and strengthening whānau was an important step to creating a safe space for all the participants. At the beginning of each wānanga a whakawhanaungatanga (connectedness) session was held where people introduced themselves and took time to get to know each other. Upon completion of the meeting a meal was shared to informally connect and reassess the activities of the day.

People were given the opportunity to share what they hoped to gain from the project. Many saw the project as a very healing and empowering project to be a part of. They all identified a common goal of healing the mind through the expression of short story writing.

The book Te Ao Marama (unpublished, 2016) is a compilation of short stories and poems written by the six project participants. By way of introduction the first page explains the cognitive stages of development and growth from nothingness to the light.

<sup>31</sup> <https://www.youtube.com/watch?v=9m4SdE-pYak>

<sup>32</sup> <https://www.youtube.com/watch?v=9YX-aHvbuZI>

<sup>33</sup> <https://www.youtube.com/watch?v=9YX-aHvbuZI>

<sup>34</sup> <http://wakahourua.co.nz/ng%C4%81-iwi-m%C5%8Dkai-o-p%C4%81tea-services-trust>.

This is followed by the quote: *Ma muri ka tika a mua* - Learn from the past to prepare for the future. To close this introductory section there is also a statement of hope.

Each story acknowledges a point of darkness in the author's life and the feelings and emotions that led to depression or suicide ideation. There is a photo at the beginning and an illustration at the end of the book. Although there were no illustrations throughout the book, each story was printed on contrasting black and white pages to create a visual effect. Each author described personal stages of growth and development throughout their lives. "A common theme of drugs, alcohol and a propensity for depression was evident in the participant stories." The stories ended with a positive outlook and acceptance of the past. On many occasions the moments of positive change were driven by love. The love of a child, the love of a partner, the love of a sibling, and the love of one's self. Te Ao Marama concluded with a tribute and acknowledgement to the authors for their perseverance, resilience, kaha (strength), aroha (love), trust and courage through their journey.

### *Excerpts*

The following are excerpts from Te Ao Marama (unpublished, 2016), a resource completed as part of the Waka Hourua Maori Programme.<sup>35</sup> The four excerpts are narratives of darkness and despair, contemplated suicide but also of strength from within and external to choose life. We acknowledge their courage and bravery in sharing their stories and know the contents will provide impetus for those in similar situations to survive the po (darkness).

#### *Excerpt One from Te Ao Marama*

##### *Shift in the Worlds*

...now that I've opened myself to the strong side of my mind and having a best outcome with support I can achieve my goals quickly, what I have done without my getting more complicated. I've read myself out of depression and stayed strong with my emotions, my poetry was in tune and I'm hoping that this pap pap wouldn't have a negative place in my work or have this story hold me back from my goals thank you for the many blessings I have and god bless.

The song that is in my heart I hold precious and the words I speak have no reason/s for my actions and I've grown and looking differently cause of the book (Te Ao Marama) and not because of the medication I'm on. Here's one poem I free styled

*There's no real reason to what happen  
But only to make things right  
When the time comes I'll be ready to fight  
I have the feeling  
I need the healing  
What tests do I have to past?  
What reasons I give to make it last  
I'm tried and feel upset  
I feel the breeze and I've watched the sun set  
And the clouds make an engraved image of what life is going to be  
If I was left to be the feelings gone and I path my journey  
Into unexplored heavens.*

---

<sup>35</sup> <http://wakahourua.co.nz/community-fund>

*Excerpt Two from Te Ao Marama*

*The Toughest Journeys in life are reserved for the Strongest People*

At 19 after hearing concerns that Hansard (not his real name) was working on his next victim, I had to do something, so I grew balls (courage) and went to the police with what happened to me. It was the first time I had ever spoken about it. We recorded a phone call with Hansard and I asked him why he raped me as a child and he said *I had permission from your mother* this rocked my world and isolated me further. We weren't allowed the recorded phone call in court because we didn't have his permission to record him. I done everything I could to prevent him hurting anyone else but I lost and my family stood by him.

I chose to stay away from my family as I felt my mother's new partner was like the monster that hurt me. Turns out I was right, years later he went to prison for hurting my youngest sibling and I lost it! I turned completely homicidal and wanted to chop him up and feed him to my mother. This landed me in the mental ward.

This resulted in me doing the Te Manawa - Women Living Free from Violence Programme. This changed my life. I learnt it wasn't my fault and I had every right to be angry, I was also diagnosed with Post Traumatic Stress Disorder (PTSD) and Borderline Personality Disorder (BPD). This knowledge empowered me and I felt like I finally knew myself and I was happy and I liked who I had become.

Currently my mother is still with the monster that hurt my younger siblings. I carry the blame for all the sexual abuse in my family. My mother told everyone that he went to jail for drunk driving. The guilt of not telling my story earlier has resulted in other children getting hurt. This guilt, to this day still eats me alive.

*Okay*

*Everything seems out of place*

*I feel like I need some type of space*

*Some space to think and clear my head*

*Or sooner or later I will run out of breathe*

*But no one else knows how I feel inside*

*Because I continue to run and hide*

*I hide behind a person who stands tall*

*Who doesn't give a fuck what name she's called*

*A person who will listen and understand about your life*

*And all you're other plans*

*She'll pick you up when you're down*

*She'll pick the pieces when you crash into the ground*

*Then she'll spark up a smoke and give you a toke*

*And make everything all better (for a while)*

*So when I'm down please help me up*

*Because really I aren't all that tough*

*Okay*

*Excerpt Three from Te Ao Marama*

*More than just words*

Then in the darkness I hear a voice it snaps me out of my thoughts it's my beautiful angel calling me *what ya doing* she says but as she gets nearer she sees the edge of the gun pointed at my head she gasps *no honey what are you doing don't please don't!* I yell *fuck off* she pleads with me and grabs the barrel I break down and go weak. She removes the gun from my grasp and I tell her I have been unfaithful. She is in shock and pale she tells me she is scared and asks me to come inside. I look at her in amazement after all this she is trying to make me feel better, the police are called and I am hauled off to be assessed, the enormity of what has happened kicks in, as I drive out of the gates in the cop car, the officers do their best to comfort me, but I feel so low, nothing anyone says is making sense, the following week is a blur I walk around in a daze!

Until this point I had never stopped to think that I might have any form of anxiety or depression but it is my firm belief that everyone experiences this throughout their lives. I know that everyday things may get thrown at me but I feel that I can get through as long as I am honest with myself. There are many events in my past that could drag me into darkness years of drug abuse, the loss of my Nan and Pops, so suddenly, devastating to say the least. Sometimes my journey feels very dark I know now it's ok to ask for support I don't have to bottle it all up! I can climb into the light, sharing these difficult parts of my life has helped me make sense of it all, I have learnt lessons that I needed to learn. To everyone who has supported me through Te Po (the darkness) in your own ways I can never truly thank you enough other than saying if you ever need a helping hand in dark times I will be there without question.

To my whanau I love you all and thank you, my babies you three are the light that guides me in the darkest depths of despair, keep shining brightly my beautiful tamariki, and to my amazing beautiful angel, you are my rock, you have saved me every way a person could possibly be saved, I know we will continue to grow stronger each day. To anyone who is reading this book just know there is always hope, hold onto to hope, even when it seems all is lost, and no matter what never give up!!

*Stand tall oh mighty Kauri, for all the world to see,  
your strength and undying beauty forever amazes me.  
Though storm clouds hover above you,  
your branches span the sky,  
in search of the radiant sunlight you  
count on to survive.  
When the winds are high and restless and  
you lose a limb or two,  
it only makes you stronger, we  
could learn so much from you.*

*Though generations have come and gone  
and brought about such change,  
quietly you've watched them all yet still  
remained the same.*

*I only pray God give to me the strength he's  
given you, to face each day with hope, whether  
skies are black or blue,  
Life on earth is truly a gift  
every moment we must treasure,  
it's the simple things we take for granted  
that become our ultimate pleasures.*

*Excerpt four from Te Ao Marama*

*Hikoi ki te Ao Marama*

In the last few months I have been through another bout of mild depression that has built up over time due to my inability to keep on top of the constant pressure, strain and responsibility in nearly every area of my life. The state of my mental and physical health was being severely affected and I acknowledged that I just needed to stop and reflect on how these things were affecting my ability to make judgements, interact in a positive way with people, continue to deliver on outputs, and maintain positive relationships in all areas of my life.

With the support of my doctor, I gave myself permission to take a well-earned break to re-energise, regroup and refocus on the important things in my life. After five decades living on this earth it's clear that I have a propensity to suffer from depression or what is also known as the dreaded black dog. Reflecting on my journey and taking positives from it have shown me that the things that mean the most to you can ultimately be the things that cause you the biggest heartache. When I think about the situation of my marriage breakdown as much as I wanted out of this world I knew that I couldn't do that because that meant leaving behind the person I loved the most, my son.

I thank my lucky stars every day for the joy that he has brought to my life and know he embodies everything that is good in my life. He possesses a kind loving heart, when I have needed moral and emotional support he has been there for me and his very existence on this earth fills my world with promise of the untapped possibilities going into the future. Within his seed he holds my DNA and that of my tupuna (ancestors) before me and through him he is my legacy to the world.

Staying in the state of *Te Ao Marama* is something I know I will have to work on every day for the rest of my life. I acknowledge and understand that sometimes those feathery fingers of *Te Po* are actually sitting just out of sight of my view and can if allowed grow to form a haze over my eyes. Keeping vigilante and finding strategies to deal with those negative influences will help me excel and live a healthy, fulfilled and purposeful life

## Conclusion

While international evidence has been sourced to feature in *Ka Ao Ka Ao – Postvention for Māori* for guidance. Narratives from Māori whānau with lived experience provide a specific cultural pathway of hope and healing for Māori bereaved by suicide. Key elements from these demonstrate the following are important to Maori postvention;

The impact of colonisation and deprivation has had an impact on most Māori communities, the following aspects are integral to postvention approaches:

- Te reo Māori me ona tikanga, mātauranga Māori, knowledge in mental health, whakamōmori from Māori perspectives, with an understanding on the impact of these on the wairua of Māori and the ability to facilitate kōrero amongst Māori safely is essential.
- Tangihanga and customary practices for Māori are important to the grieving process and recovering from the losses to suicide.
- Māori led processes, guided by Māori facilitated through Hui to provide a safe forum for whānau, hapū and community members, will enable Māori to talk together as a collective about their mamae and their healing following their loss to suicide.
- Strategies that promote healing processes led by Māori for the overall, spiritual, emotional, social and whānau wellbeing of Māori dealing with suicide deaths.
- Maori will aim to have their loved one's body returned to whānau as soon as possible. The Coronial inquest process must be cognisant of the tikanga and sensitivity around the care and sanctity of the tūpāpaku.

## Glossary

**Aroha** - Love)

**Aotearoa** - New Zealand

**Hapū** - Sub-tribe

**Hawaiki-nui, Hawaiki-roa, Hawaiki-pāmamao ki te okiokinga o te tangata** – To the great Hawaiki, to long Hawaiki, to distant Hawaiki of our ancestors

**Hikina o te tapu** - Lifting the sacredness

**Hineahuone** - Goddess

**Hine-nui-te-po** - Goddess of Death

**I tangi tōku ngākau** - I silently wept

**Iwi** - Tribe

**Kaha** – Strength

**Kaiako** - Teacher

**Kaumātua** - Elders

**Ma muri ka tika a mua** - Learn from the past to prepare for the future

**Mana** - Status

**Marae** - Community cultural space

**Mate** - Death

**Mauri** - Life force

**Mihi** - Acknowledge

**Ngāti Maniapoto** - Maniapoto Tribe

**Pae tapu** - Where the marae speakers sit

**Paepae** - Marae speakers

**Pēnā hoki anō Te Pouritanga** - Sadness, grief, loss is a dark time

**Rangatahi** - Youth

**Tane** - Māori God

**Tangihana, tangihanga** - Funeral

**Tapu** - Sacredness

**Te Ao Marama** - Into the light

**Te Kawa** - Māori Goddess

**Te Pō** - Darkness

**Te Pō Kerekere** - The night defined in time: When winter brings the blues

**Te Pō Nui, hei whānui ake i te ahuatanga nei, te maha o ngā take i waenganui** - The breadth of The Great Night is immense containing many parts

**Te Pō Roa** - The long night, never ending: Recurrent low mood experiences

**Te Pō Tangotango** - The cold night with little warmth: Deep depressive feelings

**Tikanga** - Protocols

**Tino Nui Te Pouri Ki Tōku Nei Manawa** - My emotions are those of great sadness

**Tūpāpaku** - The deceased

**Wānanga** - Gathering

**Whānau, whānau whānui** - Family, extended family

**Whānau Pani** - Bereaved family

**Whakamā** - Shame

**Whakamōmori** - Suicide

**Whakapapa** - Genealogy

**Whakawhanaungatanga** - Connectedness

## References

- Andriessen, K. (2014). Suicide bereavement and postvention in major suicidology journals: Lessons learned for the future of postvention. *Crisis*, 35(5), 338-348. doi: 10.1027/02275910/a000269
- Cvinar 2005 Perspect Psychiatric Care. 2005 Jan-Mar;41(1):14-21. Do suicide survivors suffer social stigma: a review of the literature.
- Durie (2017) Indigenous Suicide: Turamarama Declaration. *Te Mauri Pimatisiwin*, Journal of Indigenous Wellness, Vol 2:2, Wellington. Te Rau Matatini
- Goodwin-Smith, I., Hicks, N., Hawke, M., Alver, G., & Raftery, P. (2013). Living beyond Aboriginal suicide: Developing a culturally appropriate and accessible suicide postvention service for Aboriginal communities in South Australia. *Advances in Mental Health*, 11(3), 238-245. doi: 10.5172/jamh.2013.11.3.238
- Hoffmann, W.A., Myburgh, C. & Poggenpoel, M. (2010), 'The lived experiences of late-adolescent female suicide survivors: "A part of me died"', *Health SA Gesondheid* 15(1), Art #493, 9 pages. DOI: 10.4102/hsag.v15i1.493
- Jenkins, K. (2011). *Traditional Māori Parenting, An Historical Review of Literature of Traditional Māori Child Reading Practices in Pre-European Times*, Te Kahui Mana  
Ririki, Auckland, New Zealand
- Ihimaera, L., MacDonald, P. (2009). *Te Whakauruora. Restoration of health: Maori suicide prevention resource*. Wellington: Ministry of Health.
- Kaslow, N. J., Samples, T. C., Rhodes, M., & Gantt, S. (2011). A family-oriented and culturally sensitive post-vention approach with suicide survivors. In J. R Jordan & J. L McIntosh (Eds.), *Grief after suicide: Understanding the consequences and caring for the survivors* (pp. 301-323). New York, NY: Routledge.
- Lawson-Te Aho, K. (1998). *A Review of the Evidence: A Background Document to Support Kia Piki te Ora o te Taitamariki*. Wellington: Te Puni Kōkiri.
- Lawson - Te Aho, K., (2013). Whāia Te Mauriora – In Pursuit of Healing: Theorising connections between soul healing, tribal self- determination and Māori suicide prevention in Aotearoa / New Zealand. Wellington: Unpublished thesis Victoria University.
- McClintock, K. & McClintock, R. (2018). *Tuku Iho, Tuku Iho, Culture in Māori Health Service Provision*. Wellington. Aotearoa. Te Rau Matatini.
- Morehu, H. (2013). *The Tree of Life*. Te Wānanga o Aotearoa: Te Awamutu. Aotearoa
- Ngā Iwi o Mōkai Patea Services (2015). *Te Ao Marama*. Taihape. Wanganui unpublished
- Rohleder, P. & Gibson, K., 2006, "'We are not fresh": HIV-positive women talk of their experience of living with their "spoiled identity"', *South African Journal of Psychology* 36(1), 25–44. Shneidman, E.S.(1981). Prevention, intervention and Post-vention of suicide. *Annals of Internal Medicine*. 75, 453 - 458

Skegg, K., Cox. B., Broughton, J. (1995). Suicide among New Zealand Māori: Is history repeating itself, *Acta Psychiatrica Scandinavica* <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1600-0447.1995.tb09612.x> (6):453-9.

Sullivan, C. L. T. (2013). *Te Okiokinga Mutunga Kore - The Eternal Rest: Investigating Māori Attitudes towards Death*. (Thesis, Master of Arts). University of Otago. Retrieved from <http://hdl.handle.net/10523/4056>

Tiatia-Seath, J., Lay-Yee, R., Von Randow, M. (2017). Supporting the bereaved needs of Pacific communities in Aotearoa New Zealand following a suicide. *Te Mauri Pimatisiwin*, Journal of Indigenous Wellness, Vol 2:2, Wellington. Te Rau Matatini

World Health Organization. (2014). *Preventing suicide: a global imperative*. World Health Organization. <http://www.who.int/iris/handle/10665/131056>



# TE RAU MATATINI

CALL FREE 0800 628 284 | [WWW.TERAUMATATINI.COM](http://WWW.TERAUMATATINI.COM)