The Whānau Experience of Suicide Loss:

What Contributes to Resilience and Wellbeing?

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ABSTRACT

The aim of this research was to explore and understand Māori whānau experiences of suicide loss and factors that increase resilience and wellbeing within this context. Māori have the highest suicide rates in New Zealand, yet there is limited literature that focuses exclusively on Māori whānau bereaved to suicide. Furthermore, there is limited literature that views Māori suicide bereavement through a family/whānau resilience lens. The present study took a Kaupapa Māori approach that validated Māori knowledge and tikanga and was cognisant of social structures and power imbalances that surround whānau. Six whānau bereaved by suicide were interviewed, as well as five Māori key informants who have extensive experience working with whānau in their various roles within community mental health, mental health services, and suicide prevention. Findings pointed to the ripple effect that a suicide has on a whānau and its members over the long term and intergenerationally. This is hindered by the stigma that is still evident in the dominant society and within Māori culture that creates a barrier to resilience and wellbeing. Resilience was enacted within whānau units, through wairuatanga, and connection to Te Ao Māori and mātauranga Māori. The current formal support available did not adequately support whānau resilience and wellbeing. The findings have implications at a societal level and for therapists or services engaged in supporting suicide bereaved whānau.

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Ehara taku toa i te toa takitahi, engari he toa takitini

My success is not mine alone, but it is the strength of many

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GLOSSARY

Aotearoa	New Zealand
Apakura	Lament, song of grief
Aroha	Love, empathy, compassion
Awhi	Provide support and care
Haka	To dance, perform
Hapū	Subtribe, pregnant
Hinengaro	Psychological, mind
Hine-nui-te-pō	Goddess of death
Hinetītama	Dawn maiden
Io	Supreme being
Iwi	Tribe, bone
Kai	Food
Kaitiaki	Guardian
Kanohi ki te kanohi	Face to face
Karakia	Prayer, incantation
Karanga	To call
Kare-ā-roto	Emotions, feelings
Kaumātua	Elder, older person
Kaupapa	Subject, issue
Kawa	Protocol, process
Kia tūpato	Be careful, cautious
Kiri mate	Mourner, close relative of the deceased
Kōrero	Talk
Kotahitanga	Togetherness, unity
Mahi	Work
Maketū	Small town in Bay of Plenty, landing site of Te Arawa canoe

Mākutu	Sorcery, inflict spiritual harm
Mamae	Hurt, pain
Mana	Spiritual power, authority, status
Manaaki	Hospitality, to support
Manaakitanga	Hospitality, kindness
Mana motuhake	Autonomy, self-determination
Manuhiri	Guest, visitor
Māori	Indigenous culture of New Zealand, Indigenous person
Marae	Complex that includes wharenui, wharekai, atea where important whānau, political, or social events occur
Matakite	Seer, someone with special abilities
Mataku	Dread, alarmed
Mātāmua	Eldest, first born
Mātauranga Māori	Māori knowledge
Mate Māori	Spiritual sickness/Māori sickness
Maunga	Mountain
Mauri	Life force, essence, vitality
Mihimihi	Structured greeting
Mirimiri	Massage
Mokopuna	Grandchild, descendent child
Mōteatea	Chants
Ngahere	Forest
Noa	Common, unrestricted, neutral
Paepae	The speakers at a marae, the bench where speakers sit
Pae tapu	Orators on the marae
Pākehā	New Zealander of European descent
Papatūānuku	Earth Mother

Pūrākau	Traditional narratives
Rangahau	Research
Rangatahi	Youth
Ranginui	Sky father
Rohe	Area, region
Take	Issue, purpose
Tamariki	Children
Tāne	Man, male
Tane Mahuta	God of the forests
Tangata rangatira	Esteemed Chiefly person
Tangi	To cry, mourn
Tangihanga	Funeral, death rites
Tapu	Sacred, restricted
Te Ao Māori	The Māori world
Te reo Māori	The Māori language
Teina	Younger brother of male, younger sister of female
Tewhatewha	Long-handled Māori weapon
Tika	Correct, appropriate
Tikanga	Customs, correct procedure
Tohu	Sign
Tohunga	Spiritual expert, skilled person
Tuakana	Elder brother of male, elder sister of female
Tūpuna	Ancestors
Urupā	Cemetery
Utu	Restore balance, revenge
Wahine rangatira	Woman of Chiefly rank
Waiata	Song
Waiata whakautu	Song of reply
Wairua	Spirit

Wairuatanga	Spirituality
Whakamā	To be ashamed
Whakamate	To die, suicide
Whakanoa	To make safe, make neutral
Whakapapa	Genealogy
Whakataukī	Proverb
Whakawātea	Act of clearing
Whakawhanaungatanga	Act of establishing relationships
Whānau	Family, extended family, to be born, give birth
Whanaunga	Relation, relative
Whanaungatanga	Family relationships, connections, kinship
Whanau ora	Family wellbeing
Whānau pani	Bereaved family, chief mourners
Whare	House
Whenua	Land, placenta

PEPEHA

Ko Okurei te maunga

Ko Kaituna te awa

Ko Te Arawa te waka

Ko Te Arawa te iwi

Ko Ngāti Whakaue ki Maketu te hapū

Ko Amber tōku ingoa

Preface

My personal interest in this kaupapa (subject) and rangahau (research) stems from our own whānau (family/extended family) loss to suicide with my cousin, as well as concern with the increasing rates of suicide for Māori in Aotearoa New Zealand, especially since having my own tamariki (children). I was really concerned by the disparity in Māori suicide rates compared to non-Māori. I wanted to focus more specifically on our Māori population, given the different historical trajectory in regard to colonisation processes that served to erode Māori culture, knowledge, social structures, and land ownership, and the different cultural epistemology, ways of being, and strengths. I felt this was an area I should focus on for my thesis as a way of contributing understanding, especially for my own iwi (Te Arawa). I felt a pull to do this rangahau at a wairua (spiritual) level. Pertinently, we lost another member to suicide while I was halfway through this thesis. While I did not know my whanaunga (relation) well, I know it was a shock to our whānau that she had gotten to that point, as there were no obvious indications of distress, although, with hindsight, I was told that some signs were evident. Her suicide increased my belief that this rangahau was needed for whānau, hapū, and iwi. Every person that takes their own life leaves behind a whānau that must try and live in a new world without their loved one in it, with the knowledge that their loved one took their own life. I wanted to focus on suicide bereaved whānau because they are a significant part of every suicide, yet there is a lack of literature and understanding in Aotearoa New Zealand. Understanding areas of resilience during such tragic circumstances might help some whānau with that challenge. Given the collectivist nature and importance placed on the whānau unit in the Māori culture, I felt a whānau rather than individual focus was appropriate.

He aha te mea nui o te ao? Ko te whānau

What is the most important thing in this world? It is family

In the Māui pūrākau or narratives, Māui turned his brother-in-law Irawaru into a dog. There are different versions, but one account relates to a fishing expedition. The story goes that Irawaru hooked a fish, and upon pulling it in, his line became entangled with Māui's line. Māui felt the jerking and began to pull in his line, thinking the fish was on his hook. When Irawaru told him that it was on his hook, Māui untwisted his line and took the fish off Irawaru's line, where he saw there was a barb on his hook. They returned back to land, and when they were dragging the canoe on shore, Māui told Irawaru to get between the canoe and outrigger and drag. Irawaru did so, and Māui leapt on the outrigger and crushed Irawaru prostrate on the beach. Māui pulled his backbone long like a tail and changed him into a dog. When Māui's sister, Hinauri, saw that her husband, Irawaru, had been turned into a dog, she was bereft in grief. She bound her girdle and apron around her and went down to the sea to drown herself. At the beach, she recited a prayer to Tangaroa (God of the Sea) to take her life,

> *I weep, I call to the steep billows of the sea. And to him, the great, the ocean god;*
>
> *To monsters, all now hidden,*
>
> *To come and bury me,*
>
> *Who now am wrapped in mourning. Let the waves wear their mourning, too,*
>
> *And sleep as sleeps the dead* – Ancient Māui Chant of New Zealand.

Then Hinauri threw herself into the sea. However, she did not die and was eventually cast back to shore in another village (Lawson-Te Aho, 2013; Walker, 1990,1992; Westervelt, 1910; White, 1887). Because of Irawaru's deceit, Māui turned him into a dog. This was so distressing for Hinauri, as it was her husband, that it led her to attempt suicide. Her other brother Rupe searched for Hinauri, extending even to the tenth heaven in his search (Walker, 1990).

This Māui narrative is an example of a pūrākau. Pūrākau is often described as mythology or legend. However, they actually reflect our epistemological foundations and cultural norms, providing a vehicle for the intergenerational transfer of knowledge (Hikura, 2007; Lee, 2009; Rangihuna et al., 2018). We identify with the characters and situations and can be guided by the tikanga embedded within pūrākau (T.Kingi, 2018; Walker, 1992). The pūrākau above can be taken to mean that suicide was not considered natural or acceptable in traditional Māori society (Lawson-Te Aho, 2013; Walker, 1992; White,1887) but that it did happen in times of extreme distress, although it was rare. Rupe's search for his sister also highlights that suicide caused deep sadness to whānau and reveals the aroha (love) we feel toward our loved ones, the responsibilities we have in caring for our whānau members, and the binding of whānau.

Suicide Bereaved

This binding of whānau is still relevant today. There is a consensus that the effects of suicide are far-reaching to include family, friends, and the community, although estimated figures vary (Andriessen & Krysinka, 2012). The suicidology literature often refers to this group of people as "suicide survivors," although this term is problematic as it

is also used to describe those who survive a suicide attempt (Andriessen, 2005; Beautrais, 2004). Consequently, the current study will refer to this group as suicide bereaved or bereaved whānau. One estimation is that six people are directly affected by a suicide (Shneidman, 1969). This is a Western perspective and is largely considered an underestimation of the true figure, especially for a culture such as Māori with its emphasis on whānau, hapū, and community (Henare & Ehrhardt, 2004). For Māori, there is the central significance of the discontinuation of whakapapa, a central concept in Māori culture, which has significant implications for the person's whānau, hapū, and iwi (Lawson-Te Aho, 2013).

Yet, the focus of much suicidology literature is largely on suicide prevention, individual risk factors, and prevalence and incidence rates within various populations. There is less focus on suicide postvention, that is, "activities developed by, with or for suicide survivors [suicide bereaved], in order to facilitate recovery after suicide and to prevent adverse outcomes including suicidal behaviour" (Andriessen, 2009, p.43). More understanding is needed about people who are impacted by the suicide loss of loved ones to better support this population. Significantly, experiencing the loss of a loved one to suicide increases suicide risk, so postvention is also a form of prevention (Jordan, 2017; Pitman et al., 2016). Government-initiated prevention initiatives in New Zealand such as *Every Life Matters* (Ministry of Health, 2019a) have signified the importance of postvention and have called for more support and understanding of this area; there is a gap in the New Zealand literature on how to support people who have experienced the suicide loss of loved ones. Further, there has been a call for suicide bereaved in Aotearoa New Zealand to lead

postvention strategies due to their lived experiences (McClintock & Baker, 2019; Morehu, 2013; Shahtahmasebi & Aupouri-Mclean, 2011).

Research into Māori suicide bereaved is especially needed as the literature is lacking regarding Māori suicide bereavement. Māori are likely to have their own experiences, needs, and barriers to coping due to cultural differences and the historical and current effects of colonisation. Further, if we refer back to the pūrākau at the beginning, it alludes that suicide is not considered natural and highlights the responsibilities of the whānau toward its members. It also reveals that whānau wellbeing is valued highly as highlighted by the literature. Subsequently, these messages might affect the experience of suicide bereaved whānau.

Thesis Outline

Chapter one introduces suicide and Māori. It begins with an examination of New Zealand and Māori suicide rates. It then examines the concept of whānau. It explores suicide in pre-colonial Māori culture, concepts within Māori culture that are relevant for suicide, and Māori psychological states associated with suicide. It reviews general risk factors and those more specific to Māori and Indigenous cultures. It also discusses colonisation and its impact on Māori and other Indigenous cultures, with a particular focus on historical and intergenerational trauma.

Chapter two outlines suicide bereavement, starting with the importance of tangihanga (Māori death rituals) and suicide stigma within Te Ao Māori (the Māori World). It then reviews the New Zealand suicide bereavement literature, followed by the Māori suicide

bereavement literature, before moving on to bereavement theories and the international suicide bereavement literature.

Chapter three addresses Māori and resilience-manawa roa. It starts by examining the concepts, theories, and international literature about family resilience before moving to the New Zealand whānau resilience literature. It then looks at protective factors for Māori linked to wellbeing and suicide prevention, then Māori models of wellbeing and Māori intervention strategies that may have relevance to suicide and suicide bereavement. Finally, chapter four summarises the research to provide a rationale for the current study and describes the aims and questions of this research.

Following this, chapter five describes the methodology for the current study discussing Kaupapa Māori, the subjectivity and reflexivity of the writer, qualitative research, and then the method of recruitment, participants, and procedure. It describes the ethical considerations and finishes with a description of how the data was analysed. Chapter six details the findings. It includes eight themes in total. These are the ripple effect of suicide on whānau; whakamā and suicide; systemic barriers that exist for whānau; the strength of whānau; wairuatanga and suicide; turning to Te Ao Māori; learning, adapting, and growing; and What is resilience? Chapter seven is a discussion about the findings, including connections to the current literature, implications, limitations, and future directions. The thesis finishes with references and appendices.

CHAPTER 1: MĀORI AND SUICIDE

Suicide Rates

In contemporary times, whānau wellbeing is still considered of utmost importance (Durie, 2001). Yet, our loved ones are dying by suicide – especially our younger population (aged under 30) and our tāne (males). Māori have the highest age-standardised suicide rates in New Zealand, and they have been increasing over time despite government-initiated suicide prevention strategies (Coronial Services of New Zealand, 2019, 2020). In the 2018/2019 period, provisional figures released by the Chief Coroner revealed 28.23 per 100,000 Māori died by suicide – the highest it has been since provisional figures were first recorded (Coronial Services of New Zealand, 2019); however, this later decreased to 21.78 per 100,000 due to 2018 census data that was not available when the 2018/2019 rates were first published. The most recent provisional figures for 2019/2020 reveal a decrease to 20.24 per 100,000 (Coronial Services of New Zealand, 2020), which, while heartening, is still significant. This figure represents 157 Māori that lost their lives to suicide in this period. It further represents 157 whānau that lost their loved ones.

Suicide is a global issue with no culture or country exempt. Almost one million people die by suicide every year (World Health Organisation [WHO]; 2019a). WHO (2019b) has estimated that one person completes suicide every 40 seconds. However, some countries and cultures experience more suicide than others (e.g., Ansloos, 2018; Georgatos, 2015). Further, such figures are based on official data and are likely to be an

underrepresentation due to issues with underreporting and misclassification (WHO, 2019a). The rates of suicide for Indigenous peoples who have experienced colonisation are particularly high. Further, actual figures are considered to be even higher than the official data suggests (Ansloos, 2018; Coupe, 2005; Joseph,1997). In New Zealand, suicide rates are alarming for a relatively small country. During 2009-2012, New Zealand's age-standardised suicide rate was ranked 13th highest for males, 5th highest for females, and highest for our youth suicide (15-24 years) out of 34 OECD countries (Ministry of Social Development, 2016).

In the 2018/2019 period, provisional figures released by the Chief Coroner for the Ministry of Justice (Coronial Services of New Zealand, 2019) showed that 685 people died by suicide. This was the highest recorded number of deaths by suicide since the Coronial Services first started reporting deaths in 2007/2008. It also represents a steady increase since 2013/2014 when 529 people died by suicide. The most recent provisional figures for the 2019/2020 period recorded 654 deaths by suicide. This represents a decrease of 31 deaths and age-standardised rates of 13.93 deaths per 100,000 to 13.01 (Coronial Services of New Zealand, 2020). In its draft report, *A Strategy to Prevent Suicide in New Zealand 2017,* the Ministry of Health (2017) estimated that each year 150,000 people think of taking their own lives, around 50,000 people make plans to take their own lives, and 20,000 people attempt suicide. In a country of five million people, such figures highlight the high prevalence of suicidal behaviour.

One of the dominant explanations for the disparity in suicide rates is the disadvantaged status for Māori in health, social, and other indicators of wellbeing including

smoking, employment, education, justice, and socio-economic status (Beautrais & Fergusson, 2006; Durie, 2001; Ministry of Health, 2019b; Robson & Harris, 2007). Underlying these disparities are factors related to the ongoing impact of colonisation (Beautrais & Fergusson, 2006; Coupe, 2005; Durie, 2001; Hirini & Collings, 2005; Joseph, 1997; Lawson-Te Aho, 1998; Lawson-Te Aho & Liu, 2010). Land dispossession and displacement, disempowerment, racism, and discrimination are all factors that have eroded and undermined traditional social and economic ways of life, creating poverty, disconnection, despondency, and inequities (Durie, 1994).

These patterns of disparity have been found in other Indigenous cultures that also experienced colonisation (Hunter & Harvey, 2002). Like Māori, the Indigenous cultures of Australia, Canada, Alaska, and North America all have disproportionately higher suicide rates than the general population (Alcántara & Gone, 2007; Hunter & Milroy, 2006; Strickland,1996). In Australia, suicide is the leading cause of death for Aboriginal and Torres Strait Islanders aged 15 to 35 and the second leading cause of death for Aboriginal and Torres Strait Islander children aged 14 years and less (Georgatos, 2015). They are eight times more likely to die by suicide than non-Aboriginal Australian children (Georgatos, 2015). Youth suicide rates in the Canadian regions in which Inuit live are one of the highest in the world, where these youth are 30 times more likely to die by suicide than the rest of Canada (Oliver et al., 2012). Walters et al. (2011) and other Indigenous scholars link these disparities to historical trauma events and ongoing trauma from colonisation that continues to be felt on a spiritual, economic, systemic, and social level today, affecting individuals and their whānau.

Whānau

The current study focuses on the perspectives and experiences of whānau. It is therefore important to define what a whānau is and elaborate on the different understandings about whānau. Significantly, Māori can refer to various meanings when they talk about whānau. The whānau is the most basic social unit of Māori society (Walker, 1990). It is a core part of the social organisation of Māori culture, alongside hapū and iwi, all of which are connected through the descent line of an important ancestor. Whānau refers to the family unit, but the literal meaning of whānau is to give birth. Hapū refers to subtribe but literally means to be pregnant, and iwi refers to tribe but literally means bones or people (Ware, 2014). The whānau was the primary unit providing social and economic support to its members and the socialisation of its children, with childrearing a responsibility of the whānau as a whole (Pihama et al., 2019; Walker, 1990). Distinct roles and responsibilities such as the tuakana-teina (senior-junior siblings) relationship and the tūpuna-mokopuna (grandparent-grandchild) relationship still exist today (Cunningham et al., 2005; Mead, 2003; Ware, 2014). Traditionally, there were values that whānau adhered to, including aroha (both kinship love, love to the gods, and the environment) and whanaungatanga. Whanaungatanga relates to the nurturing of family connections, relationships, and kinship (Cunningham et al., 2005; Moorfield, 2005). These values reinforced respect for the spiritual dimension and the commitment and responsibilities of members toward each other.

There is no fixed formula of how many generations and members constitute a whānau (Durie et al., 2005). It is commonly conceived as having three to four generations

(Cunningham et al., 2005; Mead, 2003; Waiti, 2014). However, Durie et al. (2005) note one definition "is made up of all the descendants, and their partners, of the grandparents of the oldest living relative" (p. 8). In modern times there are whānau that have a thousand or more members (Mead, 2003). The structure and composition of whānau have changed to incorporate extended family units, sole parent units, and inter-generational units (Cunningham et al., 2005).

There are a variety of meanings and usages applied to the word whānau, and it can refer to a range of categories and groups (Durie, 1994; Metge, 1995). Metge (1995) noted that Māori shift between meanings. She outlined five meanings for whānau,

1. a set of siblings which she noted was the original meaning but is rarely used in this way today;
2. all descendants of an ancestor traced through both male and female links;
3. all descendants of a recent ancestor who act and interact together;
4. a descent group with the inclusion of spouses and adopted children, similar to the extended family conception in modern times;
5. descent groups of greater genealogical depth, that is, hapū or iwi.

Metge noted that the second, third, and fourth usage has been widespread since the 1950s and 1960s through to the present. A sixth usage, developed more recently, is the small family unit consisting of parents and children. There has also been the development of whānau that refers to a group of people that are not connected by kinship.

Both Metge (1995) and Cunningham et al. (2005) note the difficulty in describing whānau due to the variations in whānau structure, meanings, and understandings and its subsequent subjectivity. In modern times, it commonly denotes the nuclear family or the extended family, with family and whānau often used interchangeably. Whamere has been used to describe and distinguish the nuclear family, but it is less used than the word whānau (Cunningham et al., 2005; Metge, 1995). However, family and extended family are not always apt concepts for whānau and can lead to misunderstandings, as family tends to be defined by the parent-child group (Durie et al., 2005; Metge, 1995). Whānau is a more complex group encompassing more than what is usually meant by family (Cunningham et al., 2005; Durie et al., 2005). Extended family fails to signify the importance of descent in whānau organisations (Metge, 1995).

The primary referent in contemporary times is whakapapa whānau and kaupapa whānau (Cunningham et al., 2005; Durie et al., 2005; Metge, 1995). Whakapapa whānau refers to individuals with shared ancestry and a common line of descent. Kaupapa whānau refers to individuals who may not be descended from the same ancestor but share common interests and behave towards each other with the same values as whānau, for example, work colleagues, community groups, and sports teams (Durie et al., 2005). Notably, connection to whakapapa whānau remains constant throughout the lifespan while there is much more flexibility with membership for kaupapa whānau.

The contemporary meaning, structure, and composition of the whānau have changed as a consequence of assimilation policies, economic policies, urban migration,

displacement from land, acculturation, conversion to Christianity, participation in wars, and colonisation (Cunningham et al., 2005; Moeke-Pickering, 1996). Many whānau moved away from their ancestral communities to urban centres in search of employment which affected access to social support, whānau resources, child-rearing patterns, and connections with their wider whānau, hapū, and iwi. Despite these changes, the importance and centrality of the whānau have been retained. It is the unit's function to ideally provide care, nurturance, identity, purpose, and a sense of belonging (Ware, 2014). This has implications for the whānau unit when they lose a loved one to suicide and also points to the importance of interventions that promote whānau ora (family wellbeing). Consequently, *He Korowai Oranga*, the Māori Health Strategy (Ministry of Health, 2014), emphasises the importance of whānau wellness alongside individual and environmental wellness.

Another important consideration is that Māori are not homogenous with diverse Māori realities (Durie, 1994, 1995). Some Māori will be linked in with Māori networks, some will have some association with Māori society but will be integrated more generally with the dominant culture, and others are isolated from Māori and the dominant culture (Durie, 1995). The Research Centre for Māori Health and Development developed a framework that encompassed these groups as conservative, integrated, and isolated (Cunningham et al., 2005). They also added an additional group who are comfortable in both worlds with higher-than-average outcomes in educational achievement and employment, which they term pluralistic. However, identity is a fluid concept – not fixed – and whānau or individuals within whānau may weave in and out of these categories. Durie

(1995) pointed to the diverse cultural and socio-economic realities and identity definitions for Māori in contemporary times that can be expressed in many different ways.

As Māori shift between meanings, it is likely that a variety of meanings will be referred to in the current study. As there are a number of meanings, the current study does not define the meaning of whānau but rather let the whānau decide who is in their whānau and what they mean by whānau.

Māori Suicide Pre-Colonisation

Pūrākau (traditional narratives) come from pre-colonial times, teaching us values, morals, and ways of understanding and behaving in the world (Hikura, 2017; Lee, 2009). There are examples of suicide in our pūrākau, as seen in the pūrākau of Māui, Hinauri, and Irawaru. Suicide is also found in the pūrākau of Tāne Mahuta and Hinetītama. Hinetītama is the mātāmua (eldest) of the line of human beings; the tuākana of all Māori women; she is also commonly known as the "dawn maiden" (Sharman, 2019). Tāne Mahuta is the God of the Forest and was one of the children of Ranginui (the sky father) and Papatūānuku (the earth mother). In the creation narratives, Tāne Mahuta procreated with the first female Hineahuone (Earth-formed maid), which resulted in their daughter Hinetītama. He then married Hinetītama to continue the human species (Te Rangi Hīroa, 1949). When Hinetītama realised her husband was her father, she decided to go to the underworld where she transformed into Hinenuitepō, the Goddess of death and guardian of the spirit world (Te Rangi Hīroa, 1949). Although she is dreaded by some as a malevolent entity, Hineuitepō is considered by others as a benevolent kaitiaki (guardian), welcoming the

wairua (spirit) of her descendants, humankind, to the underworld (Mead, 2003; Perris, 2015; T.Smith, 2015). In this pūrākau, we also learn that incest is inherently wrong in pre-colonial Māori culture through the suicide of Hinetītama (Walker, 1992). We can also see the potential consequence when somebody becomes the victim of incest.

There are also accounts of suicide occurring in pre-colonial Māori society, but it appears that it was not a common event (Durie, 2001). Further, the patterns, rates, contexts, and treatment differed from those of today (Joseph, 1997). This finding is evident in other Indigenous cultures. Suicide was considered rare in First Nations peoples from the United States, Canada, and Australia prior to colonisation (Hunter & Harvey, 2002; Hunter & Milroy, 2006; Pine, 1981; Strickland, 1996). Inuit elders, one of the Indigenous cultures in Canada, have asserted that suicide was rare and involved elderly, ill, or disabled Inuit during times of famine as an act of altruism (Morris & Crooks, 2015).

In contrast to our current patterns of high youth suicide rates, rangatahi (youth) suicide was extremely rare (Joseph, 1997). Similarly, it was female rather than male suicides that occurred more often (Joseph, 1997). The contexts for suicide were also much more limited than they are today. Suicide occurred in the case of adultery, being deserted by a spouse, grief, as utu (revenge), whakamā (shame), and through mākutu (inflict harm through spiritual means). Mākutu is a curse put upon someone by a tohunga (Māori priest, expert practitioner) and others when there has been an insult, and is a form of utu (Joseph, 1997; Walker, 1990). Furthermore, wives sometimes committed suicide upon the deaths of their husbands (Durie, 2001). Mead (2003) also referred to a context in which young

women died by suicide to signal to their elders that they disagreed with the choice of husband arranged for them. Taumau was an arranged marriage to form or maintain alliances and protect whenua (land) (Cook, 2017). In addition, Taunaha was a formal custom of infant betrothal used to form alliances (Te Rangi Hīroa, 1949). If accepted, the marriage would happen when the child grew into adulthood. If there was a refusal, it was regarded as an insult and remembered. Papakura (1938) referred to wahine rangatira (high ranking woman) who would will themselves to die because they had been prohibited from marrying a tangata rangatira (high ranking person) outside their hapū who they loved.

In addition, haehae, the traditional practice of lacerating skin with obsidian, was practised "as a relief to the intensity of their grief" (Te Rangi Hīroa, 1949, p.417) and was a spontaneous expression of grief (Te Awekotuku, 2009; Walker, 1990). It was a form of emotional release and a physical representation of the internal state of grief, more commonly practised by older women in the context of grief (Sullivan, 2013). While the aim was not to die by suicide, it is a type of self-injury, although it differed from self-harming behaviour in a modern context as it was a traditional cultural practice and therefore not considered self-harm (T.Kingi, 2018; Te Awekotuku, 2009).

There are various examples cited in the literature of widows dying by suicide upon the deaths of their chiefly husbands in pre-colonial times (Best,1905; Cowan,1935; Oppenheim,1973). They considered such suicides to arise out of obligation, loyalty, and grief. However, it should be noted that these authors are European, so it is possible their own colonial interpretations may have influenced their observations and accounts.

However, Te Rangi Hīroa (1949) and the rangatira Teone Taare Tikao (Tikao & Beattie, 1939) wrote of this occurrence too, and Joseph (1997) proffered that suicide might even have been expected in this context.

In another example, the Danish Trader Phillip Tapsell was married to Hineiturama Ngātīki, a female of high rank in Ngāti Whakaue. In an account of Tapsell's life, Cowan (1935) wrote that Tapsell tried to prevent the suicide of a widow after her chiefly husband had died in battle (date unknown) at Maketū. Tapsell had been stopped from doing so by those around him. Cowan is European but prefaced that much of his information came from a manuscript written from Tapsell's own words. Although Tapsell is Danish, he spent much of his adult life living with Māori and is part of the history of Te Arawa (Stafford, 2016). Further, Te Rangi Hīroa (1949) recounted a similar event in the North of Auckland. He described a situation in which a judge of the Native Land Court in the 19th century was attending a high chief's funeral and, while on a morning walk, "discovered the widow of the deceased chief hanging. His first impulse was to cut her down and apply artificial respiration. However, an elderly Māori who was present, said don't touch her. She may not be dead yet" (Te Rangi Hīroa, 1949, p. 417-418). These examples point to some compassion and acceptance of suicide in certain circumstances, such as a widow's grief, in pre-colonial Māori culture.

The lack of rangatahi suicide in traditional times has been attributed to the protective effects of the whānau unit, where the young were provided with nurturance and guidance from their elders and other members of their whānau (Joseph, 1997). Māori child-

rearing approaches were observed by early missionaries and ethnographers as one of aroha (love) and indulgence (Jenkins & Mountain Harte, 2011). Aroha is closely linked to a person's sense of mana, and this nurturing style of child-rearing increases the child's mana and that of the whānau collective (Ware, 2014). Aroha and indulgence were also found in the pūrākau of Ranginui and Papatūānuku and their children (Joseph, 1997; Ware, 2014). As children grew older, they were taught skills, values, and knowledge. Mokopuna (grandchildren) were highly valued in the whānau unit as a reflection and continuance of their tūpuna (Cameron, Pihama, Leatherby, et al., 2013). Taken together, this led to multiple positive attachments and the development of a range of skills, with their mana and tapu protected (Ware, 2014). Consequently, low self-esteem was rare in young people (Joseph, 1997).

In traditional Māori culture, karakia (prayer, incantation), whakataukī (proverbs), and waiata (songs) are other methods of knowledge transmission alongside pūrākau (Wirihana & Smith, 2014). Like pūrākau, waiata reveal instances of suicide loss. These waiata reveal contexts in which whakamā is the overriding emotional state. The composing of waiata as sad memorials is a means for the expression of emotion. It also shows that suicide was considered a tragedy in traditional Māori culture but was treated with understanding, compassion, and aroha rather than with judgement (Emery et al., 2015). Emery et al. (2015) cite the suicide of the Te Arawa Chieftain Te Matapihi o Rehua in the 1700s and the Te Arawa waiata tangi "Te Atua Matakore" that was written in his honour lamenting his greatness in life and in death. The waiata served to uphold his mana so that

he was not defined by his suicide. It recounts a battle between Ngāti Whakaue and Ngāti Tūwharetoa. Te Matapihi o Rehua refused to take part in the battle as he did not want to fight his close friend from Ngāti Tūwharetoa. His younger brother Te Whanoa fought instead, leading Ngāti Whakaue to victory. Te Matapihi o Rehua felt shameful and distressed that he could not save his friend. His deep sadness at the death and sense of diminished mana through his brother's actions led to his decision to drown himself in Lake Rotorua (Emery et al., 2015; T.K.Kingi et al., 2017). The example of Te Matapihi o Rehua, who is a highly regarded tūpuna (ancestor) of Ngāti Whakaue, has been cited in the literature undoubtedly as a means of de-stigmatising and contextualising suicide. However, it should be acknowledged that some of his descendants do not hold the belief that he died by suicide (T.Kingi, 2018).

Whakamā is a concept linked to suicide both traditionally and in modern times. Feelings associated with whakamā include shyness, embarrassment, uncertainty, inadequacy, feeling incapable, afraid, hurt, depressed, ashamed, and can include anger that is often turned inwards (Metge, 1986). It is also linked with perceptions of diminished mana (Banks, 1996; Joseph, 1997; Metge, 1986). Causes of whakamā can include a perception of lower status, uncertainty and confusion, recognition of fault, being insulted or belittled, being singled out, and can be experienced on behalf of others (Metge, 1986). It can be felt at the collective and individual level and can be transmitted within and between generations, as revealed in the historical and intergenerational trauma experiences of Māori and other Indigenous cultures (Wirihana & Smith, 2014). Metge (1986) considers

powerlessness to be a characteristic and cause of whakamā. This may help to understand the link between whakamā and the high rates of Māori who die by suicide in prison (Joseph, 1997).

Utu is often translated as revenge, but a broader conceptualisation is reciprocity and restoring balance (Mead, 2003). The Te Aka Māori dictionary describes utu as closely linked to mana and a way of restoring self-esteem and social standing when there has been an affront. It contends that suicide can be a means of reasserting control and gaining utu against a spouse or relative when direct retaliation is not possible (Durie, 2001; T.Kingi, 2018; Moorfield, 2005). When there has been an affront to a person's mana, suicide is a way of exacting utu, restoring mana, and maintaining balance (Tate, 2012). Muru is an associated concept, taking possession of something as a way of restoring balance (Tate, 2012). For example, the person is taking possession of their life and their mana.

One example of utu is seen in a well-known waiata by Tikawe that was scribed by Te Arawa writer, Te Rangikāheke, in approximately 1850 (Ngata & Jones, 2004; Orbell, 1998). Tikawe was a high ranking Ngāti Pikiao (tribe of Te Arawa) woman who had been abandoned by her husband. She was then insulted by those around her who gossiped she was having affairs. In response, she composed a waiata whakautu (waiata of reply), denying the slander and asserting her mana before jumping off the cliff at Te Taiki Pā, known as Te Rerenga a Tikawe – Tikawe's leaping place (Orbell, 1998). In this case, Tikawe experienced desertion by her husband and would have felt great shame or whakamā

at what was being said about her, so the utu of suicide would be enacted against her husband and those within her community as a way of restoring her honour and mana.

Mana, tapu, and mauri are important concepts in Māori culture, and all are important for understanding wairuatanga, an important element of wellbeing (Niania et al., 2017). Wairua is loosely translated as spirit and wairuatanga as spirituality, although both are interconnected, and such translations do not fully describe its meaning. In a study about wairua, Valentine et al. (2017) found there was no single consensus that conveyed the meaning of wairua but noted that it was "the spiritual dimension of existence" (p.65). In another study about wairua, participants experienced wairua as spiritual guidance through tohu (signs), including animals and dreams, highlighting the continued relationship with tūpuna (Lindsay et al., 2020). Spirituality now encompasses organised religion and religious beliefs which come from Christian and Western (and Eastern) teachings. There are also some examples of organised religion within Māori culture, such as the Ringatū and Ratana church (Raureti, 1992). Many Māori hold both Christian belief systems and ones linked to Te Ao Māori simultaneously, with concepts of wairua, tapū, noa, mana, and aroha retaining importance (Tate, 2012).

Mana and tapu are also important when understanding whakamā, which has particular relevance for suicide and suicide bereavement (Metge, 1986). Mana is the spiritual authority found within people and whānau (Niania et al., 2017). Niania and colleagues (2017) link mana with protection and provide the example that taking care of the mana of your whānau means you are protecting them from harm and keeping them safe.

Metge (1986) concurs with this notion of protection, noting that a lack of mana leaves a person vulnerable to the mana of others and more susceptible to mate Māori (Māori sickness). Metge (1976) refers to its social and spiritual aspects and as a concept that explains individual and group achievement and status.

Closely linked to mana is the concept of tapu. Mana actually derives from tapu (Tate, 2012). Niania et al. (2017) link tapu to the sacredness of the relationship with the creator and to something that is sacred or restricted. Metge (1976) explains tapu as restricted, "stemming from close contact with God, and hence a state of sanctity," which can be polluted through "contact with death, blood or hostile spirits" (p.59). It is contrasted with noa, which means common and free of restrictions, and is a means of restoring balance (Mead, 2003; Metge,1976). When there have been transgressions of tapu, this can lead to suicidality. When this occurs, the process of whakanoa (restoring balance) is needed. However, Tate (2012) cautions that whānau can stay in a state of te noho noa (a continuing state of diminished tapu and limited mana) that may potentially pass onto future generations if the cycle is not broken. Further, restoring mana restores tapu due to their interconnected nature (Tate, 2012), so the process of whakamana (the act of building mana) would also be important.

Mauri is often referred to as life force (Niania et al., 2017). Niania et al. consider mauri to be a person's connection to Te Kaihanga (the creator) and other key relationships (2017). Maori Marsden (1992, 2003) describes it as an essence or life principle derived from the spiritual realm that links the physical and spiritual realms. Durie (2017) considers

mauri important for understanding and preventing suicide. He posits that a weakened mauri is linked to a loss of spirit and a loss of the will to live and that mauri ora (an alive mauri; maximum wellness) is needed for suicide prevention and wellbeing more generally. He associates mauri noho (or mauri moe–languishing) with "cultural and spiritual alienation, negative emotions (anger, mistrust, sadness, guilt, gloom, and pessimism), insufficient knowledge, unrelenting pain, lack of mental and physical energy, isolation, and harmful relationships. When fear, grief, pain, despair, guilt, intimidation and humiliation become overwhelming there can be a risk of suicide" (Durie, 2017, p. 62). Alcohol and substance abuse are also linked to a weakened mauri and subsequent vulnerability to suicide (Joseph, 1997). A languishing or weakened mauri can reflect an accumulation of all of these things.

In summary, although the contexts differ somewhat from modern-day contexts, they involve situations of intense emotion, including grief, despair, shame, and high anxiety, not unlike today. Most also contain an affront to the mana of the person or collective. The ongoing effects of colonisation experienced today and transferred intergenerationally could be interpreted as impacting on a person's mana or the mana of their whānau, contributing consciously or unconsciously to a person's suicidality.

Māori Psychological States Linked to Suicide

Other psychological states found within Te Ao Māori also contribute to suicidality. Loss of hope has particular significance for suicide, with hopelessness considered a risk factor within the field of suicidology (e.g., Beck, 1986). However, it tends to be considered at the individual level and linked with psychopathology when framed within Western

understandings (Ansloos, 2018). Loss of hope can also be found in Māori conceptions about suicide, but it is understood and contextualised at a broader level. For example, Cameron, Pihama, Millard, & Cameron (2017) and Lawson-Te Aho (2013) note the term kahupō, translated as a spiritual blindness, where there is "loss of hope, meaning, and purpose and an enduring sense of despair" with a physical and spiritual separation (Cameron et al., 2017, p.7). Cameron et al. also refer to ngākau pōuri, translated as a heart affliction, and hopohopo, which they define as an intense sensation of fear beyond mataku (dread, alarmed). Patu ngākau is a trauma state that belies a deep psychological shock; the traumatic event is experienced as "an assault to the ngākau" (heart; T.Smith, 2015, p. 264). Losing a loved one to suicide or finding the body of the loved one would qualify as a traumatic event in this context. Further, the structural violence enacted by colonial governments and policies would also qualify.

Other Māori terms that describe psychological and emotional states linked to suicide include whakamā, as discussed previously, a sense of shame so great that it results in withdrawal, depression, or suicide, and linked to a diminished mana (Henare & Ehrhardt, 2004; Joseph, 1997). Also, pōuritanga is a psychological state that can range in intensity from anxiety to a deep suicidal depression and is also a term for darkness (T.Smith, 2015). The final stage of pōuritanga may be whakamomori (T.Smith, 2015).

Whakamomori is often used interchangeably in the literature as a term for suicide but does not imply death by suicide directly (Coupe, 2005). It is rather a psychological state that precedes suicide. It has been translated as an overwhelming underlying sadness and

depression and a deep-seated suffering (Cameron et al., 2017; Ihimaera & McDonald, 2009). The outcome of whakamomori can be suicide (Cameron et al., 2017; Coupe, 2005), but it is also possible for people to return from a state of whakamomori (T.Smith, 2015). Durie (2001) refers to mate taurekareka and mate kino, which he translates as a villainess death and a bad death, as well as tarona (strangulation) as terms used for suicide.

Mate wairua (Joseph, 1997) leads to a weakened mauri, and alongside mauri noho or mauri moe are states that are connected with deep emotional states that can increase suicide risk (Durie, 2017). Herewini Jones (1996 cited in Joseph, 1997) links mate wairua with cluster suicides that occur in Māori and Indigenous communities. People are more vulnerable in their wairua when they are experiencing grief and are therefore more at risk from a wairua perspective. Mate Māori is a form of Māori illness that can be caused by transgressions of tapu (Taitimu et al., 2018). One form of mate Māori is pōrangi. Taitimu et al. (2018) describe a regression to the state of te pō, a state of disconnection and darkness. Other states of mate Māori include haurangi (under the influence of alcohol or drugs) and wairangi when the wairua goes wandering, leading to an inability to communicate (Taitimu et al., 2018). Both mate wairua and mate Māori are considered spiritual afflictions requiring spiritual interventions; Western psychiatric interventions would be ineffective (Joseph, 1997; Lawson-Te Aho, 2014). People can also experience both mate Māori and mākutu at the same time, which makes it a complex entanglement of difficulties to navigate or move out of.

Relatedly, Pohatu (2011) notes that mauri moe can lead to inactivity, isolation, withdrawal, flux, and non-participation when "framed within the notion of mamae" but is also interpreted as "a 'safe' space, where reflection can occur" and "for energies to be regathered and recomposed" (p. 5). These interpretations of mauri moe might have relevance for suicide bereaved whānau. Table 1 shows the actions and expressions of inactivity and of proactive potential when in states of mauri moe, as outlined by Pohatu (2011).

Table 1

Mauri Moe: Inactivity and Proactive Potential

Actions & Expressions of Inactivity *Kai te pouri* *Kai te noho puku* *Kai te tangi* *Kai te aue* *Kai te mamae* *Kai te noho noaiho* *Kai te ngoikore*.	. **Actions & Expressions of Inactivity** – being anxious & withdrawn - being withdrawn and not taking part – expression of hurt – expression of anguish and pain – experiencing hurt/pain - not participating in activities – having no energy to take part in activities
Actions & Expressions of Proactive Potential *Kai te pūihi* *Tēra pea* *Kai te noho-puku* *Kai te whakatōngā*	**Actions & Expressions of Proactive Potential** – act/s of shyness – perhaps – expression of possible interest – being inwardly reflective – being restrained; keeping to oneself

Note: *Te Taunga o te Mauri Moe- State of Being of Mauri Moe.* Adapted from "Mauri-Rethinking human wellbeing" by T.W Pohatu, 2011, MAI Review, 3, p5.

Significantly, any of the psychological states described could develop in whānau members of the bereaved in their grief experience and in the case of whakamā and mate

wairua, in their feelings of shame and perceived sense of diminished mana. This sense of shame and diminishing of mana may arise as a consequence of negative societal attitudes toward those who take their own lives, and for the perception of failing as a whānau to fulfil its role and obligation of nurturance and support for their loved one.

A full exploration of these Māori psychological states in the context of suicide bereavement has not been found in the literature, possibly due to the limited body of published literature on Māori suicide bereavement. However, in Tahlia Kingi's (2018) research on rangatahi self-harm, Kaumātua Witi Ashby reported instances in traditional Māori society where bereaved whānau decided to join their deceased loved one due to their collective emotional experience of whakamomori. This appeared to be accepted and supported by wider whānau, who understood their need to suicide as one of release to be with their loved one rather than a selfish act. Further, Durie (2001) contends that whakamā can manifest as avoidant behaviour. Avoidance behaviour was noted to include physical withdrawal, violence, and substance abuse by Māori researcher Clive Banks in his Master's thesis on whakamā (Banks, 1996), all of which have potential relevance for suicide and suicide bereavement through increasing vulnerability to mental ill-health and suicide.

The literature shows that Māori have a range of psychological states that have relevance to suicide, including suicide bereavement. Although they may share some similarities in behaviour with mainstream conceptions of ill health, such as depression, they are distinctly Māori. Further, these psychological states are connected to spirituality, with vulnerability situated at the wairua level.

Suicide Risk Factors

Suicide aetiology is complex, and there is a multitude of reasons why people take their own lives. There is a large body of research on suicide risk factors. However, within the Western hegemonic discourse, risk is predominantly conceived as a problem that resides within the individual and is linked to psychopathology, biological predisposition, and psychological factors such as temperament, personality traits, coping styles, and psychological vulnerabilities, including low self-esteem, hopelessness, external locus of control, impulsivity, and aggression (Ansloos, 2018; Beautrais, 2000; Beautrais et al., 2006; Moscicki, 1997). White (2017) points out that "social contexts, structural arrangements, and historical relations of power are typically erased" in such a discourse (p.474). Sexual orientation is another identified individual risk factor (Beautrais, 2000). However, risk can be considered from a socio-relational level rather than pathology within the individual (Ansloos, 2018), with risk conferred through social and personal stressors including bullying, abuse, and discrimination as a result of homophobic societal attitudes.

Familial risk factors are identified in Western research and include abuse, separation, conflict, family history of suicide, and poverty (Beautrais, 2000; Beautrais et al., 2005; Fergusson et al., 2000; Frey & Cerel, 2015). Beautrais (2000) and Beautrais et al. (2005) identified poverty, divorce, parental psychopathology, family history of suicidal behaviour, physical and sexual abuse, marital discord, poor parent-child relationships, and family communication styles in a review on risk factors. Similarly, Fergusson et al. (2000) reported family environments characterised by low socio-economic status (SES), marital disruption, exposure to sexual abuse, and poor parent-child attachment in a 21-year

longitudinal study in New Zealand. These issues can contribute to higher levels of distress and therefore increase suicide risk but also highlight potential points of intervention and the importance of addressing and reducing the economic burden on families and supporting health and secure attachments. Instead, families and whānau are blamed without regard to the myriad of social, economic, historical, and structural factors that have likely contributed to its current functioning.

The wider impact of poverty and low SES has significance. Economic and social disadvantages are widely supported as risk factors for suicide (Beautrais, 2000; Beautrais et al., 2006). Living in environments that are financially insecure can contribute great stress and vulnerability to a whānau exacerbating other stressors and risk factors. The lived experience of socio-economic inequities, unequal distribution of power, oppression, injustice, and the interpersonal and systemic racism underlying systems, services, and policies is an underlying cause of health inequities for Māori (Robson & Harris, 2007; Talamaivao et al., 2020). In addition, Hunter and Harvey (2002) posit that conscious awareness of disadvantaged status and exclusion through social comparison may contribute to suicidality for Indigenous peoples.

It can be seen that numerous factors impact on and contribute to individual and whānau risk. Risk factors include psychopathology, factors within the family environment such as abuse and marital discord, and within the broader determinants of health and wellbeing such as poverty. However, socio, relational, and systemic factors underlie much of these risk factors, rather than individual and whānau pathology.

Indigenous and Māori Risk Factors

Mental ill-health affects Māori just as for non-Māori. However, it is argued that the pathways to mental ill-health and then to suicide are different, linked to different social and cultural conditions (Hirini & Collings, 2005). Beautrais and Fergusson (2006) contend that the high rates of suicide are due to overrepresentation in the negative indicators of health and social wellbeing. But they also point to the influencing role of colonisation and the particular way it affects Māori in New Zealand, including societal changes toward individualism over the collective. Māori culture, like other Indigenous cultures, is collectivist and interdependent (Tassell et al., 2010). Individualism is fundamentally at odds with the values inherent within collectivist cultures and breaks down traditional ways of being and doing.

Colonisation has been implicated "as a structure which can construct mental illness based on its own (Western) norms and definitions" as universal norms (Nelson & Wilson, 2017, p. 94). This highlights the power deferential found within mental health with one culture able to decide what is mental illness, who is mentally unwell, and why. For example, matakite (giftedness, second sight) and wairua experiences have been pathologised and misdiagnosed as schizophrenia or psychosis (Taitimu et al., 2018). Furthermore, importance is placed on the Diagnostic and Statistical Manual of Mental Disorders (DSM), a system of classification of mental ill-health that is based on Western cultural values and norms and the biomedical model of health (Joseph, 1997). It discounts

the relational, structural, political, spiritual, and cultural factors that are more pertinent for Māori wellbeing, and other cultural understandings.

Māori share the experience of colonisation with other Indigenous cultures. Mass violence and genocide were enacted by the United States, Canadian, and Australian governments alongside the establishment of laws and policies that disadvantaged Indigenous peoples (Morris & Crooks, 2015). In the United States, forced relocation to reservations in unfamiliar territories destroyed the deep connections and cultural ways of being with the land and traditional economic pursuits (Duran & Duran, 1995). In Canada, assimilation government policies included the forced removal of First Nation children to the residential schools (Duran & Duran, 1995; Morris & Crooks, 2015), with unmarked mass graves of children from the residential schools being uncovered as recently as June of this year (e.g., Coletta, The Washington Post, 26/06/21). Further, many of the children endured physical and sexual abuse in the residential schools, which was carried forward intergenerationally (Braveheart, 1998; Morris & Crooks, 2015). In Australia, 'the stolen generation' involved the forced removal of children from their families and communities to be adopted into Western families or placed in institutions (Read, 1998). These traumatic events resulted in deleterious effects on cultures, identities, languages, spiritual beliefs, and traditions, and disrupted the bonds between family, community, and culture (Morris & Crooks, 2015). It is these factors that underlie the high suicide rates found within some Indigenous cultures rather than individualised pathology.

The Māori experience, like others, included the introduction of alcohol, muskets, and contagious diseases such as influenza and tuberculosis, which Māori had no immunity to, and venereal diseases, such as gonorrhoea, that were implicated in sterility and low birth rates (Walker, 1990). Introduced diseases and the subsequent musket wars debilitated the Māori population. Further, missionaries converted many Māori to Christianity. With its underlying attitude of racial and cultural superiority, Christianity worked to insidiously erode Māori culture and power (Walker, 1990). Laws such as the Tohunga Suppression Act (1907) undermined the expertise of the tohunga and Māori methods of healing, forcing tohunga to work in secret and leading to the loss of much tohunga knowledge (Durie, 1998). Assimilation legislation such as the Native Schools Act (1867) led to the decline of te reo Māori (the Māori language) with Māori children physically abused for speaking Māori in school (Wirihana & Smith, 2014). The establishment of the Native Land Court and Native Lands Act (1862) served to erode traditional social structures and collective land ownership, leading to rapid loss of land and impoverishment (Walker,1990).

The separation of people from their whenua (land) has had social, economic, and wairua (spiritual) implications (Durie, 1994). It has impacted whānau, hapū, and iwi relationships and identity, and knowledge practices about the whenua (Barnes & McCreanor, 2019). The loss of the deep relationship that Māori had with the whenua, built over many generations, can lead to a deep sense of grief (Barnes & McCreanor, 2019). It has been implicated in the psychological state patu ngākau (T.Smith, 2015). Colonial

government policies that displaced Māori from their land were considered acts of abuse, and the loss of land was perceived as an assault to the heart (T.Smith, 2015).

Rapid social changes linked to urbanisation, individualism, and conversion to Christianity led to breakdowns in the traditional whānau structure, supports, and practices (Emery et al., 2015; Joseph, 1997). This also led to whānau, hapū, and iwi disconnection, as well as disconnection and alienation from the dominant Pākehā culture (Emery et al., 2015; Joseph, 1997). Child rearing and practices changed from being the collective responsibility of the whole whānau to being conceived as the responsibility of the parental unit, and the colonial practice of physical discipline was introduced (Herewini, 2018; Jenkins & Mountain Harte, 2011;Ware, 2014). Further, the colonial view of women being inferior and subordinate to men was adopted (Jenkins & Mathews, 1998).

The culmination of marginalisation, discrimination and racism, land loss, unemployment, and changing gender and social roles has increased the day to day and cumulative stress and functioning of whānau without the protective structures embedded within traditional Māori culture. Also, with barriers to accessing traditional forms of healing society has been set up for non-Māori and has failed Māori (Palmer et al., 2019). It has also led to disconnection from whakapapa and the devaluation of Māori identity as a consequence of lack of identity, low self-esteem, and a sense of powerlessness within a Pākehā system. This is especially so for men whose traditional role was to provide for and protect their whānau. This has been posited as particularly influential in Māori male suicide (Hirini & Collings, 2005). Joseph (1997) interviewed the Māori community leader Naida

Pou (also known as Naida Glavish) in his influential Master's thesis about Māori youth suicide. Pou described the consequences for young Māori men in the loss of traditional roles and responsibilities, and lack of employment as a consequence of a society that views Māori males through limiting and deficit discourses,

> *What happens to their self-esteem, to the wairua, to the mauri of our Māori men when their tewhatewha [a type of weapon], due to colonisation has been reduced to the dole queue?... No matter how hard they try to raise the level of their self-esteem, they don't like themselves very much because they've got no mana in their wairua, no mauri in their person to embrace the things that they inherited. Māori were never ever conquered. We were descendants of a warrior race of people. We were never ever conquered. And yet, look at our unconquered descendants standing in a dole queue. How on earth can they rise above it?... And so I hold strong to the whakataukī "Tate wahine he whakawhānau mokopuna. Tate tāne he karawhiu i te tewhatewha"* (The role of the women is to give birth to the generations; the role of the men is to be the provider and caregiver). *If we fully understand our whakatauki, we will fully understand why there's an absolute dysfunction of our rangatahi (youth) today, absolute dysfunction. They have inherited that dysfunction, it's inherited from four generations ago, of urbanisation. (p. 62-63)*

Māori males in traditional Māori culture had specific roles, just as females did. Through enacting their roles in protecting and providing for whānau, hapū, and iwi, they felt secure in their self-esteem and mana through their contribution to the collective and

sense of purposefulness. Through the machinations of colonisation, this has been eroded. Many Māori feel marginalised from dominant Pākehā society and alienated from Māori culture, with a sense of not belonging, adversely affecting self-image and sense of purpose (Emery et al., 2015).

Further, there is confusion about what Māori masculinity means, perpetuated by societal discourses about Māori males and movies such as "Once Were Warriors" (Hokowhitu, 2007). Hokowhitu (2007) contends that there is only a narrow space for Māori masculinity. It is either hyper-masculine-aggressive, violent, or "staunch," which can lead to a dysfunctional space where deviance is normalised and "where many Māori men locate themselves, are located to, and struggle to break free" (p.66). Alternatively, he theorised that Māori masculinity is conceived by dominant Pākehā society as "lacking," depicted as "emotionally immature, lazy, unintelligent, inarticulate in voice, and wanting in communication skills in general" (p. 64). Hokowhitu (2007) also contends that these dual masculinities serve to silence Māori male voices and lead to questioning the morality of Māori culture and Māori males. Yet, these colonial constructions don't reveal the reality and plurality of Māori masculinities, such as the nurturing Māori father (Hokowhitu, 2007; King & Robertson, 2017). Pre-colonial expressions of masculinity were more in line with Māori tāne (males) as affectionate and loving and as nurturers and caregivers (Hokowhitu, 2004; Pihama et al., 2019; Rua, 2015).

Changes in male gender roles have also been noted in other Indigenous cultures. The Inuit male had been providers through hunting, with prestige linked to hunting skills. Prestige shifted to income in the new class system and with limited job opportunities led to

poverty and loss of prestige (Kral, 2016). Similarly, the rapid culture change when Inuit moved to the settlements resulted in changes to family and sexual relationships in a culture where kinship was the foundation of social organisation (Kral, 2016). Inuit Elders have noted that everyone was busy and knew their roles before colonisation, but many Inuit now are unable to be or feel productive (Morris & Crooks, 2015). In Australia, Hunter and Milroy (2006) contend that Aboriginal men have been economically disempowered through displacement from traditional sacred and economic roles.

Intergenerational and Historical Trauma

The experiences of historical and intergenerational trauma, acculturative stress, disempowerment, racism, and discrimination as a result of the systematic and ongoing effects of colonisation is seen by many Indigenous researchers and practitioners as the root cause of the high suicide rates found within Māori and other Indigenous cultures (Durie, 2001; Lawson-Te Aho & Liu, 2010). Suicide is theorised as arising out of collective and multigenerational distress as a consequence of colonisation, described in the literature as intergenerational trauma, collective trauma, historical trauma, and cumulative trauma (Braveheart, 1998; Evans-Campbell, 2008; Gilchrist, 2017). The Indigenous scholar Braveheart (2003) theorised historical trauma as "cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma experiences" (p.7).

Lawson-Te Aho and Liu (2010) consider it "the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to those events"(p.128). Walters et al. (2011) conceptualised historical trauma "as an event or set of events perpetrated on a group of people including their

environment who share a specific group identity e.g., nationality, tribal affiliation, ethnicity, religious affiliation with genocidal or ethnocidal intent i.e., annihilation or disruption to traditional lifeways, culture, and identity" (p. 181). This can be understood in the Māori experience of colonial oppression (Durie, 2017; Lawson-Te Aho, 2013; Moewaka-Barnes & McCreanor, 2019; Pihama et al., 2014; Wirihana & Smith, 2014). The historical trauma response includes depression, low self-esteem, self-destructive behaviours, anxiety, and suicidal thoughts and gestures (Braveheart, 2003).

The concept of Indigenous historical trauma has been characterised by what Hartmann and Gone (2014) summarised as the "Four Cs": (i) Colonial injury to Indigenous peoples by European settlers who "perpetrated" conquest, subjugation, and dispossession; (ii) Collective experience of these injuries by entire Indigenous communities whose identities, ideals, and interactions were radically altered as a consequence; (iii) Cumulative effects from these injuries as the consequences of subjugation, oppression, and marginalisation have "snowballed" throughout ever-shifting historical sequences of adverse policies and practices by dominant settler societies; and (iv) Cross-generational impacts of these injuries as legacies of risk and vulnerability were passed from ancestors to descendants in unremitting fashion until "healing" interrupts these deleterious processes (cited in Kirmayer et al., 2014, p. 301).

Wesley-Equimaux and Smolewski (2004) consider that "the disruption of adaptive social and cultural patterns" is the cause of historical trauma leading to maladaptive patterns manifested in psychological, spiritual, social, and physical symptoms (p.65). The unresolved grief from cultural disconnection is carried forward intergenerationally

(Braveheart,1998). Negative behaviours such as alcohol and substance abuse have developed as coping mechanisms for the trauma of colonisation which have been transmitted intergenerationally through role modelling, so they become normalised (Lawson-Te Aho, 1998). There is an association between suicidal behaviour and the experience of abuse in the residential schools in Canada that is intergenerational to include the person who attended, their children, and grandchildren (Elias et al., 2012). Evans-Campbell (2008) conceives of intergenerational trauma as occurring both interpersonally directly through vicariously experienced events such as the forced relocations to the reservations and residential schools and indirectly through poor parental mental health or parenting styles as a consequence of the traumas. This leads to increased stress for the children of those who have experienced trauma. It is further transmitted societally through maladaptive patterns or vulnerabilities that lead people to be more susceptible to substances, abuse, neglect, and suicide (Evans-Campbell, 2008).

Durie (2001) connects historical trauma to suicide, theorising that "where colonisation has occurred, the scars of oppression and humiliation may become intolerable. In so far as it ends the pain of emptiness and the futility of trying, suicide becomes a solution"(p. 105). For an individual, it can lead to soul or wairua 'wounding' characterised by loss of hope (Lawson-Te Aho & Liu, 2010). Lawson-Te Aho (2013) further contends that suicide is about disconnection and can be understood through whakapapa, "it is the loss and discontinuity of whakapapa...death through suicide becomes woven into the genealogy

of the collective and takes a permanent place in the whakapapa narrative of the tribe" (Lawson-Te Aho, 2013, p. 65).

The Indigenous literature widely supports the link between Indigenous experiences of colonisation and historical and intergenerational trauma. While there is a lack of conclusive Western evidence to support this connection, that is due to the inherent difficulty measuring such variables using non-Indigenous, Western measures and tools (Coupe, 2005; Lawson-Te Aho & Liu, 2010). However, the higher rates of suicide and other negative health and wellbeing indicators for Indigenous cultures compared to non-Indigenous cultures since colonisation can be seen as confirmatory evidence (Hunter & Harvey, 2002; Lawson-Te Aho, 2013; Walters et al., 2011). Braveheart (2003), Duran and Duran (1995), and many other Indigenous researchers and practitioners posit that interventions that acknowledge historical trauma are required for collective soul healing. In New Zealand, a focus on historical trauma has also been posited as relevant for psychological wellbeing (Gilchrist, 2017; Lawson-Te Aho, 2014; Pihama et al., 2014). However, there is also a strong emphasis on whakapapa, whakapapa kōrero, a type of knowledge transmission more localised within whanau, hapū, and iwi (Wirihana & Smith, 2014), and wairuatanga as interventions for wellbeing (Lawson-Te Aho, 2013; Marsden, 2003; Wirihana & Smith, 2014).

Māori and other Indigenous cultures have been adversely affected by colonisation on practical, political, social, and spiritual levels. There is a converging understanding that

an outcome of the colonial experience is historical and intergenerational trauma with suicide a potential trauma response.

CHAPTER 2: SUICIDE BEREAVEMENT

Suicide Bereavement in the New Zealand Context

Tangihanga

Tangihanga is "a period of ritualized mourning, of withdrawal by the bereaved from the mundane activities of everyday life," that provides a safe space for the release of emotions and is a lifeline in the experience of loss (Nikora & Te Awekotuku, 2012, p. 170). It is a process of mourning where the grief is shared by the collective of the wider whānau, and the life of the deceased loved one is celebrated and farewelled from the physical world (Wihongi, 2013). It is an important cultural practice that demands time and resources (Nikora & Te Awekotuku, 2012). Tangihanga traditionally takes place at the marae but nowadays are also held in other settings such as the home (Nikora & Te Awekotuku, 2012). The tūpāpaku (body of the deceased) is very tapu and is rarely left alone throughout the tangihanga period (Mead, 2003). Dansey (1992) noted, "they do not lie alone in that short space between death and burial" (p.116). The wairua is said to still be present during this time, and the presence of their loved ones keeps them safe until it is ready to leave (Ngata, 2005).

There are numerous descriptions about tangihanga in the literature (Best, 1905; Mead, 2003; Oppenheim, 1973; Te Rangi Hīroa, 1949) and a growing body of research on death, dying, and accounts of tangihanga largely through the Tangi Research Programme instigated in 2010 by Nikora and colleagues (e.g., Edge et al., 2011; Jacob et al., 2011;

Nikora & Te Awekotuku, 2012; Paterson, 2015; Wihongi, 2013). Wihongi (2013) explored tangihanga through the perspective of young Māori women in an unpublished Master's thesis. Wihongi found that these young women could express their grief in an open and supportive environment surrounded by whānau and that the tangi provided the opportunity for learning kawa (protocol) and tikanga (customs, values). Paterson (2015) explored the healing elements of tangi for eight Māori women in her PhD thesis, which also found that tangihanga provided an effective environment for sharing and expressing grief, where the whānau pani (bereaved whānau) were able to be supported and protected. Other studies examined the children's experience of tangihanga (Jacob et al., 2011) and tangihanga when a whānau has Māori and Pākehā members (Edge et al., 2011). In Jacob et al. (2011), it was found that Māori parents talk with and involve their children in all aspects of death and tangihanga.

Taken together, many of these studies point to the importance of tangihanga as a safe place for the open expression of emotion and grief, providing immediate support for the whānau pani), a way for whānau to re-establish relationships with each other, and a forum for cultural learning of whakapapa (genealogy), tikanga (customs), and reo (language). However, these studies are mainly in the context of bereavement more generally rather than suicide bereavement and do not examine how whānau cope in the longer term. The tangihanga process and experience may differ where suicide is the mode of death as a consequence of the stigma that surrounds suicide. The whānau or tūpāpaku may be treated differently. Nikora (2016) posits that a death by suicide should be

acknowledged and cautions against avoidance. She argues that avoidance denies the opportunity for community support, prevents the possibility for interventions and healing, and promotes "secrets, silences and shame" (p.7). Consequently, while tangihanga has traditionally been a way to start the healing process for bereaved whānau, its role in the grieving process may potentially follow a different pathway compared to other modes of death. Therefore, the current study may fill a critical void in the literature regarding tangihanga in the wake of suicide.

Māori and Suicide Stigma

There is still a silence that surrounds suicide, arising out of stigma (Cameron et al., 2017; Morehu, 2013; Shahtahmasebi & Aupouri-Mclean, 2011). Such silence is an additional aspect that suicide bereaved whānau must contend with. Stigma and negative attitudes toward suicide are evident within Māori culture. Joseph (1997) notes that the act of killing oneself has been looked down upon as an act of shame and weakness. Consequently, there have been instances where the tūpāpaku has not been allowed a burial in the family urupā (cemetery) or has been buried at the gate of the urupā 'to be trampled on' (Cameron et al., 2017; Henare & Ehrhardt, 2004; Joseph,1997). Some kaumātua (elders) feel uncomfortable and unsure about the appropriate tikanga where suicide is concerned, or there is anger at the deceased (Henare & Ehrhardt, 2004). However, Joseph (1997) argues that these views are a result of colonisation and the imposition, influence, and indoctrination of Christian belief systems. He contends that suicide was considered and treated differently in traditional Māori society (that is, pre-colonisation), as discussed in the

previous chapter. This position is supported elsewhere (Cameron et al., 2017; Emery et al., 2015), and Best (1905), a non-Māori ethnographer, observed there to be no differences made for the burial of suicides compared to other deaths.

Alongside stigma, there may be fear of glorifying suicide, especially when the person is young. Glorification can lead to copycat suicides (known as the Werther effect), which has been implicated in cluster suicides, the phenomenon of multiple suicides occurring in one area (Hawton et al., 2020). Waiariki MP Te Ururoa Flavell controversially wrote a despairing plea in Rotorua's Daily Post,

> *If a child commits suicide, let us consider not celebrating their lives on our marae; perhaps bury them at the entrance of the cemetery so their deaths will be condemned by the people. In doing these things, it demonstrates the depth of disgust the people have with this. Yes, it is a hard stance, but what else can we do?* (Flavell, 2011)

While the intention was preventative, to deter other youth from considering suicide, such views negatively impact whānau bereavement by adding to their mamae, through their loved one being judged or condemned rather than acknowledged. They might also be unable to experience the tangihanga as it is intended from a tikanga perspective for whānau and the loved one who has passed on. Heeni Morehu (2013), from Ngāti Pikaio, wrote a personal account, “The Tree of Life.” In this, she writes about the loss of her son to suicide following the fatal car accident of his older brother. She noted differences in how each death was treated, which hindered the bereavement experience in the loss of her son to

suicide. Nikora (2016) cautions that actions of condemnation toward the deceased or the bereaved within tangihanga could contribute to other negative outcomes such as isolation and abandonment.

Also of significance are the changes that have taken place within tangihanga and Māori grieving more generally (Edwards et al., 2009; Ellen Norman, personal communication, 2019; Moon, 2003). In Edwards et al. (2009), Kaumātua Nick Tuwhangai and Manga Ormsby reported that there was a different terminology to describe the process of tangihanga in the past – uhunga – which referred to the act of performing death rites. They considered that the change in terminology reflected the change in process from one that was designed as a ritual performance of death rites designed to aid the passage of the wairua to the next world to one that was designed to comfort those left behind. In addition, Manga Ormsby (Edwards et al., 2009) and tohunga Hohepa Kereopa (Moon, 2003) noted that certain cultural practices were traditionally used to elicit grief, but that some specific types of karanga (wailing welcome call) and apakura (lamenting dirge) are not found as often anymore. They functioned to ignite the emotion and tears, which is necessary for healthy bereavement. Edwards et al. (2009) consider this especially poignant for males who may find it more difficult to release their grief due to internalised societal ideas of being strong and staunch as they have lost an "ignition factor" for their grief expression. Further, these specific karanga and apakura were significant wairua channels (Ellen Norman, personal communication, 2019).

In pre-colonial Māori culture, there was great wailing, tears, and haehae (self-laceration). Haehae has been discussed in an earlier section and was a physical emotional response to grief as well as a connection to wairua. Whakataukī (proverbs), like pūrākau (narratives) and waiata (songs), offer lessons. The whakataukī described in Te Rangi Hīroa (1949) and Dansey (1992) reveals the importance placed on the wailing and shedding of tears,

> *Te roimata i heke, Te hupe i whiua ki te marae, Ke [ka]ea aitua*
> (The tears which fall, the mucus which is cast on the marae, avenge death)

Te Rangi Hīroa (1949) elaborates that "the physiological secretions stimulated by deep emotion give physical relief to the pain which gnaws within" (p. 418). Similarly, Dansey (1992) considered the physical demonstrations of grieving to be emotionally draining and emotionally refreshing so that the person can resume life again, as well as an act of utu for the death.

Edwards et al. (2009) contended that the shared grieving and open expression of grief help achieve mauri tau (a state of calm and balance), where a person feels at peace and able to function despite the loss. Edge (2017) also supports the notion that the collective expression of grief within tangihanga contributes to the attainment of mauri tau. Edwards et al. (2009) note that this is still the goal and role of tangihanga today. This has implications for suicide bereaved whānau who may feel unable to safely express their grief or who may feel judgement even within their own wider whānau, hapū, or iwi and be unable to reach a state of mauri tau.

Stigma and glorification of suicide can contribute to a different tangihanga experience for whānau when the death is a suicide, potentially exacerbating their grief and inhibiting attainment of mauri tau. Tangihanga processes found within pre-colonial Māori culture enabled the expression of grief to occur, connected to wairua, and helped to become mauri tau. There have been some changes within modern tangihanga that may also impact whānau grieving.

New Zealand Suicide Bereavement Literature

An examination of the suicide bereavement literature reveals that much of the research comes from international studies – Western cultures – with a focus on individual perspectives. There is a small but growing body of suicide bereavement research in New Zealand. Beautrais (2004) conducted a review of the suicide bereavement literature, from which a range of policy suggestions was made to best support suicide bereaved families, whānau, and significant others in New Zealand. These included increased access to therapeutic services, further research to address gaps in knowledge of suicide bereavement, and proactive contact and support to bereaved families. Fielden (2003) conducted a phenomenological study of suicide bereavement. She explored what it meant to lose a family member to suicide by interviewing six adults. Using a hermeneutical approach, she developed a model of grief where suicide bereavement was a transformative process with the bereaved moving through four modes of 'being': Thrown-ness (experiencing chaos, shock, disbelief, numbness, emotional disengagement as a way of functioning); survival mode (experiencing fear of not being able to come through it, living with shame, stigma

and blame); searching mode (trying to figure out the 'whys,' looking for clues, reflecting on the relationship, living with guilt and anger) and moving on mode (creating a new way of being in the world turning outwards). Fielden (2003) recommended that future research explore survivors with different relationships to the deceased and from different cultural backgrounds.

More recently, Tiatia-Seath and Hibiscus Research (2016) focused on postvention support for Pacific communities with a mixed method design that incorporated the views of suicide bereaved families and frontline workers. It was based on South Australia's *Living Beyond Suicide* programme (Goodwin-Smith et al., 2013). Findings included stigma toward suicide that hampered support at times, and support was accessed more commonly through family and friends. Recommendations included supporting key individuals within a family, considering the support needs of the person who finds the body of the loved one, and being mindful of traditional beliefs and tapu observances around suicide and death, for example, not standing directly over the person's body. Victim Support was considered to have an important role, but volunteers needed Pacific competency training. More communication was required between the coroner and family; more research was needed on the mental health needs of those bereaved to suicide, as well as ongoing Pacific workforce development in this area.

There have been a small number of New Zealand master's and doctoral theses that examine various aspects of suicide bereavement; however, they generally do not focus solely on Māori, although they may include a Māori participant within their largely Pākehā

sample and have an individual rather than family or whānau focus (Berrett, 1998; Bowden, 2017; Kelly, 2006). Berrett (1998) interviewed eight participants to examine grief responses and factors that intensified or alleviated grief. Factors that intensified grief included perceived lack of social support, conflict both within and outside the family, and the minimisation of bereavement needs. Factors that alleviated grief included support from others, suicide support groups, positive memories, being able to access official information, and positive experiences such as helping others. While the participants were all Pākehā, two of the females were married to Māori. These participants pointed to the tangihanga as an alleviating factor. In their cases, they had the tūpāpaku (body) at home, which provided the opportunity to be with their loved ones and to be able to say goodbye to them. However, systemic barriers within the coronial and formal processes were noted, including racism.

Kelly (2006) examined the coping strategies and needs of 15 participants (14 European and one Māori) who had lost a family member, friend, or significant other to suicide. Participants were recruited for the study through local and community newspaper advertising in central North Island. Findings revealed coping strategies of acceptance, helped through having access to all the information as highlighted in Berrett's (1998) thesis. Also, restructuring life without the deceased, avoidance of overwhelming emotions, routines, and rituals that included getting back to normal routines, keeping busy, and planning the funeral were coping strategies. Personal strengths were also highlighted, and gender expectations of males needing to be strong, look after others, and cope without

support. Males suicide at higher rates than females, and these societal expectations mean they are unable to address their psychological needs, which can increase risk. Spirituality also helped with coping. These participants experienced messages from their loved ones through dreams, clairvoyants, and animals. The Māori participant considered her culture as protective, through belief in a continuing relationship with deceased loved ones and wairuatanga alongside her simultaneous belief in God. Findings also highlighted that participants experienced insensitivity from family, friends, and the community, within the coronial enquiry, and by first responders such as Victim Support. Counselling services tended to be ineffective, yet participants experienced psychological difficulties that included suicidal ideation, depression, and trauma.

Bowden's (2017) doctoral thesis explored how males experience the suicide loss of their male friends. This population is significant, with males having the highest suicide rates in New Zealand (Coronial Services of New Zealand, 2020). Findings revealed that participants felt uncomfortable communicating and expressing their grief and feared being judged as weak or vulnerable, which led to silence as a way of coping. They also needed to feel a sense of trust before confiding in others.

These studies provide valuable information for the New Zealand Pākehā population and highlight some findings relevant to Māori, but there is a need for more Māori specific research.

Māori Suicide Bereavement

There is limited research that focuses specifically on Māori whānau bereaved by suicide (Shahtahmasebi & Aupouri-Mclean, 2011). Henare and Ehrhardt (2004) reviewed the literature on the support needs of suicide bereaved Māori, Pacific, and Asian families and whānau and found that there was very little literature overall, and no studies that directly examined Māori support needs directly.

In an unpublished Master's thesis, Conway (2014) focused specifically on the maternal experience of suicide bereavement, exploring aspects of resilience, social support, and the effect on relationships in a qualitative Interpretative Phenomenological Analysis (IPA) study. Participants were recruited from a Bereaved by Suicide support group and consisted of one Māori and three Pākehā mothers. Although this was not Māori specific research, Conway is Māori, and the research was guided by Māori principles and values. Findings revealed that some forms of social support were not considered conducive to recovery. Further, socio-cultural constructions of mothering and suicide led mothers to feel the burden of responsibility and there was intergenerational harm perpetuated by a "code of silence".

In another Master's thesis, Aupouri-Mclean (2013) explored the personal journeys of Māori parents bereaved to suicide in a case study design with four individual participants. The study found that emotional responses included shock, anger, denial, helplessness, and guilt. Coping entailed seeking and gaining support, psychological and

social isolation, searching for reasons why the suicide occurred, self-blame, and blaming others.

Cameron et al. (2017) aimed to explore Taranaki suicide knowledge to help with Taranaki suicide prevention and whānau ora in their research project *He Waipuna Koropupū*. Findings pointed to the need to consider the language used with emphasis on Māori concepts, reclamation of Taranaki tikanga, and that silence around issues of suicide were still prevalent in Taranaki. Healing from historical trauma was considered to come from processes grounded in tikanga and whakapapa. Although this research was not specific to postvention, its findings have applicability as prevention and postvention are intertwined, and through its focus on whānau ora.

Emery et al. (2015) sought to understand Te Arawa whānau bereavement needs. The study involved two phases. The first phase investigated Te Arawa tribal views of whakamate (suicide) through several wānanga with elders, emerging leaders, practitioners, academics, and whānau impacted by suicide, as well as some individual interviews. Findings revealed that suicide was considered a tragedy and loss of potential in Te Arawa pre-colonisation and was treated with compassion and understanding. However, contemporary understandings were limited, and approaches to suicide were confused.

In the second phase, Emery et al. (2015) developed and trialled a suicide postvention tool with eight participants from four whānau. They asserted the importance of the right person, place, and time to facilitate a healing process. The healing process is guided by whakapapa, processes, and concepts steeped in Te Ao Māori, so the person

would need to be Māori and be competent within Te Ao Māori. There is a need for whānau to understand the suicide of their loved one better through an honest and reflexive analytical process and to feel that the mana of the deceased is restored. In response, they developed a suicide postvention framework *Te Matapihi ki te Ora* (the window to life) and an accompanying life review method *Te Uhunga*, a new narrative of the suicide, for the whānau and their loved one, derived from two Te Arawa tribal sources. The first source was the story of Te Matapihi o Rehua, who died by suicide in the 1700s. The second source was the waiata "Te Atua Matakore" that was composed by Te Hinu and is still heard today. This waiata restored the tapu and mana of Te Matapihi o Rehua and his whānau and offers teachings for reducing the potential for intergenerational whakamā. The life review method involved collaborative storying from which alternative narratives and meanings can emerge. The findings revealed that the process promoted healing for all participants.

In a personal account of loss, Heeni Morehu (2013) described her grief in the context of emotional pain that led to physical pain and what she describes as a dimming of her wairua. She also noted anger, depression, blame, intense grief, and suicide ideation. What helped was her surviving children through awareness that they needed her. She was supported by friends and whānau, and both she and her children went to a psychologist to help deal with their emotions. What was especially beneficial was the support and advice of others who had been through suicide loss through a Facebook support group for suicide bereaved whānau because they "have lived the same nightmare" (Morehu, 2013, p.105). Morehu (2013) noted the difference in the school response to both sons' passings. With her

son who died by accident, the school even held a special Memorial Day, yet there was a lack of contact when her other son died by suicide. Morehu attributed this to fear of copycat suicides. She also had to contend with comments in the local paper discussing whether people who die by suicide should be buried in their urupā, and experienced avoidance and awkwardness by some. For their father, spirituality and his belief in life after death helped him deal with his grief; seeing tohu of their presence enabled him to continue a connection, and the tangihanga also contributed through facilitating the expression of grief. Such was the impact of Heeni Morehu's story after she appeared on the television programme, Marae, that 100,000 responses were received on social media within 24 hours (McClintock & Baker, 2019).

In addition, throughout 2014-2017, Te Rau Ora (formally Te Rau Matatini) supported 47 Māori community suicide prevention and postvention initiatives throughout New Zealand through the Māori and Pacific Suicide Prevention National Programme: Waka Hourua. These have been documented (Baker et al., 2017; McClintock, 2016; McClintock & Baker, 2019; McClintock et al., 2017) and include a Maketū initiative which pointed to the importance of helping rangatahi and whānau with a sense of belonging and increasing cultural knowledge in order to provide more opportunities and confidence for participation in cultural settings (McClintock, 2016).

Recently, McClintock and Baker (2019) published a report *Ka Ao Ka Ao, Postvention for Māori*. This report highlighted the importance of more sensitive and culturally appropriate coronial liaisons, the importance of tangihanga and the role of the

paepae (speakers on a marae) during the tangi process in aiding the healing and stopping the shame and stigma. It also stressed the importance of finding solutions to address depression, shame, blame, and anger guided by Māori language, tikanga, knowledge and processes, and addressing the effects of colonisation. They reported on case studies from the Waka Hourua Māori Community Programme that provided lived experiences of suicide and specific pathways for hope and healing. One case study (Best Care Whakapai Hauora Charitable Trust) was a paepae wānanga to help with understanding and direction when a tangihanga involved suicide.

Edwards et al. (2009) explored the grief experiences of Māori males who had lost a baby to Sudden Infant Death Syndrome (SIDS). Although a different context than suicide, it shares some similarities in being sudden, unexpected, and traumatic. It also carries similarities in the need for coronial processes and the potential judgement toward the whānau from others. Similar to earlier studies (Clarke & McCreanor, 2006; Everard, 1997), the coronial process was a negative experience. They found that the coronial processes delayed and interfered with grieving, exacerbating the trauma. The physical separation from their baby and despoliation by the autopsy was traumatic and especially criticised, with the authors pointing out the imposition of the dominant culture on legitimate Māori cultural practices, a finding noted elsewhere (Clarke & McCreanor,2006; Selket et al., 2015). The participants described experiences of being treated with suspicion rather than sympathy, being kept away from their baby, and a lack of concern around the welfare of their baby. The authors noted that not all experiences were negative, with one coroner

providing an understanding of the nature of SIDS and reassurance that the parents were not to blame. Coping entailed being strong and staunch, which tāne in this study perceived was their role. There was a belief that showing emotion was weak. Some felt they needed support but did not have support available. The ability to return home and connect with ancestral ties was considered useful but not an option for some of these participants who were dislocated from traditional cultural knowledge and extended family networks to be able to facilitate a tangihanga. But others chose to bury their child in urban cemeteries where they would be physically close rather than taking them far away back home. Whānau support was considered very important, regardless of the closeness of the relationships. However, it was cautioned that such a loss had the potential to exacerbate difficulties within whānau, which may also be pertinent within the context of suicide loss due to feelings of blame, anger, guilt, and shame.

Theories on Bereavement

Historically, Western-based grief work involved withdrawing emotional energy or learning to forget the deceased to move forward (Freud 1917/1961), and stage-based theories suggested a linear process from grief to recovery (Bowlby, 1980; Kubler-Ross, 1969). One of the most prominent classical theories is Kubler-Ross's five-stage theory of loss that was initially developed to explain the stages of dying but was extended to describe the bereavement context of loss (Kubler-Ross, 1969; Kubler-Ross & Kessler, 2005). The theory outlined five stages that people moved through: denial, anger, bargaining, depression, then acceptance. Despite its widespread popularity, the stage aspect of the

theory, which suggests a linear progression leading to resolution in a seemingly passive arc, has been criticised (Corr, 2019; Hall, 2014; Hunt et al., 2019; Neimeyer, 2014). Kubler-Ross herself noted that the stages were neither universal nor linear, which conflicts and undermines the "stages" aspect of the theory (Corr, 2019). Also, it has not been validated empirically, with longitudinal studies failing to provide support for a stages model of grief (Maciejewski et al., 2007; Neimeyer, 2014), and studies have argued that grief is not a one size fits all experience (Holland & Neimeyer, 2010). For example, one study found that acceptance predominated in the early weeks of loss with death by natural causes, while other studies found that disbelief was the initial emotion when loved ones had died by suicide, accident, or homicide (Holland & Neimeyer, 2010).

More recent bereavement theories conceive it as cyclical rather than linear, active not passive, involving meaning reconstruction, an oscillation between emotion and problem-focused coping, continuing bonds with the deceased, and involving opportunities for growth (Attig, 2011; Corr, 2018; Hall, 2014; Klass, 2006; Neimeyer, 2001; Stroebe & Schut, 1999, 2010; Tedeschi & Calhoun, 1995, 2007). A meaning reconstruction approach to grief involves a process of reconstructing meaning in a world challenged by loss (Neimeyer, 2014). Sudden or unexpected deaths such as suicide challenge a person's notion that life is predictable and the world benign (Hall, 2014). Worden's (2009) task-based model posits that the tasks of accepting the reality of the loss, processing the pain of grief, adapting to the world without the deceased, and finding a way to remain connected to the deceased while continuing with life are needed. He also noted the importance of the nature

of attachment to the deceased, social mediators, concurrent stressors, and how the person died in the bereavement experience. Disenfranchised grief results when a person cannot openly mourn a loss, their loss is not socially supported, or social responses are unhelpful (Doka, 2002; Neimeyer, 2006). This may be experienced in the context of suicide. Significantly, historical disenfranchised grief has been theorised as part of the colonisation experience for Indigenous cultures (Braveheart, 1998).

Continuing bonds has been defined as ‘‘the presence of an ongoing inner relationship with the deceased person by the bereaved individual’’ (Stroebe & Schut, 2005, p. 477). Historically, it has been considered maladaptive from a Western perspective, with the severing of bonds considered a primary task (Freud, 1917/1961). More recently, maintaining a relationship with the deceased has been conceived as potentially healthy (Hall, 2014). Some researchers argue that the locus of the continuing bond can determine whether it is adaptive or maladaptive. When the locus of the continuing bond is external, it suggests physical proximity and may be indicative of unresolved loss or failure to accept that the person is dead or may be perceived as intrusive or disturbing (Root & Exline, 2014). By contrast, where the locus of the bond is internal and symbolically based, it suggests acceptance of the death (Hall, 2014). Inherent to a continuing bond theory is the belief that some form of existence and relationship is possible following death. It allows the deceased to remain a transformed but ongoing presence (Corr, 2019). This has significance for a culture such as Māori, where visions of tūpuna and ongoing relationships with tūpuna are considered normal and valid (Lindsay et al., 2020; Taitimu et al., 2018). However, some

researchers have cautioned that continuing bonds may elicit negative affect such as guilt if the pre-death relationship was conflictual (Field & Filanosky, 2010; Root & Exline, 2014). Further, people's conceptions of the afterlife may not always be positive (Root & Exline, 2014). This may be significant where suicide is the mode of death. However, beliefs about the afterlife may also be a source of comfort if they believe they are in a better place and not suffering, which can help with meaning-making.

Another theory of bereavement that has gained traction is that of post-traumatic growth (PTG;Tedeschi and Calhoun, 1995).Tedeschi and Calhoun (1995) qualitatively discerned three broad categories of post-traumatic growth: changes in the perception of self, in the experience of relationships with others, and in one's general philosophy of life. They further identified five domains of growth. These were personal strength, new possibilities, relating to others, appreciation of life, and spiritual change. Changes in perception of self can include experiencing the world as more threatening and dangerous and themselves as more vulnerable, but it can also lead to perceptions of strength. It can lead to a greater connection with others and increased compassion toward others. A changed philosophy of what is most important can lead to greater spirituality and different priorities (Calhoun & Tedeschi, 2006). While they posit that for PTG to occur, the stressful event must be a significant threat, they also suggest a curvilinear relationship with extreme experiences of trauma potentially overwhelming a person's psychological resources (Calhoun & Tedeschi, 2006).

Janoff-Bulman (2006) considers another aspect of PTG is the growth of psychological preparedness. She contends that a by-product of a change in assumptions about self, others, and the world is a reduced risk of psychological breakdown in the experience of future traumas or adversities. A person becomes better prepared due to assumptive changes about the world. However, Harvey et al. (2006) caution that psychological growth is difficult or impossible where there is a "pile up" of losses. Further, studies have pointed to a connection between PTG and spirituality (Pargament et al., 2006). Spirituality is posited as helping with meaning-making, as a source of support and empowerment, and may foster transformations in goals and priorities (Pargament et al., 2006).

While post-traumatic growth has been compared to resilience, they are different concepts. Lepore and Revenson (2006) differentiate between three forms of resilience: recovery, resistance, and reconfiguration. Reconfiguration describes the adaptations that occur to allow someone to potentially withstand future trauma. They argue that PTG is one potential outcome of reconfiguration, which can include positive or negative adaptation. In addition, the ability to "keep on going" after experiencing adversity can be conceived as movement and surviving and demonstrates resilience rather than growth (Harvey et al., 2006).

More recent theories of bereavement involve a more active process and involve a continued relationship with the deceased, in contrast to earlier theories. There is also support for the theory that people can grow from trauma experiences like bereavement, and

post-traumatic growth (PTG) is often connected to the concept of resilience. However, PTG is one potential outcome of resilience rather than resilience. These bereavement theories offer some ways that people respond to grief, but they do not take into account cultural variation or suicide more specifically.

Suicide and Bereavement

Much of the suicide bereavement literature has focused on whether there is a difference between suicide bereavement and other types of bereavement. The research literature has been mixed. Quantitative studies have more commonly found no significant differences, but it has been argued that quantitative methodologies are not sensitive enough to enable understanding of such a complex topic and have empirical limitations due to the variation in measures, making comparison between studies difficult (Jordan, 2001; Shields et al., 2017). Qualitative methodologies may be more suitable. Various studies consider the intensity and duration of grief to be stronger and longer with suicide, with a greater prevalence for complicated bereavement (Beautrais, 2004; S. Clark, 2001; Jordan, 2008; Jordan & McGann, 2017). Further, it is associated with a range of adverse mental health and social outcomes such as depression, anxiety, substance abuse, PTSD, and family breakdown (Cerel et al., 2008; S.Clark, 2001). Significantly, there is support for the finding that experiencing the death of a loved one to suicide increases suicide risk (Jordan, 2017; Pitman et al., 2016).

There is convergence that suicide bereavement is perceived to be different by those who have been affected. Suicide bereavement includes such emotions as guilt, shame,

blame and anger, struggles with understanding why, and trying to make meaning out of the death (Beautrais, 2004; S. Clark, 2001; Jordan, 2001). Arguably, some of these themes occur with other modes of death, such as anger and struggling to understand in the case of homicides. However, the knowledge that the person chose to take their own life can make such emotions more pronounced and the processes of trying to understand why and making meaning more challenging. Shields et al. (2017) conducted a qualitative systematic review on the suicide bereavement process. They found that blame, guilt, and emptiness were present. Blame was a predominant pattern, with family members receiving the most blame, and self-blame also pervasive. There was also a struggle with making meaning of the suicide. Continuing bonds with the loved one was linked with positive growth. Socially, parents who had lost a child to suicide felt social awkwardness at talking openly and honestly about their child, despite a desire to talk about them. Tzeng et al. (2010) noted the impact on the family system with members so immersed in their individual grief they could not acknowledge other members' grief. Disturbances in family functioning affected their ability to make meaning and increased blaming behaviour and communication difficulties (Tzeng et al., 2010).

Widespread stigma is linked to suicide and consequently the suicide bereaved, in contrast to most other forms of death. The consequences of stigma (including self-blame and judgement by others) include perceived or actual lack of social support resulting in less help-seeking behaviours, social withdrawal, social isolation, and psychological distress (Jordan, 2008; Hanschmidt et al., 2016; Peters et al., 2016; Scocco et al., 2017).

Hanschmidt et al. (2016) found the suicide bereaved experience of stigma included avoidance, concealment of the death, social withdrawal, reduced psychological and somatic functioning, grief difficulties, and the potential exacerbation of existing feelings of shame, self-blame, and guilt. Despite this, there have been arguments that professionals should not aim to reduce stigma about suicide for fears it might normalise suicide as a viable option (Frey & Cerel, 2015). For example, the mechanisms for cluster suicides include social transmission and descriptive norms (Hawton et al., 2020).

Studies have found that bereaved individuals do not have the physical or emotional ability to actively seek out formal supports in the early stages of grief, with the process of being linked to supports an unmet need (McKinnon & Chonody, 2014). Peer support groups have had mixed support. Some find it difficult to share their stories or hear others and want strategies for healing rather than only talking (McKinnon & Chonody, 2014). It was felt a professional presence was needed to direct the group and provide coping strategies. Others found it helpful by providing a shared sense of belonging, mutual understanding, and companionship, so they did not feel so alone or isolated. Availability and consistency of formal supports was also an issue. First responders have a role in the grieving experience as well as the coronial process, which can cause additional trauma – a finding in McKinnon's (2014) study in Australia, which has also been supported in New Zealand (Morehu, 2013; Tiatia-Seath, 2016).

Indigenous Bereavement

The Indigenous literature is sparse on the lived experience of grieving. Spiwak et al. (2012) found no studies that examined complicated grief in Aboriginal populations. Spiwak et al. (2012) link complicated grief with the collective experience of historical trauma. Braveheart (1998) points out that historical trauma leads to an inability to resolve collective grief, which is similar to the experience of complicated grief. Indigenous populations are shown to have high suicide rates (e.g. Ansloos, 2018), and suicide bereavement is considered an outcome and contributing factor for complicated grief (Braveheart, 1998).

Braveheart (1998) discussed the traditional grief practices of the Lakota peoples. These included the cutting of hair as a visible expression of grief, spirit-keeping ceremonies, as well as 'releasing of the spirit' and 'wiping of the tears' ceremonies to help resolve grief. One American Indian and Alaska Native study (Dennis & Washington, 2018) explored ways of grieving among 20 elders residing on a North American Ojibwe reservation. Findings revealed that these elders coped by finding ways to live with the loss or surviving. Participants reported that males were expected to remain strong and avoid crying or showing emotions. They also employed dominant societal strategies such as keeping busy and found comfort in Western and Traditional spiritual practices and beliefs that included praying and believing the deceased was still around them. They described feeling them spiritually and seeing or hearing them physically. They also grieved collectively with much support provided by their community.

A study that examined the grief practices of Aboriginal people in Australia (McGrath et al., 2008) found that traditional ceremonial practices over an extended period of time, that included ceremonial and collective singing, wailing, and crying and collective grieving with family and community, helped with grief. Viewing the body and telling stories about the loved one were also important components. Revealing the effects of colonisation, Christian features such as the inclusion of Catholic priests were enacted alongside traditional rituals. Alongside grief, participants reported that blame was a feature; that the person had not been cared for enough in their life. This was not specifically in regard to suicide, but it is likely that blame in this context would be more significant. Participants also pointed out that alcoholism was exacerbated by grief. Ultimately, it was felt that Western grief counsellors should defer and respect traditional grief practices (McGrath et al., 2008).

The limited available research suggests that Indigenous grieving is a collective experience similar to the Māori experience of grieving. It shares further similarities, including a belief in wairuatanga (spirituality) and ceremonial practices. Further, Indigenous grieving now includes a fusing of traditional and modern practices such as features of Christianity, which is also found within the Māori experience of bereavement.

CHAPTER 3: MANAWA ROA- MĀORI AND RESILIENCE

Resilience Concepts and Theories

The general concept of resilience has been widely established, yet there have been variations in how it has been conceptualised: as a trait, outcome, or process. Earlier conceptualisations conceived it as a trait inherent within individuals and developed to explain why some children prosper despite adverse backgrounds (Luther, 1991; Werner, 1995). Initially, resilience studies focused on these traits or qualities within the individual, including hardiness or high self-esteem. These studies noticed that these children tended to have at least one person in their life who provided support, realising the contribution of interpersonal factors (Werner, 1995).

Family resilience (McCubbin et al., 1996, 1999; Patterson, 2002; Ungar, 2016; Walsh, 1998, 2002) refers to "coping and adaptational processes in the family" that enable a family to move forward after adversity (Walsh, 2006, p. 150). Some perspectives consider a significant risk or adversity to be a precondition for resilience (Patterson, 2002), while others consider life in general challenging as enough to create exposure to risk so that any family that functions competently should be considered resilient (Walsh, 1998). The loss of a loved one to suicide would undoubtedly qualify as an adversity, and there are likely to be other life stressors that magnify the challenges within a whānau in this context too.

There are several family resilience models that have gained traction in the literature. The Resiliency Model of Family Adjustment and Adaptation (McCubbin et al.,1996, 1999) points to two distinct but related family processes: adjustment and adaptation. Adjustment

involves the family's protective factors, established patterns of family functioning, resources, appraisal, coping strategies, and problem-solving to maintain functioning and fulfilment of tasks in the face of adversities, with only minor changes being made. Adaptation involves recovery factors that promote the family's ability to "bounce back" and adapt in family crisis situations when adjustment processes are not adequate to manage the demands of the situation (McCubbin et al., 1996). The family is seen as being in crisis (in need of change).

Walsh's (2002, 2003) family resilience framework considers belief systems, organisational processes, and communication processes to be the most important dimensions for family resilience. Belief systems include spirituality, positive outlook, and meaning-making, which she notes is embedded in cultural and social norms. Organisational processes include flexibility and connectedness and being able to mobilise external resources. Communication processes include open emotional sharing and collaborative problem-solving. Patterns of destructive communication include withdrawal, unresolved anger, and unspoken tensions bred through attempts to protect one another from painful information through secrecy. Similarly, Patterson (2002) considers family cohesion, family flexibility, patterns of affective and instrumental communication, and family meanings about the specific problem, their own family identity, and the context they live in as processes that help families to function in day-to-day life and may have a protective function under adverse circumstances.

Ungar (2008, 2016) broadened Walsh's (2002) Family Resilience Framework to make explicit the significance of community and cultural factors defining family resilience

as “a multilevel process of interaction between families and other systems in complex or challenging environments that facilitates a family’s capacity to cope with adversity over time” (2016, p. 20) with inextricable links to social, historical, and cultural contexts. This is significant as the resilience of Māori individuals and whānau is impacted by the historical and structural barriers as discussed above. These create day to day stressors and vulnerabilities. Factors unique to Māori culture can also be protective.

Further to this, Ungar (2016) describes specific patterns of family resilience. These include PTG, minimal impact resilience, unaffected coping, recovery, avoidance behaviour, hidden resilience, and maladaptive coping, all of which he argues may be considered adaptive when sensitive to differences across cultures and contexts and access to resources. Family systems can show avoidant patterns that are experienced as protective (Ungar, 2016), for example, family members choosing not to engage in difficult conversations about a trauma. This results in a resilient family system as there is less conflict and more cohesiveness as a result. Hidden resilience is any pattern of coping that is culturally or contextually embedded and therefore overlooked or judged by outsiders (Ungar, 2016), for example, refusal to engage with service providers may be protective for whānau when needs are not met, or there is perceived harm (Ungar, 2004).

The literature on family resilience has provided strong support for family communication patterns that are shared, open, and honest family belief systems, including spirituality, family cohesion, and connectedness (Antonovsky & Sourani, 1988; Bhana & Bachoo, 2011; Benzies & Mychasiuk, 2009; Black & Lobo, 2008; Greeff & Human, 2004; Kalil, 2003). Benzies and Mychasiuk (2009) identified individual, family, and community

factors that contributed to family resilience, highlighting the interlinked nature between them. Protective factors at the individual level included belief systems linked to spirituality and meaning-making during adversities, as well as positive outlook on life, self-efficacy, effective coping skills, and good health. Education and training were also seen as protective through increasing options to deal with problems and decreasing financial stress through increased employment opportunities. Family protective factors included a smaller family structure, intimate-partner relationship stability, family cohesion, supportive parent-child interaction, social support from extended family and the family's social network, stable and adequate income, and housing. Community protective factors include community involvement which provides a sense of belonging, peer acceptance, supportive mentors, safe neighbourhoods, access to quality childcare and schools, and healthcare (Benzies & Mychasiuk, 2009)

Family resilience has been considered in the context of bereavement and loss. Walsh (2007) outlined factors that can lead to maladaptation or resilience within the belief systems, organisational patterns, and communication/problem-solving processes of a family in Table 2. The risks for maladaptation have particular relevance when a loss involves suicide due to the potential stigma surrounding suicide.

Bonanno (2008) contends that resilience in the context of trauma and loss occurs more often than realised with multiple pathways. These include laughter and positive emotion, self-enhancement, hardiness (commitment to finding meaningful purpose), belief that one can influence their surroundings and outcome of events, belief that one can learn and grow from positive and negative life experiences, and repressive coping where there is

extreme adversity. This is in the context of individual rather than family resilience, but individuals that enact resilience can influence the family system. Bonanno (2008) also distinguishes between resilience and recovery, with recovery denoting a trajectory that ends with a return to pre-event levels, whereas resilience is conceived as the ability to maintain relatively stable levels of psychological functioning despite adversity. This point is significant as the experience of losing a loved one to suicide may not ever lead to complete recovery or a pre-loss state of being.

Table 2

Factors Connected to Maladaptation and Resilience

Risks for maladaptation	Facilitate key processes for resilience
Belief Systems	
• Shattered assumptions, ambiguous or senseless loss • Sense of failure/fault; blame, shame, guilt • Hopelessness, despair, bleak outlook	1. Make Meaning of Traumatic Loss Experience Normalize, contextualize distress Gain sense of coherence as shared challenge: comprehensible, manageable, meaningful
• Powerless, helpless, overwhelmed • Multigenerational legacy: trauma, losses, catastrophic fears • Spiritual distress, sense of injustice, punishment for sins, cultural/spiritual disconnection, void	2. Positive Outlook: Hope, Encouragement Affirm strengths, build on potential Master the possible; accept what can't be changed 3. Transcendence and Spirituality Faith, rituals (e.g., prayer, meditation, ceremonies) Purpose, meaningful bonds, pursuits; activism Learning, growth, transformation, appreciation
Organizational Patterns	
• Rigid, autocratic structure or unstable—chaotic, unreliable, leaderless • Enmeshed, highly conflictual, or estranged/disconnected • Vital bond or role functioning lost: • precipitous replacement, exploitation or abuse of other • inability to reallocate roles or reinvest in relationships • Socially isolated; unacknowledged or stigmatized loss • Institutional, economic resources lost, depleted	4. Flexibility to Adapt and Restabilize Restore structure, routines, predictability Reorganize; reallocate role functions Strong leadership: coordination, collaboration 5. Kin, Community Connectedness Lifelines, mutual support, social networks Repair estranged relationships 6. Economic and Institutional Resources
Communication/Problem Solving	
• Ambiguous information about death/loss situation • Secrecy, distortion, denial of loss event • Blocked emotional sharing or high conflict Gender constraints (e.g., "Men don't cry.") Lack of pleasurable interaction, respite • Blocked problem solving, decision making • No future focus or planning; overwhelmed	7. Clear, Consistent Information, Messages Clarify trauma and loss-related ambiguity 8. Open Emotional Expression, Empathic Response Respect individual, cultural differences Share pleasure, humor, respite amidst sorrow 9. Collaborative decision making, problem solving Resourcefulness; build on small successes Proactive planning, preparedness; "Plan B"

Note. From "Traumatic Loss. Key Family and Social Processes in Risk and Resilience: Belief Systems, Organization, and Communication," by F. Walsh, 2007, *Family Process, 46*(2), p. 212. Reprinted with permission.

While relevant, these theories and literature are based on Western frameworks and studies, with none of the cited studies conducted in New Zealand. As context has been identified as important, the New Zealand context may include different factors or processes for family/whānau resilience – especially for a culture such as Māori. Also, although loss has been considered in family resilience theories, loss by suicide, specifically, is lacking.

Whānau Resilience and Māori

There is a growing literature on resilience and Māori (Baker, 2010; Boulton & Gifford, 2014; Durie, 2003; Kenney & Phibbs, 2014; Moeke-Maxwell et al., 2014; Waiti & Kingi, 2014; Waldegrave et al., 2016; Walters & Seymour, 2017). However, the notion of resilience has not been without issue when used with Indigenous cultures such as Māori (Boulton & Gifford, 2014; Penehira et al., 2014). Penehira et al. (2014) investigated Māori perspectives of the resilience discourse as part of a wider Mauri Tū Mauri Ora project. They highlighted a key criticism that the concept of resilience fails to acknowledge the impact of colonisation, minimising social harms such as structural racism that still occur. It places the responsibility on individuals and whānau to deal with adversities that are created by systems and policies over time and impact on Māori people. They subsequently prefer the term resistance, which exposes, questions, and actively opposes existing power inequities. Durie (2003) argues that resilience needs to be understood at the interpersonal level, individual level, and at the level of cultural institutions of whānau, hapū, and iwi and the interplay of factors that support whānau in building resilience.

History has pointed toward the resiliency of Māori culture more broadly. When the population declined to 40,000 by 1890 as a result of introduced diseases, muskets, land alienation, and systematic attempts to erase Māori language, tikanga, and knowledge, many colonists held the view that Māori were not far from extinction (Durie, 2005; Walker, 1990). British surgeon and politician in the first New Zealand Parliament, Dr Isaac Featherston, proclaimed that it was their colonial duty to smooth "the pillow of the dying race" (Durie, 2005, p. 16). However, Māori did not hold this belief and alongside a resurgence in the Māori population was a range of resilience initiatives that included the development of the Young Māori Party in 1897 who were adept in both the Māori and Pākehā worlds, the Māori Women's Welfare league in 1951, the development of the Kingitanga movement, a move towards mana motuhake (autonomy/self-determination), and revitalisation of the language through Kura Kaupapa Māori, Wharekura (Māori language immersion primary and secondary schooling), and Kōhanga reo (Māori language immersion preschool; e.g., Durie, 2005; Walker, 1990). In this light, Māori may be considered to have enacted both resilience and resistance.

Furthermore, whānau resilience can be seen and sourced in tikanga, through revitalisation of te reo Māori, mātauranga Māori, cultural values, and whānau reclamation (Baker, 2010). Similarly, Indigenous resilience is conceived as being accessed through cultural knowledge and practice (Ore et al., 2016). These tend to be founded on the collective, social and relational ties, spirituality, and deep connections with the land.

Boulton and Gifford (2014) used a case study approach to examine resilience and whānau ora, a philosophy that focuses on the health of the whole family. Their findings

supported an ecological perspective of resilience in line with Ungar's definition, concluding that Māori health service providers using a whānau ora approach can support individual and whānau resilience. In their study, participants conceived of resilience as a personal quality, a process, and in relation to the collective. Personal qualities, including strength of character, adaptability, and flexibility, were seen as learnt through hardship or through growing up with elders. It was conceived as occurring through connections and access to others, with resilient whānau having more access to family, friends, and links to their marae (Boulton & Gifford, 2014). Resilience as a process occurs when a person embarks on a journey to a safer, healthier life through a trigger such as a traumatic or significant incident or a conversation with someone held in high regard (Boulton & Gifford, 2014). Collective resistance (the resilience of whānau, hapū or iwi) in this study refers to the ability of iwi to bounce back from collective adversity such as attacks on the traditional whānau structure and disconnection from Te Ao Māori (the Māori world). In linking the concept of resilience and whānau ora, participants felt that support was needed for whānau to become resilient, either outside the family or turning inwards to their own family or extended whānau for support. These findings were about whānau ora and resilience more generally, but these findings may have relevance for suicide bereaved whānau. However, context is considered important for resilience (Ungar, 2016), and the suicide context is likely to have more specific processes.

Waldegrave et al. (2016) examined 60 sole-parent families identified as having demonstrated resilience comprising near equal numbers of Māori, Pacific, and Pākehā participants, interviewing one parent and one child from each family. Underscored by

Walsh's relational Family Resilience Framework, the study sought to identify the relationships and strategies used by these resilient families. Findings revealed that coping strategies were broadly similar between all three cultural groups, but how they enacted these strategies differed, reflecting cultural variations. For instance, Māori accessed support through whānau rather than through external agencies, in comparison to Pacific and Pākehā families. Further, communication and decision making tended to include extended family members for Māori and Pacific but not Pākehā participants, and belief systems based on spirituality were most apparent in Māori and Pacific parents. These strategies reflected expressions of cultural values and practices associated with caring, love, reciprocity, and obligation, related to whānau, manaakitanga, and whanaungatanga.

Another study examined whānau resilience for Māori carers providing care to a terminally ill member (Moeke-Maxwell et al., 2014). It highlighted the contextual difficulties, including environmental and socio-economic factors such as the social and economic position of the whānau, financial costs of the illness, living arrangements, racism, illness type and duration. Whānau kotahitanga (togetherness) was identified as a resilience factor with whānau uniting to share the care of their loved one and drawing on Māori world views and values. Aroha, manaakitanga, and kaitiakitanga (guardianship) from a primary caregiver and being able to make meaning from the experience was also important. Having a tangihanga where the whānau could openly grieve and acknowledge their loved one together with whānau and friends was significant, and participants were able to plan in advance with their loved one. Also, wairuatanga was a key cultural strength in coping with challenges and included traditional and secular religious beliefs, including the practice of

karakia and the occurrence of tohu. Ngata (2005) points to cultural factors associated with whakapapa, shared values, and the collective strength of whānau that enhance resiliency. Whakapapa is important in re-strengthening connections and remembering tūpuna (ancestors). When there is death, the cultural imperative to release overwhelming emotions and a profound belief in wairuatanga are important (Ngata, 2005). While this study on palliative care is in the related field of death and dying, there would be distinct differences from suicide. For instance, there would usually be no pre-death planning that might aid the grieving and coping process. Nevertheless, the processes may overall be important to consider during a time of grief.

Most specific to this research is Waiti's study that examined protective factors and coping strategies utilised by resilient whānau when faced with adversity, from which was developed a whānau resilience framework that included whanaungatanga, pūkenga, tikanga, and tuakiri-ā-iwi (Waiti, 2014; Waiti & Kingi, 2014). Factors identified within whanaungatanga included kaupapa whānau support and attachment to significant others. Pūkenga referred to skills and abilities within a whānau and its individuals, such as flexibility, education, and being able to draw on previous coping strategies. Tikanga referred to values, beliefs, and meaning and included positivity, reappraisal, and religious and spiritual beliefs. As mentioned earlier, embedded in tikanga Māori are values and knowledge such as through pūrākau that can help with values and meaning-making. Cultural identity was also important as a protective factor and coping strategy, conceptualised as tuakiri-ā-iwi. Factors included strong intergenerational family connections such as whakapapa whānau support, referencing of tūpuna, enactments of

concepts such as aroha and manaakitanga, and the process of tangihanga where death and loss occurred. Although this study included suicide, its focus was on adversity in general and incorporated a range of adversities.

These studies all add to the field of whānau resilience and highlight the importance of whānau support and cultural processes and values, but also point to the structural barriers that can impede resilience. However, none of the studies focused specifically on Māori bereaved to suicide. Yet, the nature of suicide brings up unique challenges and risks to wellbeing that whānau have to contend with, so whānau resilience may have different or additional factors and processes**.**

Indigenous and Māori Protective Factors

A key aspect of family resilience is protective factors. Protective factors have been conceived in different ways to include being inversely related to risk factors, as providing a buffering effect, and as only having an impact when there is risk (Benzies & Mychasiuk, 2009; Rutter, 1987). The current study conceives protective factors as ones that can buffer a whānau when they experience adversities. Being aware of factors that are protective for whānau bereaved to suicide can help whānau and clinicians working with whānau and can aid in more effective health promotion. There is scarce literature that examines protective factors for suicide bereaved whānau in New Zealand more specifically, but there is a body of research for protective factors in relation to suicide prevention. As suicide prevention and postvention are closely aligned, these have been reviewed.

The family relationship – especially connection and connectedness – has been identified as a protective factor in a number of studies on Māori and suicide, using a range of methodologies (T.Clark et al., 2011; Durie, 2001; Lawson-Te Aho & Liu, 2010; Lawson-Te Aho, 2016). The Māori term whanaungatanga has been defined earlier but relates to strong family relationships linked to connection and connectedness and is a key process and value in Māori culture. In a large quantitative study with 2,340 Māori participants from 114 schools throughout New Zealand, T.Clark et al. (2011) found that family connection was the most significant protective factor for reducing suicide attempts in Māori youth. This is consistent with findings from another study that used a digital media design (Lawson-Te Aho, 2016). Lawson-Te Aho (2016) found that whānau/family relationships were the most important protective consideration for Māori youth and suicide behaviour, alongside the concept of hope in at-risk communities.

Studies examining general Māori well-being also consider family connectedness an important element (Edwards et al., 2007; Stuart & Jose, 2014). A quantitative, longitudinal study with 431 Māori participants aged 10-15 from data provided by the Youth Connectedness Project found high levels of family connectedness, ethnic identity, and well-being to be positively related to wellbeing (Stuart & Jose, 2014). Similarly, family connection was important in a study with 27 Māori youth aged 12-25 in the Counties Manukau region (Edwards et al., 2007). Participants valued time spent within the whānau environment. Notably, mothers were central in providing nurturance and support, with fathers practically or emotionally unavailable in many whānau, often due to the

consequences of financial stress (Edwards et al., 2007). However, participants also accessed nurturance and support from other members of their whānau, including cousins, aunties, uncles, and grandparents. This highlights the roles, responsibilities, and aroha found within whānau beyond the parental unit.

A finding from both studies was that the quality of family relationships was more important for wellbeing than structure. Taken together, these findings contribute to the growing body of evidence for the importance of whanaungatanga for both general wellbeing and suicide prevention. However, while whānau and family connection is a protective factor, it is argued that whānau must be supported by broader structures of hapū and iwi (Lawson- Te Aho & Liu, 2010; Naera, 2013 cited in Cameron et al., 2017)

Another key finding in the literature is that a secure cultural identity and access to cultural resources can protect and insulate against suicide and enhance wellbeing; a 'culture as cure' ideology (Coupe, 2005; Durie, 2001; Lawson-Te Aho, 2016). This is considered protective for other Indigenous cultures as well (McDonald et al., 2015; Morris & Crooks, 2015). The Inuit suicide prevention literature see the development of a positive cultural identity as central while addressing the continuing effects of colonisation, including hopelessness, addictions, and violence (Morris & Crooks, 2015). It fostered a positive approach that focuses on being on the land; building resilience; providing youth with positive things to do; teaching relationships, parenting, and traditional skills; and involving elders, youth, and the community. It considers Inuit-specific and Inuit- controlled services to be important for suicide prevention (McDonald et al., 2015; Morris & Crooks, 2015).

Other studies concurred with cultural connectedness (identity, traditions, spirituality) having strong associations with positive mental health for First Nation, Metis, and Inuit youth in Snowshoe et al.'s (2017) quantitative study. Ansloos (2018) considers it critical that Indigenous suicide research is grounded in Indigenous knowledge and values. He argues that the field of suicidology can "reinforce multicultural ideals," yet Indigenous knowledge is "epistemologically dissonant" from the mainstream mental health paradigm (Ansloos, 2018, p 18-19).

Other studies have pointed to the high efficacy of interventions designed by Aboriginal communities to engender self-determination and utilise traditional cultural understandings, knowledge, values, and practices linked to connection to family, communities, and land (Kral 2012; Morris & Crooks, 2015). For instance, an Inuit suicide prevention programme takes its members out into the tundra to learn traditional skills and speak and listen to each other (Kral 2012). Others include community designed programmes that incorporate both Western and traditional ideas (Kral, 2012). This has been evident in New Zealand, where Cognitive Behavioural Therapy (CBT) has been adapted for use with Māori (Bennett et al., 2008).

In New Zealand, a large-scale study with 632 Māori participants, randomly selected as part of the NZ Attitudes and Values Study, completed measures of cultural efficacy and psychological distress to test an efficacy-distress buffering model (Muriwai et al., 2015). Findings revealed that Māori cultural efficacy, that is, the ability to engage effectively within Māori culture, did provide a buffering effect. Those who had higher Māori cultural

efficacy demonstrated psychological resilience, while those with low Māori cultural efficacy demonstrated higher rates of psychological distress. Similar findings were also evident in a longitudinal study involving approximately 400 Māori youth (Fox et al., 2018). While it may be difficult to draw conclusions about cultural identity based on quantitative measures, its role as a protective factor has been supported in qualitative studies that are rich in data (Waiti, 2014; Waiti & Kingi, 2014).

However, ethnicity is just one form of cultural identity. Some Māori may have a primary cultural affiliation to a religious denomination, a gang affiliation, or even youth culture that provides their cultural efficacy and identity. In Borell's (2005) study with Māori youth living in South Auckland, participants identified as Māori, but their 'Southside' identity was also salient. Also, culture may not be a complete buffer without other support. Individuals with a strong cultural identity and access to cultural resources still die by suicide (Hirini & Collings, 2005). Quality of relationships and difficult economic circumstances are additional factors that may impact a sucide. Further, not all Māori have access to their cultural resources, cultural knowledge, or opportunities for connection – particularly if there has been disconnection and displacement through factors such as urbanisation and colonisation (Moeke-Pickering, 1996). A study by King and Robertson (2017) that explored Māori tāne experiences within intimate relationships and whānau life found that those who were entrenched within Te o Māori continually drew on cultural ways of being. These included acts of manaakitanga and whanaungatanga, through maintaining social ties, and providing for the collective. Participants who were more disconnected from their culture expressed a yearning to connect to Māori ways of being.

This desire to reconnect was also found in Gilchrist's (2017) study about whānau disconnection and reconnection.

Therefore, it is important that there is not a double-deficit approach with comparisons to non-Māori who have better health outcomes and Māori with strong cultural identities. Further, some Māori may hold negative beliefs about being Māori based on internalised negative stereotypes or negative experiences and lack awareness about traditional Māori culture prior to colonisation. Cultural connectedness alone will not compensate for specific knowledge and skills that are needed where there are serious mental health problems (Durie, 2001). Cultural practices and knowledge are essential where there are serious mental health problems, but Māori are not a homogenous ethnic group, so services and practitioners need to be able to work well with a diverse range of whānau to ensure they get what they need. While a strong cultural identity, access to cultural supports, connections, and connectedness are all relevant for wellbeing and suicide prevention, it is also imperative to find out what other factors may be important, as every whānau is different.

Māori Models of Health and Wellbeing

Māori models of health and wellbeing also point to factors that may contribute to resilience for Māori whānau. It is important that all clinicians have an understanding of Māori perspectives of health and wellbeing as many Māori will be seen in mainstream services – not just Kaupapa Māori services (Durie, 1994). While there are numerous Māori models of health and wellbeing, they all have similarities in being holistic, integrative, and

inclusive of other elements besides the physical and mental found in Western models, with importance placed on wairua and whānau.

One of the most prominent models is Te Whare Tapa Whā, which was developed by Mason Durie in 1982. This model uses the metaphor of a whare (house), with the four sides representing separate but interlinked parts. If one side is weak, then this creates an imbalance, affecting the strength and wellbeing of the whole. The health and wellbeing of an individual or whānau are conceived the same way. In the Whare Tapa Whā model, taha wairua (spiritual elements), taha tinana (physical elements), taha whānau (family elements), and taha hinengaro (psychological elements) are all considered important and necessary for overall health and wellbeing (Durie, 1985). Taha wairua is considered to be the most vital element. Yet, it is often minimised or ignored in other non-Māori models of health.

Te Wheke is another prominent model developed by Rose Pere in 1984, which uses the metaphor of a wheke (octopus; Pere, 1984). The head represents the whānau, its eyes representing waiora – total wellbeing for individuals and the whānau. The eight tentacles represent different but interconnected dimensions, similar to the Whare Tapa Whā. These are wairuatanga, taha tinana, whanaungatanga, and hinengaro, as well as mauri, mana ake, hā a koro mā, a kui mā, and whatumanawa, (the open and health expression of emotion) (Pere, 1984,1997).

In addition, Paiheretia (Durie, 2003) is a Māori-centred counselling model aimed at enhancing identity, reconnecting with culture, and balancing relationships with whānau and wider tribal networks. Durie (2001, 2003) advises that therapists do not have to be experts

of Māori culture, but they do need to know how to enter the Māori world through understanding of and access to Māori experts or Māori services gatekeepers.

The Meihana model and hui process (Pitama et al., 2007; 2017) is a clinical assessment, formulation, and intervention tool that incorporates Māori beliefs, values, current and historical societal influences, and the importance of the client/whānau relationship. It is distinctly Māori in the importance placed on such processes as whakawhanaungatanga and poroporoaki (the closing process), considering the roles and responsibilities within a whānau, tikanga, and relevance of whenua. Further, it includes recognition of historical and current societal issues such as racism (institutional, interpersonal, and internalised), marginalisation, migration (which has an effect on social supports and connection to whenua, marae, hapū, and iwi), and colonisation factors, including health service access, availability, and experiences.

In addition to Māori models and frameworks, there are many traditional healing and coping methods that derive from mātauranga Māori (Māori knowledge). Māori practices that facilitate healing and healthy expressions of emotion were outlined by Wirihana and Smith (2014) to assist with psychological trauma, grief, and loss as a way to ease distress and enhance wellbeing. These included waiata (singing, songs), mōteatea (traditional songs), haka (posture dance), whakanoa (processes to remove the tapu), and whanaungatanga (relating, connecting). As a culture, Māori are emotionally expressive and often express emotions physically rather than verbally (Wirihana & Smith, 2014). The use

of expressive arts to express emotion is demonstrated in the tangihanga processes of waiata, haka, and himene (hymns; Peapell, 2012).

Rangihuna (2001) described haka as a dance form of the performing arts, a transmitter of cultural knowledge, and a mechanism of healing. She noted it could be used as an expression of anger and a representation of Tūmatauenga, the Māori God of war. Rangihuna (2001) contends that the performing of haka prior to warfare helped Māori to endure battle or death. Anger might be felt when there has been a suicide, and expressing that through haka might be one way of processing it. Like haka, waiata is an expression of emotion and is a traditional form of healing (Wirihana & Smith, 2014). The tone of the waiata to match emotion helps to express mamae, express emotions, and lift the wairua. Waiata are composed for specific purposes or in memory of people who have passed, of tūpuna, and important landmarks (Sheehan, 2017). For example, Mōteatea is a lament to express grief and process memories of loss and trauma across generations (Hata, 2012). Waiata preserves cultural and historical knowledge and is important for the identity of whānau, hapū, iwi, and Māori culture more broadly, similar to the haka (Sheehan, 2017). The act of doing waiata together binds the collective (Sheehan, 2017). The reverberations of both waiata and haka can link to wairua (Rangihuna, 2001; Sheehan, 2017).

Whakapapa is also inherent to well-being (Wirihana & Smith, 2014), and Māori maintain relationships with their tūpuna, evidencing their deep connection with wairua. Whakapapa kōrero and pūrākau are important for well-being through the intergenerational transfer of knowledge they provide, teaching us how to express emotion, nurture our

children and relationships, and other tikanga. Wirihana and Smith (2014) contend that therapeutic interventions for Māori should include Māori interpretations of emotion and the above processes to aid in the constructive expression of emotion.

Kaupapa Māori counselling strategies have been developed, including Piripi and Body's (2010) assessment tool, *Tihei-wa Mauri Ora,* that utilises Māori concepts of creation- Te Korekore, Te Po, Te Ao Mārama. It was developed for working with rangatahi after suicide loss in response to a cluster of suicidal behaviours within a community. They turned to traditional narratives and understandings when Western risk assessment approaches were ineffective and felt inappropriate. The construct is culturally appropriate and normalises both light and darkness as part of the experience "of grief, confusion, and pōuritanga," but that movement toward light is also a natural part of the journey towards healing (Piripi & Vivienne, 2010, p. 40). Mahi a Ātua (tracing the ancestral footsteps of the Gods,) is an engagement, assessment, and intervention form of Māori therapy that utilises Māori creation stories as a form of healing and involves both the whaiora (client) and their whānau (Rangihuna et al., 2018). This is currently established in primary mental healthcare in Tairāwhiti (Gisborne). Both strategies use mātauranga Māori and Te Ao Māori concepts based on pūrākau creation narratives, with which whaiora and their whānau can locate themselves and their situation, to promote healing. They share the whakapapa of these models. These models also normalise and validate emotions and provide guidance for how to manage different challenges.

Similarly, He Puna Whakaata is a kaupapa Māori values-based intervention that utilises whakataukī and the Whare Tapa Whā model of health (McLachlan & Huriwai, 2016). It rejuvenates and validates the use of traditional wisdom and guidance passed down from our tūpuna and allows whānau themselves to decide what values are most important for them, as well as exploring their own mātauranga and understandings about those values. Interventions that promote spiritual healing are considered relevant to suicide prevention (Joseph, 1997; Lawson-Te Aho, 2013). Lawson-Te Aho (2013) notes that spiritual interventions for suicide prevention should focus on reconnecting to "the meaning, potency and power of whakapapa" through understanding that they are "carriers of wairua" (p.65). Awareness of whakapapa connects a person to both the spiritual and physical world and their collective identity as Māori so that they are more than their current circumstances. As discussed earlier, where there is mate Māori, it is seen as a spiritual affliction, which would need spiritual healing (Metge, 1986). Psychological interventions like CBT would be insufficient. Spiritual interventions might include karakia, whakawātea (to clear), and whakanoa that involve spiritual cleansing and lifting the tapu. Also relevant here are interventions that focus on tapu, noa, and mauri – concepts discussed in earlier sections because they are all connected to wairuatanga.

Also relevant to suicide prevention and suicide bereavement in the therapeutic context is whakamā (shame). Maniapoto (2012) suggests that whakamā can be utilised therapeutically by providing an impetus for making amends and restoring wellbeing. Further, T.Kingi (2018) posits that the cultural concept of muru can provide a pathway out

of whakamā. Muru traditionally involved confiscation and ritual compensation among kinship groups when a transgression occurred as a means of restoring and maintaining balance. Its modern conception is to forgive or absolve (Moorfield, 2005). Accepting and processing the whakamā is one way that bereaved whānau can start to forgive both themselves and their loved one to start the healing.

In summary, this chapter examined family resilience theories and literature. It examined the small body of resilience literature in New Zealand and highlighted the broader acts of resilience and resistance by Māori to reclaim their culture after the debilitating effects of colonisation. It reviewed Indigenous and Māori protective factors as aspects of resilience. Protective factors for both wellbeing and suicide prevention included connectedness, a secure cultural identity, and culturally specific and culturally led interventions. Māori models of health and Māori interventions were introduced as potential intervention sources, with particular emphasis on whakapapa, wairuatanga, and whakamā.

CHAPTER 4: THE CURRENT RESEARCH

The Current Research

Rationale

The preceding chapters clearly highlight that suicide is an important issue for Māori. While there is a small but growing body of literature about death and dying in Māori culture (e.g., Nikora & Te Awekotuku, 2012; Paterson, 2015), and Māori and suicide (e.g., Cameron et al., 2017; Joseph, 1997; Lawson-Te Aho, 2013, 2016; Lawson-Te Aho & Liu, 2010), there is a dearth of literature about Māori whānau bereaved to suicide. The international bereavement literature points to suicide loss being qualitatively different from other types of loss with stigma especially significant and an increased risk for suicide (e.g., S.Clark, 2001; Jordan, 2001, 2017; Shields et al., 2017). The small body of available literature on Māori suicide bereaved suggests confusion regarding attitudes and beliefs about suicide and how to support those bereaved by suicide (Emery et al., 2015). Government-initiated suicide prevention strategies and Māori communities have called for more understanding about the postvention needs of the suicide bereaved (Ministry of Health, 2019a). Māori have had to contend with mass cultural and social disruption and consequent trauma and loss as a result of colonisation which continues to have an impact as colonisation has not stopped. The impact of historical experiences and how they manifest, the complex layers of historical intergenerational trauma and how contemporary systems impact Māori experiences are relevant for understanding Māori suicide (Lawson-Te Aho, 2013). However, the literature has also identified values, practices, and processes within

Māori culture that are protective alongside historical, intergenerational, and current strengths (Wirihana & Smith, 2014). There is a growing body of literature about resilience and, more precisely, whānau and family resilience in relation to Māori (e.g., Moeke-Maxwell et al., 2014; Waiti, 2014). However, no studies appear to focus specifically on whānau resilience in the context of suicide loss, which is undoubtedly an adversity to experience.

Research Aims and Questions

The aim of this study is to explore the whānau experience of suicide loss, including coping strategies and barriers to wellbeing. A second aim is to explore the mechanisms of whānau resilience and wellbeing that exist or occur in the context of suicide loss. These aims are situated in a Family Resilience Framework (Walsh, 2002) with a key focus on the strengths within whānau rather than the deficits and a consideration of context and culture (Ungar, 2016). It is exploratory rather than hypothesis-driven, addressing two specific questions,

1. What is the whānau experience of suicide loss?
2. What contributes to resilience and wellbeing in the context of suicide loss?

To address these questions, a Kaupapa Māori approach that validated Māori understandings was utilised. Semi-structured interviews were conducted with Māori whānau bereaved by suicide as well as Māori key informants who have worked with many suicide bereaved whānau through their mahi (work) in suicide prevention and mental health.

The fieldwork was undertaken within the Te Arawa rohe because that is where I am from and that connection facilitates a responsibility on my part. However, suicide affects every rohe and iwi of New Zealand, and there are areas where suicide occurs at higher rates (Coronial Services of New Zealand, 2020). There will be regional and iwi differences, but there are also likely to be many similarities, and it is hoped that this study adds to the evidence base of the whānau experience of suicide loss, coping strategies utilised, needs, and barriers to resilience and wellbeing.

CHAPTER 5: METHODOLOGY

Overview

This study seeks to develop an understanding of the whānau experience of suicide loss and the ways in which whānau cope with and adapt to their loss (that is, develop resilience). It is a bottom-up rather than top-down approach with the voices and experiences of the whānau participants considered most valid and important. It also considered the viewpoint of key informants – people who have extensive expertise working in mental health settings or with whānau bereaved by suicide – to provide an additional perspective and context. Due to the questions being asked, the complexity, sensitivity and tapu nature of the research topic, the paucity of this research with Māori populations, and concerns regarding data that is in-depth and rich in texture, a qualitative methodology was considered most suitable (Tolich & Davidson, 2003). In addition, this research aims to benefit Māori and validate as normal Māori ways of being and knowing, so a Kaupapa Māori approach was deemed appropriate. Therefore, a qualitative methodology informed by a Kaupapa Māori approach was considered appropriate. The method of data collection was semi-structured whānau interviews and individual key informant interviews.

Kaupapa Māori Research

This research is underscored by a Kaupapa Māori approach. Kaupapa Māori research is research "for, by and with Māori" (L.T. Smith, 2012, p. 185). It is both a philosophy and a set of processes that validate Māori cultural values and knowledge systems and ensures that Māori maintain control over the research (Bishop, 2005; Walker et al., 2006). It also serves to critique dominant, taken-for-granted Western worldviews that are assumed to be universal (Pihama, 1993). It emerged out of discontent with traditional

research methodologies that benefited mainly non-Māori researchers at the expense of the researched and promoted Western knowledge and ways of being as a way to retrieve space for Māori cultural aspirations and perspectives (Bishop, 1999; L.T. Smith, 1999, 2012). The principles of social justice and rangatiratanga (self-determination) are important in Kaupapa Māori research; the research must benefit Māori and redress power imbalances that have occurred as a result of colonisation (Walker et al., 2006). Power issues can occur on many levels, including initiation, benefits, representation, legitimacy, and accountability (Bishop, 1999,2005). In traditional approaches to research, all of these levels served the interests of the researcher at the expense of the researched (Bishop, 1999). While there is no set methodology for Kaupapa Māori research, there are certain principles, values, and concepts that inform a Kaupapa Māori approach, as well as some key assumptions that Graham Smith (as cited in L.T. Smith, 2012, p. 300) summarised,

- is related to 'being Māori';
- is connected to Māori philosophy and principles;
- takes for granted the validity and legitimacy of Māori, the importance of Māori language and culture; and
- is concerned with 'the struggle for autonomy over our own cultural wellbeing'.

The ontological and epistemological foundations of a Kaupapa Māori approach validate a Māori worldview, Māori ways of knowing, and types of knowledge (Mātauranga Māori). Spiritual elements such as wairua, mauri, and tapu permeate and reveal the importance and interlinked nature of the natural world, the supernatural world, and the world of humans (Jahnke & Taiapa, 2003). Māori systems of knowledge are distinct, and acquisition of knowledge occurs out of collective need, with consultation and

accountability both important aspects. The Whare Tapa Whā model of health and wellbeing offers a perspective of Māori health consistent with a Māori worldview.

Cultural concepts such as whakawhanaungatanga and whānau are both values and principles that underlie the research process. Whakawhanaungatanga (the process of identifying or forming past, present, and future relationships and connections) allows for in-depth information to be shared and entrusted to the Māori researchers, while whānau, a concept that underpins Māori culture ensures a shared vision and shared ownership of the research, and protection of the data and findings (Bishop, 1996, 1999). The use of te reo Māori is also considered important as part of the legitimacy of Māori culture because it allows for description and perspective not possible in English. However, many researchers and participants are not fluent in te reo Māori, so a mixture of English and te reo Māori is sometimes necessary. There have been debates about whether non-Māori can do Kaupapa Māori research. Most argue that Māori need to conduct the research, but non-Māori involvement might be okay in a supporting role (Cram, 2001). Irwin (1994), Pihama et al. (2002), L.T. Smith (1999), and other Kaupapa Māori researchers have all argued that being Māori, identifying as Māori, and as a Māori researcher, is a critical element of Kaupapa Māori research. It provides an insider status that safeguards against exploitation, ensures accountability, and allows for shared understandings (Bishop & Gluynn, 1992). In the past, Māori have mainly been studied by non-Māori/outsiders where they were researched "on" and compared with universal (Pākehā) norms (Cram, 2001).

Being an insider is a crucial element, and it would be difficult to proceed without being an insider due to the importance of whanaungatanga. It provides reassurance that the knowledge will be protected and will not be interpreted through a deficit lens as other

research has done (Bishop & Gluynn, 1992). Further, there is an understanding that the knowledge shared is for the collective rather than individual gain. However, there is an argument that an insider status can decrease perceived rigour due to subjectivity and bias. Traditional Western positivist research methodologies consider neutrality, objectivity, and distance as signifiers of valid research. This is fundamentally at odds with Kaupapa Māori research where whanaungatanga and whānau are central, and where the ontological and epistemological foundations are based on the collective and whakapapa, the connections we have to each other, the natural world, and to the Ātua (Gods), where wairua (spirituality) permeate (Jahnke & Taiapa, 2003). Māori Marsden contended, "the route to Māoritanga through abstract interpretation is a dead end. The way can only lie through a passionate, subjective approach. This is more likely to lead to a goal" (Royal, 2003, p. 2). Moreover, Western science is neither neutral nor value-free. This does not mean that Kaupapa Māori research cannot be robust and rigorous research. Smith (1999) stresses the importance of constant critical reflexivity – of processes, relationships, and the quality and richness of the data and analysis. Furthermore, good research rigour for Māori would be placed on different aspects, focused on what is tika for Māori as first priority. Smith (1999) and Pipi et al. (2004) outlined values and guidelines that are more applicable for Māori, and it is these that have been utilised as cultural and ethical guidelines for the current study. They are aroha ki te tangata (a respect for people); he kanohi ki te kanohi (face to face); titiro, whakarongo… kōrero (Look, listen, speak); manaaki ki te tangata (share and host people, being generous); kia tūpato (be careful); kaua e takahia te mana o te tangata (do not trample over the mana of people); kaua e mahaki (don't flaunt your knowledge).

Embedded principles of Te Tiriti o Waitangi guided the research process. Māori participation occurs at all levels of the research. The researcher and supervisors are of Māori descent (an earlier supervisor was Pākehā but had a wealth of experience in the area of suicide and self-harm), there has been ongoing consultation with Māori in the community who have helped to refine the research, the participants are Māori, and the overarching aim of the research is to benefit Māori through developing a deeper understanding of the whānau experience of suicide bereavement. This has been a partnership with whānau participants. Whānau have been offered the findings both in written form and in person if they have requested this. As this research topic is sensitive and could have a potential impact on the mana of the whānau, protecting the mana of both the whānau and the individual members was front of mind. This was done through following tikanga and ensuring the research was conducted with the values of aroha and manaakitanga in mind, ensuring that informed consent was understood and given, allowing as much time as needed for the interview process, providing transcripts to the whānau to check for accuracy to ensure they have rangatiratanga over their information, staying in contact beyond the interview, and through a focus on strengths, not deficits. By conducting research in a way that validates Māori philosophies and concepts as normal, there is a partnership between cultures and protection of Māori ways of being and knowing. Whānau is an important value and concept in Māori culture, and this research puts the whānau and relationships at the centre of the research.

Subjectivity and Reflexivity

I am bicultural with Māori and Russian whakapapa. I also have European whakapapa, including Danish and British ancestry. Through my Māori whakapapa my main

iwi affiliation is Te Arawa although there are whakapapa connections to Ngāti Raukawa. My turangawaewae is Maketū, where our marae is, where many of my tūpuna are buried, where our whānau land is, and where there is longstanding whānau history attached to the land. I know our whakapapa and history going back many generations, and Maketū is the 'home' we return to for important events. However, I was born and raised in Auckland. In some ways, our knowledge of being Māori and of whānau and some of the roles and responsibilities that came with it was steeped in our being, but in other ways, we were disconnected. Our side of the whānau moved to Auckland as part of the later urban migration period, so we did not grow up on the marae, and we did not speak te reo Māori. While I have not directly experienced discrimination and racism due to my Pākehā appearance, it has certainly been experienced by my whānau when they were growing up. Poverty, the move away from the wider whānau, hapū, and iwi structures, and the experiences of racism and discrimination have reverberated in our whānau and led to a number of negative social and wellbeing indicators. However, we have always retained our ties to our whenua and wider whānau, and we have our knowledge of who we are and where we come from, which provides us with some protection and sense of security. I moved to England in my twenties and lived there for about seven years. I have been so busy with work, raising my three children, and studying that I do not go back as much as I would like. Consequently, I do not play an active role in iwi or hapū affairs and am not a face seen or known to many. I hope to rectify that once I have finished my doctoral study. This thesis is one way of giving back to my iwi.

So, as someone who has Māori and Te Arawa whakapapa, I am an insider in this research project. However, it is also important to acknowledge that Māori are not

homogenous, and the insider status of being Māori may be impacted by other variables such as age, gender, education, and appearance (Bishop, 1999). I may be considered, and consider myself, an insider through my Māori whakapapa, particularly through being the same iwi as many of the participant whānau, and through experiencing suicide loss within our whānau. However, I also have Pākehā whakapapa, am a mature female student coming from a university setting working towards a Doctorate of Clinical Psychology. This may make me an outsider for some participants. Further, I do not live in Te Arawa and never have, and I do not look 'Māori', so I may still be considered an outsider. The fact that I do not live in the community has been the biggest challenge, both practically but also in being seen as an outsider, despite my heart and whakapapa all coming from there. Initially, I had concerns about whether it was appropriate for me to conduct Kaupapa Māori research. I considered that Māori-centred research might be more appropriate. The guideline of kia tūpato was sitting with me. This was due to my bicultural identification, as both Māori and Pākehā, and because I am not fluent in te reo Māori me ngā tikanga Māori. However, I can speak some te reo Māori and have some innate familiarity with many Māori cultural values and concepts such as whakapapa, whānau, tapu/noa, and know some tikanga (it is an ongoing journey). Also, I have started my te reo Māori journey, and although I am not fluent, I have chosen to include te reo Māori where possible to normalise and revitalise the Māori language in the ethos of Kaupapa Māori research.

Another concern was the constraints that I have in training to be a clinical psychologist, linked to time and ownership issues. I have to undertake the research while attending classes and going on clinical placements, and the research has to be completed within a limited time frame. Further, this was researcher- rather than community-initiated.

However, I initiated this research out of concern for our people due to our high suicide rates. I also consulted with one of our whānau elders and other community leaders about undertaking this research. My consultations within the Māori community and the financial contribution from Ngāti Whakaue validated the importance of this research area and of me doing this research. In addition, there is a shared understanding of Māori concepts and realities that exist for some Māori whānau, and I do have personal experience within my own whānau of these ongoing consequences of colonisation. I do feel accountable to Māori and my iwi in particular. There is a sense of responsibility on my shoulders. Further, my supervisors are competent in te reo Māori and tikanga and can guide me in those aspects I am lacking, and I can go to my whānau and kaumātua (elders) and others in my research whānau. Through discussion with my supervisor and in my consultations, their views were that this needed to be and therefore was Kaupapa Māori research.

Qualitative Research

Qualitative research is concerned with meaning and the quality and texture of an experience (Willig, 2008). Its methods can facilitate new insights and understandings, so it is particularly appropriate for areas where there is a smaller body of established research (Willig, 2008). It is value-laden, acknowledges a relationship between the researcher and researched, and the subjective nature of reality (Denzin & Lincoln, 2005). By contrast, quantitative research is concerned with the analysis of causal relationships between variables and is argued as value-free. The current study is not concerned with causality or examining variables. Rather, its focus is on the experience, resilience, constraints, and processes of families and whānau in the real-world environment. Its ontological and epistemological foundations are based on the assumption that reality is subjective, there are

multiple realities, there is a relationship between the researcher and researched, and the values of the researcher influence the research. In quantitative methodologies, the rigour of the research is in its validity, reliability, and generalisability. However, validity and reliability are conceptualised differently in qualitative research. Also, qualitative research is often positioned at the ideographic level, so representativeness rather than generalisability may be the aim. That is, once a particular experience is identified in a group of people, there is a likelihood that it will occur within a culture or society (Willig, 2008). Rigour is still important, found in its degree of trustworthiness, through credibility, transferability, dependability, and confirmability (Guba, 1981; Lincoln & Guba, 1985). Certain strategies can strengthen the rigour of the research, including triangulation and reflexivity. Triangulation is "a strategy that adds rigor, breadth, complexity, richness, and depth to any inquiry" (Flick, 2002 cited in Denzin & Lincoln, 2005). Linking multiple methods or data can "provide commentary on other areas," can enable "checks and balances," and where there are multiple viewpoints or sources found within data triangulation, it can increase understanding of the research topic (Biggerstaff, 2012, p. 183). Smith (1996 cited in Braun & Clarke, 2013) argue for its ability to "strengthen analytic claims" through gaining a richer broader picture and insight of the research. Reflexivity shows an awareness of the researcher's contribution to the construction of meanings throughout the research process and acknowledges the impossibility of remaining "outside of" the subject matter (Willig, 2008).

To ensure triangulation, there were two data sets: bereaved whānau and Māori key informants. Memos were written before and after interviews as thoughts and impressions arose. Both supervisors were given copies of the transcripts and reviewed the codes and

themes, which led to ongoing wānanga and refinements. Reflexivity was an ongoing part of the research process from the conception of the research when considering whether the writer was the appropriate person to conduct such research, through the interview process in terms of how the writer was impacting on participant responses, the analysis in terms of how the research questions themselves may have defined and limited the findings, how the writer's values, beliefs, and social identity influenced the analysis, and even how the research has changed her as a person and researcher (Willig, 2008).

In summary, this section described a Kaupapa Māori approach to research in which Māori aspirations, control, and benefits are prioritised. It also connected the research to Te Titriti o Waitangi aims. It reflected on the position and subjectiveness of the researcher and described the methodology of qualitative research.

Method

Participants and Recruitment

This study involved two different data sets to increase the diversity of viewpoints and, therefore, understanding of this research topic. With a total of 17 participants, this sample size was considered appropriate due to the type of data desired (e.g. rich, in-depth, textural), the practical limitations of research with the current program of study, the difficulties of recruiting samples that have experienced bereavement and suicide, and as an adequate number for reaching saturation (Guest, 2006; Kuzel, 1992). A large data sample was not an aim of this research, rather a deeper understanding of the whānau experience through the lived experience and voices of participant whānau as well as the key informants' deep knowledge and experience working with whānau in their mahi (work).

The first data set was six whānau cohorts consisting of between one to four members for each whānau. As the main researcher is from Te Arawa (Ngāti Whakaue), core recruitment was from Te Arawa (Rotorua region). However, whānau from other iwi were invited to participate due to the difficulty of recruiting whānau. Whānau were from Te Arawa, Ngāti Kahungunu, Te Whānau a Apanui, Te Upokonehe, and Tauranga Moana. They resided in Hamilton, Rotorua, or Maketū at the time of first contact, although one whānau moved near Whakatane at the time of the interview. The recruitment of three of the interviewees was facilitated by a leading community figure in suicide prevention; one was through the researcher's own network in Māori mental health; another was through a whānau suicide awareness and bereavement support group; and one was through snowball sampling at the support group. The rangahau advertisement is shown in Appendix A. The loved one who passed away by suicide was a son, uncle, brother, father, and sister to the whānau participants. They time they had passed was between two and seventeen years prior to the interviews. A criterion for this research was that the loss had occurred two years ago or more.

The second data set consisted of five Māori key informants with extensive experience in Māori mental health or suicide prevention who have worked with numerous whānau bereaved by suicide to provide another perspective on the research questions and to add context to the research topic. Key informants were identified as experts in their chosen field through their many years of experience working with suicide prevention, suicide bereaved whānau, or in mental health as community workers, psychologists, and psychiatrists. Recruitment for the key informants was through whanaungatanga and an initial email approach. Relationships with two of the key informants had been developed

during the development of the research design. There were two more who had been approached who were open to being interviewed, but this did not eventuate due to their limited availability and the time frame involved. Key informants were located from any iwi and rohe (area). The majority were Te Arawa but also included Āti Hau, Ngā Rauru, and Ngāti Kuri (one participant noted two iwi).

Procedure

The data collection method for all whānau participants was in-depth semi-structured interviews conducted kanohi ki te kanohi (face to face). Prior to the interviews, I spoke on the phone or exchanged emails with the whānau member interested in taking part, and also had an initial meeting in person with one potential participant, after which arrangements were made for an interview. All of these potential participants were sent an information sheet (Appendix B), and any questions were answered prior to confirmation of their participation. Although I had some time constraints, interviews were at a time and date that worked best for participants as much as possible. The participant/whānau decided where we would meet for our interview to give them rangatiratanga over the process and ensure that they felt comfortable and safe. One interview took place on a marae, and the rest were in their own homes.

Each interview session lasted between two and four hours, which included time for whakawhanaungatanga (process of connection), kai (food), karakia, de-brief, and the formal (recorded) interview. Whakawhanaungatanga, kai, and karakia are all important tikanga processes. Suicide and death are highly tapu (restricted, sacred) subjects, and tapu can be spiritually dangerous. These tikanga processes respect this tapu and provide ways to

lift the tapu and to whakanoa (restore balance). Most of the formal (recorded part) interviews started and finished with karakia. I provided the kai. This was important for three reasons: it was part of manaakitanga (looking after people is an important tikanga value), it functioned to bring the interview from a tapu to a noa (free of tapu, without restriction) state, and was part of the process of whakawhanaungatanga. One participant declined my offer of kai stating that I was manuhiri (visitor) in their home, and they wanted to manaaki me, so I brought something for them to keep and have the next day with their whānau. All of the interviews were conducted by me, although I brought a support person to the first whānau interview. I invited participants to bring along support people if needed, but whānau chose to attend by themselves.

After every interview was finished, I offered to come back if they wanted further interviews or invited them to email or call me if they had anything further to add. However, none of the whānau elected to take up this option. Most of the whānau participants commented that the range of questions enabled a wide coverage of areas. Each whānau was contacted soon after the interviews to check how they were feeling from the interviews, and all responded that they were fine, and a majority commented that they found the interview process to be a positive experience.

All of the interviews were audio-recorded and then transcribed verbatim. This ensured accuracy of the data and also enabled me to focus more fully on the actual interview. I offered to send the transcriptions to whānau to check over. Of the six whānau interviewed, one declined the offer, and the rest liked the idea of having the transcript to check over but more as something of value in itself. The recordings were then deleted. All whānau were given a small koha (donation) in appreciation of their time and contribution.

The key informant interviews were also all kanohi ki te kanohi, and the location, time, and date of the interviews were largely decided by the key informant. Interviews were conducted in Auckland, Rotorua, and Hamilton and took place in workplace offices, a café (outside away from others), a hotel, and a university. These interviews were more constrained by time in their schedules and were approximately 1 to 1.5 hours. These interviews were also audio-recorded for accurate transcribing, and key informants were offered the transcripts back for checking accuracy, although only one wanted this. The rest were happy for me to proceed. Recordings were deleted once transcribing was completed and checked (where applicable). Key informants were also provided with a koha in appreciation of their time and contribution, and I either brought some kai with me, such as cake or offered to purchase kai or inu (drinks) if it was in a public forum.

An interview schedule was used for the semi-structured interviews. In brief, it covered a range of key areas of interest, including coping, culture, barriers, resilience, and well-being. While most of the questions from the interview schedule were asked during the interview, sometimes, they were left out if the subject had already been brought up by the whānau during other questions or asked in a different order. Occasionally, additional questions would be asked in response to a participant's specific answer. The interview schedule for whānau participants is included in Appendix E. Example questions included "How have you been dealing with your loss as a whānau?" and "In what ways does being Māori/Māori culture help with your coping?" For the Key Informant interviews (refer to Appendix D for Interview schedule), example questions included, "In what ways do whānau try to cope/deal with their loss?" and "What barriers do they face?". Notes of

impressions or thoughts that arose either prior to or after each interview were made as additional sources of information.

Ethical Considerations

Ethical approval was granted by the Northern Massey University Human Ethics Committee (reference NOR 18/70). As this research involved Māori participants, suicide, and loss, there were a number of ethical considerations, including safety, cultural safety, informed consent, confidentiality, and benefits. This was a full ethics application, and I attended the ethics meeting in person to be able to answer any questions from the panel in depth. The research was given provisional ethical approval, with some small written amendments and additions required, which had been discussed at the meeting to the panel's agreement.

Cultural Considerations

Coinciding with the university ethical requirements were the ethical requirements at a Māori level, that is, doing what is tika or correct. Tikanga took priority over all other considerations, in accordance with the values and principles of Kaupapa Māori research (Jones et al.,2006). Tikanga processes and cultural consultation involvement was reported previously. Consultation led to changes in the original design. For example, the initial design included one data set consisting of Māori whānau and another data set consisting of Pākehā whānau to highlight differences. However, the potential for deficit comparisons was stressed. It was also pointed out that this would need to be two separate studies and as the priority was enhancing Māori wellbeing, this second data set was removed. Tikanga processes were used to create safety for whānau, such as karakia, kai, mihimihi

(introductions), and whanaungatanga during the process of the interviews, especially considering the tapu and potentially distressing nature of this rangahau topic.

Confidentiality

Confidentiality was ensured through the use of pseudonyms. Most of the research participants were located in one area, so the issue of confidentiality was even more pertinent, as it would be easier to identify participants through their experiences or other indicators. Accordingly, caution was taken around quotes and information that could identify participants.

Informed Consent

Informed consent was required from every participant in written form and verbally. Although the information sheet was provided to a key whānau member prior to the interview and questions answered, who usually passed the details on to other members, every participant was given a hard copy of the information sheet to read at the outset of the interview, and I explained the research and answered any questions. When all were happy with this and felt fully informed, they signed the informed consent form.

Safety Considerations

While one safety consideration was being culturally safe through tikanga, there were additional safety considerations. For example, there was the potential that participants could become distressed talking about their loved ones and their experience of loss. In addition, unresolved mamae or blame around the circumstances of the suicide could lead to social discomfort. Throughout the interview, I kept this in mind, ready to stop the interview

if need be; however, none of these concerns eventuated. There were some tears, but this was a natural expression of emotion rather than a feeling of overwhelming distress. Where this occurred, I offered to have a break, but they were happy to continue. A community resource sheet was provided to every participant, and a counsellor knew about the research and was available for me to access if anyone felt distressed and needed counselling support. No participant required this, and most of them commented that it was a positive experience and even "healing" for some. I followed up with everyone after the interviews to check how they were and ensure they were not distressed. In addition, the criteria for whānau participants were that they were aged 16 or over and with two years or more since their loved one had passed for further safety.

I was also conscious of making sure I was safe. Listening to personal stories of grief, loss, and suicide can be a heavy load. I was in contact with my supervisors, who checked on my wellbeing and were there if I needed to talk about anything. I also gave myself time to reflect on and process each experience. The drive back to Auckland was helpful for this. Some of my processes to whakanoa and settle included spending time with my tamariki once home, going for walks on the beach, karakia, and walking in Whakarewarewa Forest in Rotorua. However, ultimately, because this research was focused on whānau resilience and wellbeing, it lessened the heaviness and was more of a positive experience for me too.

Data Analysis

The method for analysing the data was thematic analysis, as outlined by Braun and Clarke (2006). Narrative analysis and Interpretative Phenomenological Analysis (IPA) were both initially considered due to the concern with meaning and foregrounding of the lived

whānau voices. However, the addition of the key informant perspectives meant that thematic analysis seemed more appropriate. This method is flexible, inductive, fits well with the study's aims, has the potential for rich, detailed, complex data, and is appropriate for Kaupapa Māori research (Braun & Clarke, 2006). Underscoring this analysis is a Kaupapa Māori framework and a critical realist approach so that interpretation was applied to the explicit meaning of the data (e.g., Willig, 1999).

The six phases of thematic analysis suggested by Braun and Clarke (2006) were followed and was a very active process. This started with familiarising myself with the data. I transcribed approximately four of the interviews and used a professional transcriber for the rest, who signed a confidentiality agreement. The process of transcribing data myself provided the start of this familiarisation, but this also occurred where data had been professionally transcribed as I listened intently to each interview to check for accuracy, correcting errors and adding or correcting any Māori words that had been omitted or spelt wrong. At this initial stage, I read and reread each data item numerous times, making notes of initial impressions and potential codes. Then I generated initial codes for each data item alongside relevant data item examples, then coded across each data set before coding across both sets (whānau and key informants). I used an excel spreadsheet to collate and store the codes, with separate tabs for each data item, but I also found it useful to have the data in hard copy form, which I could move around to see in different ways. Phase three involved searching for themes, collating codes into potential themes alongside relevant data evidence. In phase four, I reviewed the themes and generated an initial thematic map.

Throughout this process, I found it necessary to wānanga with my supervisors about my codes and themes, especially my main supervisor. This process involved a mātauranga

Māori approach, so concepts and conceptualising were from a Māori perspective and together, we were able to refine the codes and themes so that they centralised a Māori perspective.

CHAPTER 6: FINDINGS

This chapter presents the primary themes that emerged from the interviews. Each of the themes is corroborated with the narratives of the whānau participants and key informants. Eight themes were identified as presented in Table 3.

Table 3

Themes and Subthemes of the Findings

Themes	Subthemes
1. The ripple effect of suicide on whānau	The effect of suicide loss on whānau mental health and wellbeing
	Different ways of coping can impede whānau healing and wellbeing
	Unresolved feelings can inhibit whānau healing and connecting
2. Whakamā and suicide	The experience of silence within whānau
	Reactions from others
	Beliefs about suicide
	Connection with others who have gone through it
3. Systemic barriers exist for whānau	The coronial process-adding to the trauma
	Lack of understanding about tikanga (tangihanga)
	The mental health system- a need for tikanga and mātauranga Māori
4. The strength of whānau	Aroha, whanaungatanga, manaakitanga

Themes	Subthemes
5. Wairuatanga and suicide	A continued connection as tūpuna
	Spirituality/spiritual beliefs provides comfort and strength
	Meaning-making
	Aroha towards others
6. Turning to Te Ao Māori	The start of healing: tangihanga
	Connection to the whenua and the natural world
	Culturally specific strategies: we have our own ways of healing
7. Learning, adapting, growing	Learning lessons and growing from the suicide loss
	Breaking the silence: importance of expressing emotion
	Breaking the silence: Communicating with each other
	Breaking the silence: whānau hui
8. What is resilience?	Developed through adversities
	Being strong (but can snap/break)
	Inherent, linked to wairua

Theme 1: The Ripple Effect of Suicide on Whānau

Losing a loved one to suicide has far-reaching consequences. Grief and loss are felt by members, but the act of suicide influences whānau and individual coping in additional ways than other modes of death. It can lead to mental unwellness, alcohol and substance abuse, and suicidal ideation or intent, which can be long term and have an intergenerational impact. Although there tended to be whānau-level coping strategies, this sometimes

conflicted with the particular needs of its individual members. There can be a number of emotions associated with suicide loss, including guilt, blame, and anger which can go unresolved. When whānau are stuck in these states, they are unable to move forward in a healthy way.

The Effect of Suicide Loss on Whānau Mental Health and Wellbeing

One of the effects of losing a loved one to suicide is increased suicide risk (Jordan, 2017). In the current study, whānau participants spoke of themselves or other members in their whānau feeling suicidal. This was due to intense grief, a desire to check on their loved one, or even to tell them how angry they felt. This reveals the importance of support for the suicide bereaved and being aware of the very real risk attached. Postvention and prevention are very much intertwined,

> *So, I have only told a couple of people this but during the whole week of her tangi and also a couple of weeks after, I myself was planning to go with her, so I was like yes okay nah, I have got to make sure that she is okay, so I have got to go see where she is. That was my mind frame, I have got to go find her and see if she is okay kind of thing. (Alice/Waiporoporo whānau)*

> *He's [her brother] been suicidal the last year, of letting us know anyway, he's probably been suicidal since finding dad but just in the last year he's been voicing it to me. (Lilian/Māwhero whānau)*

Key informants also experienced this when supporting bereaved whānau. This is shown in the example below,

> *I sat there with him and said are you okay? And he said no I am not aunty; I just want to kill myself. I said okay why do you want to kill yourself? And he goes because I want to go see my brother and I want to tell him. I said what are you going to tell him? And he said I want to give him a hiding aunty and tell him how hurtful I am and what he has done to me and us. I said okay so you just want to kill yourself just to go and give him a hiding? He goes yes that is all, I don't want to kill myself and stay there, I just want to kill myself to go and give him a hiding and then come back. (Margaret/ Key informant)*

In this example, the hurt and the pain manifested in anger towards his brother and a desire to let him know the pain he has caused. The only way he can conceive of doing that is by killing himself. However, his pain is constricting his logic as he is unable to think about the consequences of his action – that he would not be able to return – because he is too consumed in his grief, hurt, and anger.

The suicide loss causes a ripple effect reverberating negatively on loved ones. As well as suicidal ideation, these whānau described the development of other mental health issues such as depression and substance abuse as a consequence of the loss,

> *I did have this other guilt, I wish I had found my dad instead of my brother cos I think I would have been able to handle it a lot better, which I probably wouldn't of,*

> *yeah, but if I could just go back, I'd stop my brother finding dad cos he's lived an alcoholic life ever since, suppressing his grief with alcohol and other stuff, putting himself into dangerous situations. He's been, what do you call it, a victim of lots of assaults when he's been intoxicated yeah cos when he drinks, he drinks to the state of not being able to, oh you know, self-awareness levels are so low, so he's real vulnerable. He's had a lot of assaults, been in hospital, nearly passed away too once a couple of years ago. (Lillian/Māwhero whānau)*

Alcohol and substance use are coping strategies. They are a way of avoiding pain. Key informant John noted,

> *What people tend to do is look for ways to cover up that pain to do with suffering and more than often that means it's alcohol and drugs.*

However, it tends to worsen the pain and suffering over the longer term, as can be seen in the example above. Pertinently, alcohol and substance abuse increase suicide risk (Beautrais et al., 2005). The use of alcohol and substances were considered by the key informants as something that decreased a person's resilience, and this can be seen here. They can create barriers to whānau and individual resilience when coping with suicide loss. Alcohol and substance abuse are used to disconnect from reality and may be considered a form of self-harm and even a slow form of suicide. It is possible that Lilian's brother was subconsciously enacting this, especially considering he has been suicidal. Lilian's brother found his father, and this experience heightened his trauma which caused his life to spiral; his lifestyle and difficulties were a direct response to his father's suicide.

The effects of the trauma are ongoing. They can also be intergenerational, as shown in the example below,

> *You know I think even my children, it's impacted my children, cos it impacted me, so when I went through that, got stuck in that depression, the suppressed grief, the ripple effect, of course my children were witnesses to my state of wellbeing of not being good. Today my 14-year-old has not got the best wellbeing, she is vulnerable to self-harm, depression, anger issues, yeah, her emotional and mental state is not the best. (Lilian/Māwhero whānau)*

This is a form of intergenerational trauma. Lilian's mental health and wellbeing have been impacted by the suicide of her father and being unable to process her mamae over many years. Her mental health issues have been transmitted to her daughter, possibly through social learning or through the responsibilities of taking on parental, household, and emotional support at a young age due to her mother's mental health difficulties. It could also be the general style of pōuritanga (sadness) and grief within their whare (home).

Different Ways of Coping can Impede Whānau Healing and Wellbeing

A range of individual coping strategies was found within each whānau. While some strategies brought whānau together, other strategies decreased wellbeing or created conflict or barriers to whānau unity. For Ana from Kahurangi whānau, the lack of and need for answers led to anger which her nuclear whānau were witness to. Her whānau as a whole had varying coping strategies, but a core aspect was not talking together about the suicide

or looking for answers. However, Ana identified that what she needed to cope and heal was to understand why her uncle had died by suicide, and she needed her whānau to share this information and talk with her. The lack of answers intensified and prolonged her grieving,

> *Oh man this took a toll on my marriage I will say that much, because I was so hell bent on getting answers of some form that it was all that I could think about, it just consumed me. I just became this really really angry person. My husband wanted to throw me out of the house because he is like you cannot be like this around our children, but I just wanted answers. (Ana/Kahurangi whānau)*

This highlights some difficulties linked to suicide where a whānau response has been initiated. The stigma associated with suicide leads to silence within whānau as a protective strategy for its members. Yet such silence increases confusion and difficulties making sense of it which can lead to greater psychopathology.

Unresolved Feelings can Inhibit Whānau Healing and Connecting

Findings reveal how unresolved feelings and thoughts about the suicide and the whānau inhibits a whānau from healing and connecting. Emotions such as blame, shame, hurt, or anger can intensify disconnection,

> *It started to unravel a couple of weeks later [after the tangihanga] in terms of, I believe that's because it wasn't dealt with properly, the separation of the kids, the blaming all over Facebook, it was in a public forum… Should we call them in? What do we do? You see all this emotional trauma happening on Facebook, you try*

and help as much as you can to stop that rift, to stop that devastation here cos we know they're hurting too, and we saw the drugs and alcohol. (Maria/Kōwhai whānau)

In this example, the children (to different mothers) came together for the tangihanga of their father but then afterwards, there was no whānau hui (family meeting) or way to support their various coping needs. They did not know how to express the emotions they were feeling or have a space where they could do that safely and be heard. Consequently, they responded in ways that decreased connection and used unhelpful coping strategies. Notably, the use of social media is increasingly prevalent as a communication tool, which can serve to both increase and decrease whānau connection.

For the whānau below, the excluding actions of one member towards other members led to long term consequences. The older brother of the loved one made the decision that only blood relatives and siblings be allowed at the hui, excluding in-laws and cousins. Such a decision contributed to the disconnection of this whānau with some members, which has never been resolved,

[At the tangi] What he did is he said to one of my sister in laws we are going to have a meeting and it is going to be at Tane's place, you are not invited, go, to one of my sister in laws, and you are not invited, go, to my cousin…they are in Auckland never to return...that impacted on them as though the whole family did that, not just that older brother. My cousin she never understood why that ever happened, why she was asked to leave but it hurt her for years. (Hine/Karaka whānau)

Unresolved feelings can exist about the loved one, the whānau, or even towards the mental health system and mental health services. It may be that negative emotions and cognitions linked to anger and blame are ways of coping to assuage the guilt. However, if they are not resolved, or they dominate a person or a whānau, this could affect well-being,

> *It depends on the emotion that is driving the grief. What I mean by that is let's just say for example a family who are driven by guilt and the guilt being we should have done something, or we shouldn't have done something that we felt did lead to the suicide. Then oftentimes the most common way of being able to tolerate that is actually to project that guilt onto someone else. Be angry that a service didn't do something or be angry that another family member did something that they should have or did something that they shouldn't, those are the people that have great difficulty reconciling what is actually a very difficult thing to understand. They never move on, they become bitter, angry and they never either as individuals or as whānau are able to move on from that. (Howard/Key informant)*

When a loved one takes their own life, there can be a sense of guilt due to acts of omission and commission, perceived in hindsight. This can deeply affect the hinengaro (mental) and wairua of members. A way of coping with this guilt may be to impart blame on others as it that might feel easier to digest. However, as well as leading to relationship breakdowns, whānau can become stuck in their mamae. Their energy is so focused on the blaming of others or the system that they are unable to move on. In addition, they are unable to process any guilt they feel to be able to move on.

Summary

When a whānau loses a loved one to suicide, there is a ripple effect on its members and the whānau as a whole which can be carried forward intergenerationally. One of the potential effects of their mamae is an expression of suicidal ideation, with other forms of mental health issues also experienced, including depression and substance abuse. While coping strategies were implemented at a whānau level to support and protect members, these were not always adaptive for individual members whose needs differed. When whānau or individuals were unable to resolve their feelings about the loss, impacted by guilt, blame, anger, and stigma, or by whānau-led coping initiatives, this had a negative effect on their mamae, wellbeing, resilience, and ability to heal.

Theme 2: Whakamā and Suicide

The results showed there is a stigma that exists around suicide despite more societal understandings around mental health and mental health promotion. This was revealed in the way others responded to whānau after the suicide, in the predominant stigma beliefs still held about suicide, and through the experience of silence within whānau. These negative beliefs and reactions of silence functioned to increase the experience of whakamā for whānau. It also served to compound the grief and confusion for members who were 'kept in the dark'. They were unable to get closure. As a result of whakamā, there was comfort in talking with those who have also been through suicide loss. There was a shared understanding which helped whānau feel less alone in their mamae and a feeling of not being judged for negative feelings they may have.

Silence Within Whānau

Whānau described instances where there was a shutting down of kōrero (talk) or silencing within the whānau. This was a way of coping for some members. The silencing was a more common strategy for older members of the whānau and may highlight that stigma is more pronounced for older generations. It is likely that the intention of older members of silencing kōrero around suicide is to protect whānau members. Yet, it inadvertently makes the suicide seem like a secret, something to be ashamed of, and actually serves to increase whakamā within the whānau,

> *I come from a family that doesn't really talk, well my parents don't. They just think there's things that you don't need to know and so we won't tell you even though I was an adult when he died, they were still no you don't need to know anything about that. My two oldest brothers they don't know anything, so we are all like what is the big secret? (Ana/ Kahurangi whānau)*

It also increases whakamā about the loved one, which would affect grieving through conflicted feelings. Maria from Kōwhai whānau noted,

> *The biggest thing associated with what he'd done was shame. I think one of his son's did say that, oh it was the older one that found him, he was ashamed.*

This has implications for the experience of suicide loss but also may have additional significance. If younger members are suicidal but feel the whakamā regarding suicide from their older members, they may not go to them for support.

It also serves to maintain the grief. Not having information stops members from understanding why it happened. Consequently, they are unable to process, make meaning, and reconcile the loss,

> *When I talk to other aunties just wanting clarity on things, I have been told let it go but I am someone who wants answers. You know just to understand why did this happen? But it was never talked about at the funeral. It was like okay he is dead let's bury him and that is that. That is how it felt to me because I haven't been given the answers that I've been looking for. (Ana/Kahurangi whānau)*

> *That's what's missing in a lot of whānau is that they don't want to talk about it. The silence is the killer. You know we've come to accept that it's happening in our lives and I think once the whakamā's taken away from it and treating it not, like a normal disease like cancer's always spoken about, this is a cancer aye, suicide is its own cancer but it's being allowed to thrive because of the silence. (Maria/ Kōwhai whānau)*

How whānau dealt with the suicide loss or decided what information to provide other members tended to be directed by certain members. Mere from Kahurangi whānau described,

> *I remember saying to him [dad] when I could tell that some of my cousins weren't coping …I don't feel like I am in a position to share the information that I know, can you talk to them or can you talk to Uncle so and so or Aunty so and so and tell*

them to talk to them because I didn't want to overstep my mark. We are open and we share but there is a hierarchy.

The whānau dynamic was determined or influenced by a hierarchy that constrained individual members from acting against the hierarchy. Rather, they sought the leaders out when attempting to enact whānau-level change. A difference between suicide and other modes of death is the potential for guilt, anger, shame, and blame which can influence how a member guides their whānau and the effect it has on whānau coping and well-being,

Usually what happens in all major incidents like this is somebody takes a lead...It very much depends on why that person takes the lead, if they take the lead because they are angry and disaffected and they are feeling guilty and they are pissed off then it doesn't go well. (Howard/Key informant)

This guidance can influence the process and outcomes of whānau healing by creating a barrier or contributing to whānau resilience. If the person who takes the lead is feeling guilty, angry, or is blaming others, this can inhibit individual processing of the mamae. The result is that the mamae of the whānau is not resolved. Alternatively, if the person who leads is able to do so in a way that is not about blame and shame, then that person can help the whānau toward unity and healing.

The leaders within these whānau did not want to discuss it with others perhaps because they felt uncomfortable talking about suicide in general, they did not know how to talk about suicide, did not have the answers why the person took their own life so felt unable to talk

about what happened, or they held guilt and felt partly responsible. They may also have believed they were doing the right thing for their whānau by not going into detail, which reveals the sense of stigma surrounding suicide,

> *I said [to Aunty] I am not coping with it still, can we have a chat? No. She was like you can't talk about it, you can't think of him that way, it is done. There was no you are not coping. Okay well I can give you some answers or something, it was just no. (Ana/Kahurangi whānau)*

Keeping whānau members 'in the dark' had the intention of being protective at both an individual and whānau level. They wanted to save members from the potential trauma of hearing the details. They also likely wanted to minimise the risk or opportunity for blame amongst the whānau unit. There is a potential that having whānau hui or discussions about the death may lead to emotions coming to the surface and lead to a breakdown in the whānau. Keeping members 'in the dark' was a strategy to keep the whānau unit intact,

> *I think that is the strength of being a drama-free family and being people who maybe don't get so emotional over things is that we don't let something like this completely split us apart. (Mere/Kahurangi whānau)*

There appears to be a belief that opening up and being 'emotional' with each other puts whānau connection at risk, and containment of emotions keeps the whānau unit strong. This contrasts with the traditional Māori notion that expressing emotions in verbal and non-verbal ways is healthy.

To this day we haven't as a whānau really talked about the passing of my uncle. It has been quite some time and I think we sort of head there, but we pull back when we go to talk about it. (Tony/Karaka whānau)

For the Karaka whānau, there is fear of what may be said to each other about their loved one's suicide and the consequences for whānau unity afterwards, which feels too risky.

Reactions from Others

Compounding the grief experience of reactions within whānau are the reactions they experience from outside the whānau. Nearly all of the whānau participants found the reactions of others negatively contributed to their coping. Negative, ignorant, unhelpful reactions and avoidance reveals that stigma still exists despite widespread campaigns and that people do not have an awareness of how to respond appropriately. Due to stigma, whānau may already feel quite isolated and alone in their experience. Reactions from others can increase the intensity of their grief and lead to isolating behaviours. A dominant reaction was one of uncomfortableness. When others are uncomfortable around them, this isolates them further and separates them, so they become an 'other',

One of the probably the biggest things that got me was my old boss. ...said oh I didn't know how to say it, I didn't know how to say hello to you. I didn't know how you would feel. I said bro I am just who I am, and he said yeah but we know what happened to you and we just didn't know how to say hello to you, and that is

probably the biggest thing I have seen with people outside the family that don't know, just don't know how to say hello. (Joseph/Whero whānau)

These findings show that others do not always know how to react, comfort, or respond to someone who has lost a whānau member to suicide. Consequently, their reactions contribute to the experience of silence. Whānau sense the unease around talking about the loss of their loved one. They interpret this as not being allowed to talk about their loved one, resulting in a suppression of their expressed grief to accommodate others' feelings and unease,

After my dad died people heard, people's response to suicide was, it's like they knew but they didn't want to say. It's pretty much fresh after my dad died and my brother needed a natural herb [marijuana] to cope and we went to a whānau house that had natural herbs and they all knew but when I opened the door it's like I was an alien or something, people's responses. Yeah, people need to, not just the immediate people that are affected need help, but people need help with learning to respond to people that are affected because they could help, their response could either help or make it worse so …not having a response. I think we got one card after my dad's death, I've still got it, but just not having a response made it hard, yeah, I think no response is like oh well won't talk about it then, no one wants to acknowledge it. (Lillian/ Māwhero whānau)

It seems people outside of the whānau make assumptions; that talking about their loss may upset them further, so they don't approach them or bring up the loss. Yet it seems that whānau do want to be comforted or have their loss or their loved one acknowledged.

Another response by others is treating the suicide like it's a novelty. In contrast to being uncomfortable, they are explicitly curious and insensitive. This also has the effect of isolating whānau,

> *They actually ask, they are not sensitive about it or they are not careful of how they approach it. The old me, before my sister's passing, would talk about anything and everything. I was a real people's person, I loved going out, I am never home. Ever since her passing I love staying home, I get scared stepping out the door thinking who is going to talk to me today. (Alice/ Waiporoporo whānau)*

> *Coming to me and talking about this suicide as if it is gossip…fun gossip…I heard he did this. (Ana/Kahurangi whānau)*

Whānau are forced to talk about their loved one's death through intrusive questioning. The types of questions are usually about the details,

> *How did it happen, where did you find her? (Alice/Waiporoporo whānau)*

They may be vulnerable and struggling to cope, and having to describe details of the suicide numerous times may be difficult and quite re-traumatising, especially if they were the ones who found them. This is particularly traumatising and is associated with decreased well-being and even the development of PTSD (Young et al., 2012). They already have to

contend with the loss of their loved one, potentially the trauma of finding them, and then need to navigate questioning by others. This differs from other modes of death. It may occur with homicide, but in that type of death, the blame lies with others. In contrast, with suicide, the blame and judgement are placed on the bereaved whānau and their role in the death or on the person who suicided, or there is self-blame and guilt through actions not taken. There can also be additional aspects to do with suicide that are also associated with stigma,

> *Specifically, around the shameful acts of having a mental illness, of having a drug problem, having a P problem. (Tim/Key informant)*

When others want to know details or mention such elements, it may lead to additional whakamā. Also, they may not have been aware their loved one had mental health issues or engaged in these behaviours but are still being required to answer questions about them. Consequently, this may increase their sense of guilt toward the loved one for talking about them with others. They have an awareness of the questioning around factors that could have contributed and are vulnerable to feelings of blame and mamae.

Beliefs About Suicide

Prevailing beliefs about suicide contribute to the reactions of others. The idea that those who suicide are weak still exists. This societal judgement of their loved one as weak creates an additional aspect of whakamā. Additionally, there can be judgement about the whānau for failing in their role. These judgments are heightened in a culture where high importance

is placed on the roles and responsibilities of the whānau unit and the value of whānau connectedness. The character of their loved one is questioned, which hurts a whānau that is already hurting. There is a need to defend their loved one. Such beliefs also limit an understanding of the person and what they have gone through to reach the stage where they have contemplated and actually suicided, the complexity of the person, and their life,

> *A couple of months after he died, I had a guy when I was driving who was a passenger on the bus and we were talking. I said to him my son has just passed away, took his own life and he goes oh, being the Christian that he is, well that was a very weak way for him to go out wasn't it?... Here's a rope see how weak you are, there's a pole, put it around your neck and see how weak you are, see how much balls you got actually because I said man just to see the damage that that rope had done to his neck, man it must have hurt but he was gone pretty quick. I hope he was gone pretty quick. That was probably the most upsetting thing ever is somebody saying it's a pretty weak way to go out. Well then here is a rope bro, you tell me how weak he is, show me, go on put it around your neck and let me know how hard it is to do this. He says well I don't want to. I said so what makes you think he was weak? I said the balls that he had to have just to go through with it. (Joseph/Whero whānau)*

The confusing attitudes, beliefs, and stigma around the topic of suicide and the whānau role in suicide exist in both the dominant society and Māori society. Various iwi, hapū, and marae have their own tikanga around suicide, often adapted from Christian practices and

beliefs, which has previously included burying outside the gate to be trampled on. Pre-colonial Māori culture did not appear to treat suicide any differently than other deaths, with stigma arising through Christianity (Joseph, 1997). This was reiterated by key informant, Tim, in his discussions with a UK bereavement researcher,

> *She said to me oh my god you guys got that protocol, that ritual from England, and I said why do you say that? And she goes because it's my culture, what Māori are implementing is my culture because our culture is that you've put disgrace upon religion and disgrace on God and so we used to do that… she said that's where it's come from.*

However, there is still unease and confusion about the appropriate tikanga. There is an additional consideration around tangihanga of not wanting to glorify suicide in case it encourages others to follow a similar pathway – especially when the suicide was a youth. Unfortunately, such consequences have been noted. Te Arawa key informant Tim highlighted that stigma even occurs at the level of the paepae (speakers at a marae) and can interfere with tikanga,

> *Understanding how to …not judging the mate (death), [not] judging the whānau, but farewelling the spirit.*

This impacts on whānau coping through its broader effects of shame,

> *Whānau don't cope really that well because there's the attitudes around the shameful act of suicide, the blaming, like our whānau, our paepae, our marae, our*

hapū, our iwi, society blame our whānau for the reasons why they took their lives, and they keep that shame they hold on to that shame. See I've worked in Te Arawa with probably 2 or 3 whānau that have held onto the hurt for 20-25 years and they haven't released that hurt because they feel shameful, but the other thing is that they haven't got anyone to talk to about their loved one taking their life, but that could also mean that our whānau don't know how to talk about this kaupapa. (Tim/Key informant)

Key informant Tim points to the importance of whānau being allowed and allowing themselves space to talk through their mamae and process it. This can help them come to a place of understanding that multiple factors contribute to a suicide rather than focusing only on placing blame or holding shame.

Connection with Others Who Have Gone Through it

As a result of the stigma and whakamā experienced by whānau, some whānau or individuals found comfort in talking with others who have also been through suicide loss. Shared understandings helped them feel less alone in their experience. Even though every suicide and whānau response differ contextually, there are some commonalities found in the suicide bereaved, which validated their own experiences. Ana from Kahurangi whānau said,

You don't have to explain certain things to them because they get it

> *There is the same kind of things that come up like why? How come I couldn't see it? There is that hindsight questioning where you are like could I have done more? If I had talked to them could it have made a difference? Knowing that you are not the only person that is thinking that or even being angry. I felt really bad for being angry with him…It wasn't until I spoke to someone who had lost a family member from suicide that they had the exact same thought and I thought okay it is not wrong. (Mere/Kahurangi whānau)*

Having negative thoughts such as anger toward the deceased whānau member for taking their life feels wrong and adds to the whakamā but talking to others normalises these reactions. Further, they learn from others potential ways of coping, and conversely, they can guide or help others through sharing their own strategies and personal experiences.

Summary

Whakamā was commonly experienced due to a prevailing stigma that exists about suicide. This affected how whānau responded within the whānau unit with a silencing of kōrero evident, and how others reacted to whānau with unhelpful, ignorant comments and avoidance common. This increased the mamae and also led to a suppression of grief around others. Whānau gravitated towards others who have also experienced suicide loss due to their shared experience and understanding The reactions of others revealed that many still held negative beliefs about people who take their own lives or confusion in how to respond, which resulted in unhelpful responses and suggests more education is needed.

Theme 3: Systemic Barriers Exist for Whānau

The findings of this theme revealed that systemic barriers exist for whānau. These barriers include how the current mental health system works when a person is suicidal, the coronial process where suicide is the cause of death, the current formal supports that are offered to whānau at the time of death, and the types of counselling available. In the context of suicide loss, Māori continue to experience discrimination through the formal services involved after a suicide and the mental health system. This may be due to assumptions made about the whānau and their role in the death and to institutional racism. The process also undoubtedly invalidates Māori cultural processes, leading to questions about which culture it is designed for. This invalidation and minimisation of Māori cultural processes and values may be traumatic in itself, but the treatment of these whānau creates further trauma. Counselling and support services also create barriers both at the practical and epistemological levels.

The Coronial Process- Adding to the Trauma

When a person is suspected of dying by suicide, the coronial process differs from death by natural causes, as it is initially treated as a homicide. Under the Coroners Act (2006) the tūpāpaku must undergo a post-mortem to determine the cause of death. This process disrupts the tikanga and tangihanga processes that are required due to the tapu state of the tūpāpaku which leaves the wairua of the loved one exposed and without protection. It also creates a power imbalance, with whānau access to their loved one in the hands of the coroner, perpetuating institutional racism and discrimination. This has implications for the whānau; they are not able to be with their loved one which goes against Māori cultural

ways of being with the tūpāpaku. It is a longer process which delays the onset of the tangihanga process; whānau may be treated differently and less sensitively. The coronial process was a significant aspect for whānau; an experience that "nearly broke" one whānau and was described as "traumatic" by another. There appeared to be no sensitivity to the fact they had just lost their loved one and that their loved one had died by their own hands, so they were likely to be grieving, hurting, and in shock. This was shown by the experience of the Whero whānau. They had to travel a long distance to retrieve their loved one and take him home, and the following occurred at 2.30am,

> *I said I need to see him and ask him what has happened. What do you mean just ask him? I said just take me to the body, I don't give a shit about anything else, just get me there. So we went to the funeral home, got there and the cop goes 'are you sure you want to?' I said bro just let me in there. Went in, see my son, kissed him on his head and he said you are not allowed to touch him. I said shut up, I said stop me. I said to him that's my last thing for you boy and then we walked out and I was walking to talk to her [his wife] they locked the door behind me closed we couldn't get the body. Then the cop jumps in his car fucks off. (Joseph/Whero whānau)*

> *That's all we wanted was for him to come home, we said we want him to go home. They said he is not allowed out until 7.00 in the morning and now we are closed, click. I was like how cold is that? (Joseph/Whero whānau)*

The devastating experience of the Whero whānau reveals a power differential inherent in the coronial process that creates barriers to the accessing and retrieval of their loved one.

Others make the decision over whānau with rules and regulations that conflict with Māori norms where touching the loved one, being with the body, and taking the body home is normal and desired. This power differential also highlights that the coronial system is a system that does not appear bicultural, despite the objectives of Te Tiriti o Waitangi. It also conflicts with a father and mother's need to be with their son, which was essentially denied. When whānau have experienced numerous other negative experiences of the system, the systemic racism they experience here is heightened and particularly difficult during such a time of trauma, shock, and grief.

Being 'kept in the dark' was a literal experience for this whānau, sleeping in their van overnight while they waited to be allowed to take their son. But there were other instances of being 'kept in the dark' figuratively. In one example, the Kōwhai whānau were not given any information on what was happening to the body of their brother or what they could expect,

> *Pulling up there you know, no one explaining what was going on, no one fully informing us about where he was, we went into that ugly room. (Maria, Kōwhai whānau)*

They expected to be fully informed on arrival and this did not happen, which heightened an already difficult time. Even the waiting room space added to the sense of being treated insensitively and disrespectfully. Explicit questioning resulted in minimal information given,

I went and asked you know, what's happening? Oh he'll be about two hours. I said oh what's happening? Oh we'll let you know later and we were sitting there aye, and they had wheeled him into this room and they didn't even come and tell us that he was finished and I said excuse me is he finishing? Oh yeah he finished about 20 minutes ago. I said well why didn't someone tell us? (Maria/Kōwhai whānau)

This whānau was left to wait even when the autopsy had finished which left them feeling disrespected, at a time when they were already feeling low. This type of treatment intensifies the suffering and was considered an affront to their mana; they were treated "without mana". Māori are often viewed through a deficit and negative lens in society which can lead to societal discrimination and racism. The necessity of treating suicide as a homicide initially and the subsequent coronial processes already lead to the discrimination of cultural norms, but the actual treatment of whānau may be indicative of how society treats Māori more broadly. One of the key informants, Tim, who has worked with suicide bereaved whānau in Te Arawa and Tūwharetoa, considered the process of not being able to observe or touch the body as a common experience for whānau,

It's more common than not that our whānau are discriminated against because they are not allowed to observe or touch the body so you can imagine the pent up anger and stuff that's going with our whānau as well as everyone inflicting their shame and blame on this whānau and no one giving our whānau permission to cry, no one giving our whānau permission to be in a state of whānau pani (chief mourners-bereaved family) or in a state of kiri mate (mourners-near relatives), no

one's giving them that permission and so our whānau get to the marae then they have to endure more shame.

Blame and shame are enacted on whānau at the systemic level through coronial processes, and its influence continues afterwards, with how society treats whānau bereaved to suicide. The societal impact is far reaching so that Māori themselves treat these whānau differently, and even the whānau themselves. The guilt, blame, and shame that is trickled through the bereaved experience has implications for healing and wellbeing and perpetuates stigma.

When a person dies by suicide, the processes within the coronial system reduces the person in all their complexity to their mode of death. The consequences are two-fold. It enhances the shame, guilt, and blame toward and within whānau, and diminishes the mana and personhood of the loved one in their entirety,

It becomes more about process than the person and how and what happened and nothing to do with him and that is frustrating because that is like so now he is just this man who jumped out of a window at ###### hospital who ended up on the rooftop and that is it. (Mere/Kahurangi whānau)

It pains whānau who think of their loved one in their entirety as complete persons and who want to think of them like that rather than as someone who died by suicide. Mere explicitly points to the value of process over person within the coronial system. She is referring to the media coverage in this specific example, but this can be generalised to the coronial processes as a whole. Whānau place importance on the person and their own cultural

processes, but it is the impersonal coronial processes involving the tūpāpaku during a time of immense distress which are given the most importance.

Lack of Understanding About Tikanga (Tangihanga)

Another barrier is a lack of understanding about the tikanga involved in tangihanga. There are various processes involved that serve to start the healing process for whānau, and tangihanga is an integral part of Māori culture. Yet, the lack of understanding by employers around tangihanga was a barrier for some whānau – particularly if the person was not a member of the immediate family. This was a noted issue for the nieces in the Kahurangi whānau when they lost their uncle. Members of their whānau struggled to get time off work as employers could not understand why they needed to attend. This whānau questioned,

> *Your mum or your dad or your brother. It's like you can't love other people in your life. Only three people I am allowed to care for. (Mere/Kahurangi whānau)*

> *My husband wasn't allowed a lot of time off work. The day of his burial he wasn't allowed to go because it was like it's not your real uncle and he is like yes, but I need to be there for my wife, and he had a lot to do with him in the short amount of time that we were married. We were only married like a couple of years; he spent a lot of time with Uncle Paora, so he was also feeling it, but they are like it is not your real uncle you don't need to go. (Ana/Kahurangi whānau)*

The system places barriers and makes decisions about who can attend based on Western frameworks of what is considered normal or appropriate. In Māori culture, a whānau can be

more than an immediate nuclear family unit, and wider whānau are expected and want to attend tangihanga of their loved one. Mere from Kahurangi whānau works for a Kaupapa Māori organisation and noted the difference in how tangihanga was treated compared to mainstream organisations,

> *They don't question it; it is a cultural thing I have to go to a tangi. They are like okay go and that was quite contrasting for some of us I think being able to take work off versus I got to come for two hours and then I have got to go.*

There are psychological and spiritual implications in being hindered from attending tangihanga through not being able to engage in the open emotional expression it offers, not being together with other loved ones, being supported, and the chance to feel pride in and celebrate their loved one. All of these aspects may be particularly significant where suicide is concerned. Key informant John noted the changes that have occurred in modern tangihanga due to society's needs and the important role that tangihanga plays,

> *Even if we go back to a marae for tangihanga it used to be at least 5 days, now they've shortened it to 2 or 3 days. Why? Because everyone's busy, everyone's too busy, but that was the time where everybody kind of came together and reconnected and younger people learnt about who they are and how they are and why they are, that's becoming less and less.*

Connecting with others, developing a strong sense of self, and learning about your whakapapa are all important for suicide prevention (Lawson-Te Aho, 1998). Tangihanga is

one forum for these processes. So, if people are hindered from attending tangihanga, the whānau must try and implement them instead if they have the knowledge or access to cultural resources. In addition, there are potential financial stressors, a feature that was noted by the Kahurangi whānau. If employers do not allow whānau members to attend the tangihanga of a loved one, then they risk losing their job if they go against that, or they need to use annual leave if they have any, or take unpaid leave, even when whānau may have financial limitations already, which adds to any stress the whānau may already be facing.

Mental Health System

The mental health system itself appears to be a systemic barrier for whānau. Key informant Tim argues the reason for this is that it is,

> *A structure of racism, of discrimination which our whānau have to go through, a system that's not set up for them, that's the only system we've got.*

This barrier was seen prior to the suicide with whānau experiences of mental health services when their loved one was feeling suicidal. The Whero whānau felt excluded and denied the opportunity to help their son because they had not been made aware by mental health services of their son's risk/safety issues,

> *If we had been allowed into the hospital that day and we could have known the extent of it as well. It was like it was his life, he was 19 so he was a big boy and he was an adult and mum and dad couldn't help. (Flossie/Whero whānau)*

What annoyed me is they picked him up and took him into mental health, assessed him and said he was suicidal or whatever and then took him home and dropped him off to his farm by himself. The whole system frustrates me and the more I hear the more I get frustrated. (Flossie/Whero whānau)

There seems to be a focus on confidentiality and the wishes of the suicidal person. In addition, the mental health services may be overworked, resulting in a lack of adequate aftercare; they are not setting up enough support structures for the person outside the service. The whānau unit or even the wider whānau unit can be especially useful sources of support but there may be assumptions made about the person's whānau and their contribution to the suicidality.

In another example, the Kahurangi whānau were not made aware of the extent of their brother and uncle's distress. They knew that he was in hospital, but this was not an uncommon event due to his long-term physical ailments. However, they were not aware he had mental health difficulties or was suicidal. The medical professional he saw in hospital misjudged the extent of his distress. In this instance, he had wanted his whānau and asked for his older brother to be contacted, but his request was denied due to the early morning time,

He was up at the hospital and he asked for help up at the mental health area, he asked for it and someone came down to do a pre assessment... and they basically said oh you're okay we'll wait until the morrow and he said I want my brother, and this was 5.30 in the morning and they said oh nah, and he wanted me… And ah they

were the ones that said no it's 5.30 in the morning then I got a phone call midday and by then things had happened so it was kind of, it's taken me a while other than the usual coping method of forgetting, to get over the fact that he'd reached out but had been cut off and his reaction to that was to take his life to the finish. (Hohepa/Kahurangi whānau)

The senior members of this whānau have taken a philosophical stance and have accepted their loved one's death. They do not blame the system for this error or his death. They proffer that it may have been difficult for the hospital to truly understand the seriousness, seeing as they themselves had been unaware. They also believe that the hospital would have learnt from this experience. However, the older brother still acknowledges the missed opportunity to support his loved one, and this knowledge has been distressing for him.

When whānau are in a formal mental health setting such as a DHB, the initial response from these formal services can influence how whānau cope. Key informant Howard considers it important for DHBs to respond in ways that help whānau by being open about what happened and providing any information needed,

For those people who are in services...people can feel like the service didn't help them, we didn't give them the records, we didn't do some stuff that we should have done. Those things can all get in the way of a whānau moving through those early stages. There is no doubt in my mind that if you get the front end, providing there is a degree of capability and capacity, providing the whānau really isn't

fundamentally dysfunctional…it can actually often set the course for what happens down the track.

Many of the whānau described negative or ineffective experiences with the available formal supports. Victim Support was not helpful for the Whero whānau who felt that the support worker did not offer any useful type of help,

She came out and basically walked in and said so how can I help you? We were like, well we don't know, you are the expert. (Flossie/Whero whānau)

It is likely that whānau do not know what they need or what Victim Support can actually help with in the immediate aftermath of the suicide. It may be that tikanga Māori could have provided some certainty and tended to the whānau at that moment through, for instance, karakia, mihimihi, waiata, and kapu tī (providing cups of tea). It also highlights a lack of awareness about Victim Support as they are not 'experts' but rather volunteers, although they are trained and supervised by suicide bereavement specialists. It may be that the services and support that Victim Support offers needs more awareness. However, what was especially problematic for the whānau was that the Victim Support worker did not support them in the one way they had requested and also never followed up with them after that initial period,

I said to her well, we've got each other and we've got our kids and our family and we have sort of wrapped them up but it's the people like his mate that found him, his girlfriend, his best mate, they're the ones that somebody needs to contact to make

sure they're okay. I said I know they are not, none of them are and she wrote down their phone numbers and everything and then never ever to this day has she rung them. (Flossie/Whero whānau)

The Whero whānau felt the support worker was there "*to tick pieces of paper and tick little boxes".* This contributed to their lack of trust in formal supports and beliefs that these types of formal supports are not there to genuinely try to help. The description of ticking "pieces of paper" was a description made by other whānau when describing their experiences of counselling support,

I went to see four counsellors and it didn't work, it just felt like a repetitive cycle and I was telling a story and no one was getting it or no one was listening and they were like tick, tick, tick like it was a game of ticking the boxes. (Alice/Waiporoporo whānau)

I tried the counselling, it didn't work. At the time, just the first counsellor I got, it was horrible, there was no connection I just felt I was working, like I would watch her, and she'd sit quite far with her legs crossed and her book and it just felt like I was ticking boxes, so I was sitting there talking and I felt like I'm a robot. There was just totally no connection and I actually worsened during a session so it was supposed to be 6 free sessions the 5th I'd just had enough, like you know it wasn't working, my wellbeing wasn't improving it was getting worse, so I didn't go back to the 6th session the last one and she never rung up, so that kind of answered my question, my doubting her as a counsellor cos it was before Christmas, and she

never bothered to check 'are you alright? You never bothered to show up?' You know, no follow through. (Lilian/Māwhero whānau)

In this instance, counselling was not only ineffective but also potentially dangerous, exacerbating her hurt and stopping her from seeking further counselling support. This participant wanted help; she knew she needed it, but the lack of connection and genuineness on the part of the therapist affected her treatment and well-being. This highlights the importance of the therapeutic relationship.

Another instance where the counselling was potentially dangerous was when Alice from Waiporoporo whānau was feeling suicidal after the loss of her sister. She wanted to go [to suicide] to check on and look after her sister. This feeling was particularly strong because of their tuakana-teina (senior-junior) relationship. The response from her counsellor felt invalidating and dismissive. Again, the therapeutic relationship was lacking, and this led to her not seeking any further formal counselling supports. She did not suicide ultimately, but her counselling experience did nothing to stop her suicidality and could have led to suicide through their dismissiveness and lack of understanding,

When I was in the counsellor's sessions I told them I could attempt ...if someone is coming to you for that wouldn't you refer them onto someone else? No one referred me anywhere. One lady goes no, I don't believe you are suicidal because you, and this really pisses me off, speak so well and you carry yourself so well. I am like suicide has no label on anyone, do you know that? She goes yes and I said well you just labelled me as a smart intellectual person who has got it all together. I don't

have it all together, my mind is a mess right now, I just told you that I am ready to attempt. She goes to me, no I am pretty sure you are smarter than that. I am like, no intervention, none of that. That was my last counsellor, since then I have never been back to any of them.

Through their wealth of experience, the key informants discussed the need for Kaupapa Māori interventions. They found mainstream approaches problematic for Māori whānau in their processes and in their focus of enquiry, and the system itself discriminatory in its inequitable funding and support. This goes against the Tiriti o Waitangi promises of protection, partnership, and participation. Key informant Tim, who works in the field of suicide prevention, argued for the need for Māori interventions that involve Māori values and processes. This would likely increase the connection between therapist and clients and also create more safety,

There's no help out there for Māori, that is designed for Māori by Māori. I certainly know that Māori are wanting help through all the contacts I've had, and they don't necessarily want non-Māori services they want Māori that actually listen and not so much sit there at the table type clinical type interactions, they want the other stuff aye, the whakawhanaungatanga, the karakia, the awhi, the manaaki, that's the stuff they want. So in relation to the current system that's set up it's definitely non user friendly for Māori, definitely there are systems in place that prevent Māori from accessing services and once they're in services it's the actual treatment towards Māori, the cultural safety stuff, the appropriate stuff to deliver to

Māori so if Māori are calling out for help and they have to go through all these barriers then there's a high likelihood that they feel there's no one there to help them, think about suicide and then probably enact it as well.

The system is discriminatory and acts as a barrier on many levels. The interventions themselves are mainstream and take a one size fits all and an individual rather than whānau approach. There appears to be no real room made for Māori approaches. It discounts tikanga Māori as not relevant, and there can be experiences of racism in their treatment. There are already inequities in health service utilisation between Māori and non-Māori, and this can point to reasons why. The consequences of these barriers contribute to the disparity in our suicide statistics and show how very important it is that the system changes to be more culturally appropriate for Māori.

Key informant John highlighted the difference between Māori interventions and Western approaches. Although he is describing an example where a whānau is experiencing suicidal ideation rather than loss, wairua and tapu aspects are still relevant for whānau bereaved to suicide,

This one woman that came to a workshop around suicide prevention, Pākehā, and she said her son he hadn't had a lot of mental health problems before but he's been quite depressed and anyway he couldn't sleep he'd had insomnia but he also had visions of other young people coming to him at night telling him to kill himself and this went on for quite some time and he got all depressed and all anxious and in the end the woman she wasn't making any ground in the conventional sense of the

medical system so she took him to a tohunga even though she was Pākehā, and the tohunga said oh the reason why this is happening to him is cos where you live there's been seven suicides and those, they're visiting him. So that's an example of wairua. An example where you could be influenced on that level… in the conventional sense in terms of western medicine they wouldn't acknowledge that. So that's why it's important in terms of understanding the level of tapu. When you look at intergenerational trauma looking at the level of violation of tapu that's happened in relationship to tangata whenua. (John/Key informant)

This points to the limitations of conventional Western approaches and validates other understandings based on tapu and wairua. This example also shows that while tapu and wairua are Māori concepts, they are not confined to Māori experiences with this particular boy and mother being Pākehā.

Summary

This theme revealed that whānau face systemic barriers. The coronial process was significant in adding to their trauma and revealed power differentials between the needs of the coroner, police, and society compared to Māori cultural and whānau needs. There was a lack of understanding within the dominant society and especially employers about tikanga. This was shown in the case of tangihanga, where there were barriers to attending despite its important role. The mental health system and mental health services created further barriers, and whānau members felt invalidated by their counselling and formal support experiences.

Theme 4: The Strength of Whānau

A common pattern found with these whānau was the aroha, awhi, and manaakitanga that was revealed through the suicide loss, and an increased connection between members. The whānau is the main social unit in Māori society, and the responses within the immediate and wider whānau pointed to the strength and utility of the whānau as the key structure of emotional and practical support and connection,

> *I rang my sister up north in Whangarei, she is my baby sister and I said sister I am not coping very well; everywhere I turn I see brother everywhere. I think I just need a break and I think I will come your way. Say no more.... next minute my sister had sent her husband and her stepsons, and they were here with a truck from the north, packed me up and my children in our cars and took us up north. (Hine/Karaka whānau)*

Hine is able to call on her sister and is supported immediately on all levels – emotionally, spiritually, and practically – showing how whānau can be a key resource for coping. Similarly, key informant Margaret supported her son and whānau when he was going through distress. Sometimes, the person will ask for support as in Hine's example, and sometimes, the decision will be made at a whānau level or by one particular member for the well-being of their member as in Margaret's example,

> *So we worked out a process and then my son tried it again [suicide attempt] and I pulled the plug on both of them and said no this is no longer going to happen you cannot survive down here without whānau support I want you to come home. They*

did and they are much better now. So having that whānau support around directly where you can awhi and support them is key, it is one of the key things that I have found anyway that works for me and my son and him knowing that I am just down the road. I actually pulled him home and both of them came and lived with me and had to rebuild their family. (Margaret/Key informant)

For the majority of these whānau, the suicide loss led to increased connections within the immediate whānau unit. However, these whānau tended to already be close and connected, but their loss pulled them tighter together, and they understood the value within each member,

My siblings on the other hand because we are all really close and really tight, we actually came closer because of it. We would always check up on each other, especially my brothers, they would talk more now. My older brother has come to me and said sis I need your help, can you come over, I need help with this, this and this. Straight away I will go over, straight away. I don't care what I am doing, I don't care if I am in the middle of a meeting, I just am like I am over, be there soon. My siblings I think the good thing that happened from out of my sister's death is we came together closer. We have always been a strong tight family, but we have just become even closer, way more now. (Alice/Waiporoporo whānau)

They were at that point of doing all their own little things and they didn't know what each other was doing or didn't even know if one was in the country or

whatever. Then all of a sudden they all came back again and that was good and they all started living together in Rotorua. (Joseph/Whero whānau)

They were also connected through their shared memories of their loved ones and communicating with each other about them,

We knew who he was, what he was, probably better than he did, and we can sit there and go do you remember this this this and I remember that that that and we can put it all together and go we have done something together with him in mind. (Joseph/Whero whānau)

Another aspect that can lead to increased connection is the roles and responsibilities within whānau and required from whānau, such as looking out for its members. So when a suicide occurs, although there may be guilt, blame, anger, or shame, there can also be a "deep sense of responsibility," which can lead to greater connection,

I felt really sad for my cousin my tuakana (senior) but the pain was for his young family, big family, yeah, so I still keep close, it's an obligation I have yeah, yeah so the impact well I still think of him a lot and I think, man, but I stay close with my nieces and nephews they're all grown up now. Still say uncle. (Wiremu/Key informant)

Key informant Wiremu referred to the binding that holds whānau together, which enables them to weather such adversities as suicide,

The example I use was the waka hourua it's a double hulled waka it's got the beams, each hull represents the tāne/wahine and the platform that everyone walks around on lives on, that's the whānau and they're held by the beams that go across but what holds them there is the lashings, the binding, and when you bind it so when you hit it that rope sounds like steel it rings and so the thing with a waka and those bindings, the waka can get smashed on the rocks because its wood it will still float the lashings are the things what will hold it together you can cut 2/3's of the lashings off, the ones there will still hold ...to weather the storms of suicide, those fundamental bindings will bring you through. (Wiremu/Key informant)

The binding of whānau is so strong that it may be weakened but will still hold despite being challenged by major adversities and stressors. This binding of whānau can be considered an element of resilience. It can be strengthened further through ensuring each particular relationship unit is fortified, and through specific whānau processes and creating whānau kawa and tikanga (protocols and customs),

What we have done as a coping mechanism for my own family is to make sure that we check in with each other every time. So there are certain things, so we have had to change our kawa and tikanga to actually how we function within Auckland, so in a big metropolitan city. We know that regular contact with each other is really important so my children that do not live at home with me I make sure that I contact them at least weekly, fortnightly we all meet together we go and have dinner and

just catch up and just sit and laugh and have dinner and talk about our weeks that we weren't together. (Margaret/Key informant)

In Māori culture, whānau groupings can extend beyond the immediate nucleus or family unit to include extended family and can often comprise many generations connected through a common ancestor. In this study, participants referred to their extended whānau in moments of support, as well as others who acted in a whānau manner,

[while sleeping overnight in a different city to pick up Tai's body] Then another cousin came around who said I will be back in the morning and I will bring you breakfast, and we thought yeah. She brought some food that night. Her older sister has got a catering business and she goes I will be back tomorrow with breakfast and oh my God. I think she thought there was fifty of us there. Bacon and egg croissants, dips and fruits and all sorts of stuff and it was just like cuz, you didn't need to do this. A sandwich would have been good or porridge but no. Then another friend of Tai's, she turned up and I didn't know her, but I knew her mother and Tanya knew her. She goes my mate, because they were mates at school, he is in the place where he wanted to be so that is how we looked at it. She goes oh uncle I have got nothing I can give you except my aroha and two jars of manuka honey. I was like sweet as. (Joseph/Whero whānau)

The act of manaaki is important in an emotional and a practical sense. Supporting whānau practically through such acts as providing kai relieves the whānau of additional stress to contend with. It is also a tangible way for others to show their support. For the Whero

whānau, the manaakitanga that was shown to them was one moment of lightness amongst one of their darkest times. Although findings revealed common reactions of discomfort or silence from others as discussed in theme two, the actions of this relative and friend showed how others can make a difference in the whānau experience if they come from a place of genuine caring, aroha, and just being there. The actions of these two offset the treatment they were given by authorities and served to replenish their wairua and mana and showed them the love that others had for their son too.

In the example below, Lilian's cousins were able to care for her when she was distressed, and their whakapapa connection ultimately provided Lilian with a sense of safety, security, and support. This example also highlighted how our tūpuna can also contribute in this sense,

> *I thought I was in a good space that I could drink socially and with the cousins. I went out with a couple of cousins and I was looking forward to it thought I'll be alright. No (laughs) I was on the bathroom floor bawling my eyes out talking gibberish but a lot of pain gibberish crying for my dad, and ah, actually I did talk suicide that night too, so, yeah um lucky I was with two good cousins and my cousin talked me through it and got me on the couch and put his koro's (Grandfather's) blanket on me and I just felt safe with that blanket on me, it was nice, he'd had it in his car and it was perfect timing actually cos it gave me a sense of security I don't know just safety anyway. (Lilian/Māwhero whānau)*

Summary

This theme highlighted the strengths found within whānau. Key concepts within Māori culture, including aroha and manaakitanga, are evident in whānau responses to suicide loss in emotional and practical ways, as well as a sense of responsibility toward members. The binding that ties whānau is strong and resilient. While it can become weakened, there is always a connection even when facing adversities such as suicide loss. Such adversity can also lead to increased connection between its members in response or adaptations in whānau functioning.

Theme 5: Wairuatanga and Suicide

Wairua and wairuatanga were pertinent for whānau coping and also for both resilience and well-being. They are concepts unique to Māori culture, underpinning ways of being and understanding. Through wairua and whakapapa, we are connected to our past, present, and future loved ones, so when loved ones pass, they become tūpuna, and there is a continued connection. This understanding can help in coping with loss. We are also connected to the environment with landmarks in nature considered to have their own mauri (life essence). Wairua manifests in various ways to provide comfort, strength, and guidance and was considered important for these whānau. Religion was also considered an important aspect of coping and resilience for some. The process of making meaning of the suicide through their religious and spiritual beliefs was one of the mechanisms that helped whānau cope with their loss. In addition, many of the whānau responded to the experience of suicide loss through aroha toward others going through suicide loss. This was directly related to their

experience, and the concept and act of aroha toward other whānau in distress might be one pathway from mauri moe towards mauri oho (inaction to action).

A Continued Connection as Tūpuna (Ancestor)

Many whānau reported tohu (signs) that their loved one was still around them. This tohu took the form of birds, feeling their presence, and in dreams. These tohu provided comfort and were considered positive experiences. It was something they believed their loved one did to help them with their grief, as can be seen in the example below,

> *His, our, favourite pastime was to go sit on the side of a hill and go watch the hawks in the valleys and stuff…there are a lot of hawks out here and we have named one after him, one that just keeps hanging around…she's seen him, I've seen him. I am like, wow, that is for us. That has kept us quite sane. (Joseph/Whero whānau)*

Their loved one has come at times when the person has particularly needed them. Ana from Kahurangi whānau found it difficult to cope after her uncle suicided. One reason was that her religious beliefs considered it wrong to 'commit' suicide, and she was fearful about the repercussions for her uncle in the afterlife. Religion can be a positive coping strategy, as discussed in the subtheme below. However, Ana's religious beliefs about suicide exacerbated her grief and hindered her coping. When her deceased uncle came to her in her dreams, this enabled her to reconcile her fears and be able to move on from that aspect,

> *He has come to me quite a few times, but this was after maybe three months since he had gone, and I wasn't sleeping well…I was not having a good time and then he came to me in my dream and I just remember asking why and he just said it is sorted, don't worry. That kind of, when I woke up I felt a little sense of peace, like okay he is okay…That is the part that I struggle with, being religious, you have been told that is pretty much murder, you are murdering yourself and I just worried what happens to him. Without trying to go too much into religion I was just worried about that but when I had that dream, I felt I can let go of that part and know that he's at least happy where he is and he's okay. (Ana/Kahurangi whānau)*

Whānau members also sought guidance and safety from their loved one. When a whānau member, Nikau, was about to compete in a competition down a mountain, his father directed him toward his deceased brother Tai,*"I said to him first thing is first, you ask your brother to look after you on your way down there" (Joseph/Whero whānau).* They are tūpuna now, able to fulfil these roles. Nikau sought safety from Tai, and felt guided by him, a previous champion, through feeling and hearing his instructions,

> *Nikau was saying that when he went up on the gondola by himself he'd be sitting there with his brother, talking away saying I can see myself jumping through that and Tai says no, speed will be too big for that, keep going around the corner and you can jump into the next corner. (Joseph/Whero whānau)*

Another way they continued their relationship was through communicating verbally with their loved one. This was not considered abnormal,

My thing is talking to him all the time, I am always talking to him. (Flossie/Whero whānau)

I talk to her when I am by myself and me and baby talk to her all the time. (Alice/Waiporoporo whānau)

A connection is maintained through the person's wairua and as tūpuna. The connection was also maintained through their reflection in others that shared the same whakapapa. This reflection is both a literal physical one and one that encompasses the character of the loved one,

Then when we buried him, Sheree the mother came and asked if she could give her next baby who was going to be a boy, Tai's name. We said yes, you are the same whakapapa as us so sweet as. She's named her son Tai and he just looks like him so badly, the dimples, to some of the stupid facial expressions. You look at the photo and go oh that is getting deep. (Joseph/ Whero whānau)

The main thing is watching her daughter because I tell you now her daughter does the exact same silly things her mum used to do, like the way she frowns, she looks like her mum and I am like oh my gosh. The way her personality is like her mum, it is quite funny because a lot of the things her daughter does is kind of like her, so I see that as my main connection to her. (Alice/Waiporoporo whānau)

Wairuatanga (Spirituality)Provide Comfort and Strength

Māori culture is spiritual, shown in the importance of the concepts of wairua, mauri, and tapu. Spirituality and spiritual beliefs take a number of forms. There is a Māori cosmology where there are many deities beginning with Papatūānuku and Ranginui (and Io -the supreme being/s in some iwi) with teachings based on pūrākau. Organised religion now also comes under the umbrella of spirituality. Since colonisation, many Māori converted to Christianity, and many have held both belief systems simultaneously. A number of whānau in this study were religious. Their religious beliefs provided them with comfort and strength to cope with their loss and were considered a positive coping strategy. While Ana was worried about what would happen to her uncle because he died by suicide, other Kahurangi whānau members and other religious whānau took comfort from their belief in God because he is considered benevolent and sees things from a compassionate perspective that diffuses judgement,

> *Our belief system involves a purpose here and life after death and that it's a journey, and so death for us is not an end it's another step and another necessary step that we all have to go through, to progress further. That makes it a little easier to cope with when you know it's just another step in eternal progression for us so while life is precious and we are adamant that life should be protected at all costs and that life is something to be treasured and precious, at the same time we know we have a heavenly father who understands everything that's going on within the person and um who loves us each individually and is…merciful and kind and is the*

only one capable of judging a person and why they've done something so that gives us hope and peace when we understand that, that it's going to be okay.

(Jill/Kahurangi whānau)

While religion has traditionally considered suicide abhorrent and caused or exacerbated the stigma that surrounds suicide, it was actually their religious beliefs that gave them peace of mind even though it was an act of suicide. They were able to positively reframe the loss as one that was temporary through the strength of their religious beliefs. Religious beliefs also helped with reframing adversities which helped with coping and resilience,

Okay Lord this is happening in my whānau, what's happening, where are you taking me, what doors are you going to open for me to learn and help others?

(Maria/Kōwhai whānau)

Maria and her whānau experienced a number of major adversities in a relatively short period of time, including suicide and homicide. Her ability to lean into her religious faith and her complete trust in God enabled her to reframe it this way as a conscious coping strategy to get through an extremely difficult and testing time. Religion and religious beliefs have the potential to elevate distress when suicide is treated in a way that is stigmatising. Alternatively, religious beliefs can provide comfort, strengthen coping, and add to individual and whānau resilience.

Māori spiritual beliefs enable a connection with both our human tūpuna and non-human tūpuna found within the natural environment, bound by whakapapa as revealed in pūrākau

creation narratives. The ngahere (forest), the maunga (mountains), the awa (rivers), and other entities of nature are considered living entities, and each have their own mauri. Connecting with them is a way of connecting with wairua and wairuatanga. It can help with human suffering, general well-being and be a mechanism of resilience as key informant Wiremu explains,

> *We are a very spiritual people and that's the thing that will help us endure. If we go to anger that will shorten us, if we go to anything else. But it's our wairua, it's our spirituality. When we are able to come together and karakia together, and those that were brought up as Christians that becomes their strength, their comfort that's where they put their trust. Those that grew up with wairuatanga you know and being able to talk or commune with their tūpuna or commune with nature, go into the ngahere, into the forest, and feel its peace and feel that its healing and know that this is an entity but its wairua because everything has life and what we're breathing in like the ions and that, that's a life that we're breathing in and we have a more intimate connection with these things when we're in the bush, when we're on the water you know so... and so it's that dependence on that, that trust in that, the wairua, ae. (Wiremu/Key informant)*

Meaning-Making

Making meaning from the loss was another way that whānau coped. Whānau and individuals were able to make meaning of the suicide in ways that made sense to them, and

this included being part of a bigger plan and continuing a whakapapa connection with past, present, and future,

> *I guess for me dealing with the whole suicide thing it is also a blessing because I can't have kids but my sister has given me a kid and I am the baby's godmother plus she is my namesake, she is named after me. I know, see if I said this to my family, they would be like what? I believe she had a plan; I believe my sister had a plan and it was always there. But I know what she did was a mistake. I know she was never meant to do that, it was just an area of seeking attention, that is what I believe she did it for, but I guess that it went too far. (Alice/Waiporoporo whānau)*

Alice was able to believe that this was the plan, which helped her cope with her sister's death. However, it also highlights the complexity of suicide because she also simultaneously believed her sister accidentally went too far and had not intended to complete suicide. Her comment also highlights that this is her individual interpretation – her way of making sense of the suicide, rather than a whānau level interpretation.

Aroha

The subtheme of aroha describes the altruistic desire or actions of helping others that was evident in nearly all whānau,

> *I think our coping mechanism, for me and my daughters especially, is to help others. (Maria/Kōwhai whānau)*

They considered themselves in a unique role to be able to help others through their insider experience,

> *I mean I know I've saved quite a few people from suicide. I can say that with confidence 'cos of my journey aye nothing more powerful than those that have walked through it. (Maria/Kōwhai whānau)*

The act of helping other bereaved whānau or individuals at risk of suicide enhanced wellbeing. This can be linked to Waiti (2014),

> *We have helped out a couple of people which has been good for the heart. (Joseph/Whero whānau)*

For many, the experience of loss led them to want to change careers that would contribute in some way to others or think of other altruistic acts that would benefit suicide awareness,

> *I wanted to swim across Cook Strait as a fundraiser to raise awareness of mental illness and suicide amongst the younger ones…. We will get it done. But Nikau said he would swim, Iesha said she would swim as well, so they have both said. (Joseph/Whero whānau)*

Joseph's idea of raising awareness rallied his children, so it became a whānau plan and would be a whānau effort,

> *I have thought I would like to do something to help people, but I don't quite know what. Like if I trained to be a social worker then I would be one of the ones ticking*

the boxes, so it is not what I want to do but I don't know what it is. (Flossie/Whero whānau)

However, Flossie's desire to change careers to something that was meaningful to her as a result of her experiences with the system was also hindered and conflicted by her negative experiences with the system.

This compassion, intrinsic motivation, and purposefulness toward helping others was connected to wairua through aiding them from what might be considered a state of mauri moe toward a state of mauri oho, of behaviours of isolation and withdrawal toward participation. Kruger et al. (2004) assert that a by-product of mauri is mana (p. 26). This is significant for suicide bereaved whānau, where they may feel their mana eroded somewhat due to the stigma surrounding suicide and the societal treatment of these whānau. Through their aroha towards others in need, they awaken their mauri and whakamana their whānau and their lost loved one.

Summary

This theme was about the experience of wairuatanga in the context of suicide loss. It was evident through tohu with the loved one taking on a new role as tūpuna, revealing themselves in various ways to support their grieving whānau. Spiritual beliefs, including religious beliefs, provided whānau with comfort through the belief that their separation was temporary which gave them strength to cope with their loss. They were able to make meaning of the suicide loss that meant the suicide was not in vain and involved whakapapa

connections. A sense of aroha towards others going through suicide loss was one way that helped.

Theme 6: Turning to Te Ao Māori

Strategies found in Te Ao Māori was a common theme for these whānau. Some whānau did not grow up immersed in Te Ao Māori – a consequence of the ongoing effects of colonisation. They turned to Te Ao Māori through frustration at Western interventions that were not helping and found that Te Ao Māori offered ways of healing through connection to others, to the whenua (land), and the natural environment. Bereaved whānau can feel alone and isolated in their experience due to stigma-related factors. Being able to make connections to Te Ao Māori can provide support to the suicide bereaved and can decrease suicide risk.

The Start of Healing: Tangihanga Process

Many of the whānau and key informants mentioned the tangihanga as a positive experience through reconnecting with whānau and culture, providing a forum for expressing emotion, and to whakanoa (remove the tapu, free restrictions). Tangihanga has a number of processes that aid the wairua of the tūpāpaku, the whānau pani, and wider whānau in their grief. Systemic barriers were noted in theme three, which included a lack of societal understanding about tangihanga, and this theme offers some further understanding about the role and benefits of tangihanga – especially where suicide is concerned. One role that was seen in tangihanga was the opportunity to take pride in their loved one through reminiscing and grieving collectively about who they were and what they did in life. They

are able to see how much the person was loved, which provides comfort and restores mana to their loved one. This is pertinent where suicide is the mode of death because whānau are also likely contending with stigma and whakamā outside of the whānau and even within the whānau,

> *[at the tangi] My uncle was, who is this boy aye? How do these people come to know him? I said uncle the thing about it, every single person that I have seen come in that door, he knew personally…So I said that was the measure of who he was. (Joseph/Whero whānau)*

> *It offers the opportunity to have that process and grieving and hearing other people's views and perspectives of your family member and seeing their life much more widely as a whole lot of things rather than just their death. Particularly a death that was a suicide and that is so tragic. So tangihanga for suicides can be a very important part of just having other people reflect the fact that this person's life was more than the fact that they just took their own life, the tragedy of their suicide. (Howard/Key informant)*

The media and literature have cautioned for a balance due to fear of glorification and copycat suicides. This was not brought up with these whānau, although key informant John noted the potential for role-modelling when dealing with distress,

> *The danger is these days we do have role models to suicide so that's the real danger, especially a sad mother or a sad father or an uncle or an aunty or an older*

sibling, tuakana, those sort of things, when they start to happen that's seen as a potential solution or potential way out of suffering. (John/ Key informant)

The tangihanga is also a forum that brings wider whānau together, which may be a rare opportunity for some whānau. In some instances of suicide, there has been disconnection within whānau, so tangihanga is a mechanism for renewing relational ties and connecting whānau together and for grieving as a collective. It is also an opportunity for learning about Māori and iwi culture and learning about their place in this world. Suicide risk is linked to perceived and actual loneliness and alienation from supports and wider whānau. Therefore, processes like the tangihanga, where there is a collective gathering of loved ones, can remind people they are not alone through their connection to others and places,

When we're suffering, when we're in that state of taking our lives we believe that we're disconnected but that's not true so all those things within Māori can help us. (John/Key informant)

The beautiful part of it came about in terms of through his death, he has unified his whole family, all his 13 kids came back with the wives, it was a beautiful atmosphere in terms of the kids getting to know each other, our kids getting to know their extended whānau cousins and as I looked on it I thought flipping heck everyone will think it's a bloody reunion. (Maria/Kōwhai whānau)

Another function of a tangihanga is that it is a safe forum for the open expression of emotion. Māori do not only express emotion verbally; other means of expression occur

with crying and wailing, haka, and waiata (singing/songs), all expressed at tangi. Having a forum to safely express emotion enables the emotion to be released, which is considered healthy and healing. As Jill from Kahurangi whānau noted, those who do not have tangihanga, "*don't exhaust their grief and they are stuck with it*". Allowing the space and time to fully express and release the grief and emotion helps it to move through the person. By contrast, when grief and emotion are suppressed or contained, people can get trapped in their grief,

> *We have gone through the grieving process and it is made much easier when you have a tangi and when you have that cathartic if you like experience, and by the end of it it's please lets go, go home and all get back to your normal lives, we are tired and exhausted. (Jill/Kahurangi whānau)*

From a heightened sense of grief, wairua, and tapu, processes of tangihanga enable whānau to whakanoa, to restore balance and start to transition back to everyday life while still continuing to process their loss.

Some of the key informants referred to wairua as an intrinsic element of tangihanga. Although whānau did not explicitly refer to wairua, this is likely due to its innate presence within tangihanga. Death is highly tapu, and an essential aspect of the process of tangihanga is to whakanoa so the whānau pani can return to normal living,

> *The tangihanga is another beautiful way in which we can deal with grief and loss and the way that we can come together and hui and wānanga (to meet and discuss)*

about things the way in which we, like I said before, kawe mate, so that's a cultural practice, rituals, any rituals around karakia… tapu and to whakanoa so those are rituals as well around addressing mauri and tapu and mana, you know those three concepts are really important, mauri, tapu and mana, that's the way our culture deals with things. (John/Key informant)

Further, processes of whakanoa such as karakia are especially important where the death is suicide because of the "violation of tapu" that has occurred (John/ Key informant).

Key informant Tim referred to the role of the paepae. A kaumātua he had talked to spoke of its role as one that should not differ for mode of death. Yet, he conceded that suicide was treated differently, highlighting the stigma that still exists even at that level. While these whānau did not have a negative tangihanga experience, this shows that tangihanga of suicide loss may still be a different experience depending on iwi, hapū, and marae and that there is still confusion surrounding it. However, the paepae plays an important role in starting the healing process,

I talked to another Te Arawa kaumātua… I said so what's the role of the paepae at tangi if someone takes their life? He goes well it's nothing different. I go, what do you mean? He goes well if its diabetes, if it's suicide, if it's cancer, if it's dying in a car crash, our role is not to whaikōrero to the kaupapa which is suicide, our role as the paepae is to farewell the spirit back to te ao wairua. Our role is not to condemn the family, our role is not to condemn the tūpāpaku, the person lying in state, our role is to farewell the tūpāpaku. He said I don't know why people keep focusing on

the behaviour of the person cos we don't do that with diabetes, cancer, dahdahdahdahdah so we acknowledge the person and their whakapapa, we acknowledge the whānau in their great state of grief, and in fact the other role he said was to ensure that the whānau tangi (cry) and to express their grief in a place where they feel safe. Our role is not to suppress that and make them feel ashamed and whakamā, and so he said so it comes through now that we treat suicide different to other types of deaths, it shouldn't be like that. (Tim/Key informant)

The way the paepae responds can influence the grieving processes for whānau and, as a result, their well-being. Despite some confusion and judgement around suicide, ultimately, the role of the paepae is farewelling the wairua on their journey to the afterlife and supporting the whānau pani.

Connection to the Whenua and the Natural World

Connecting to Te Ao Māori was a strategy employed by whānau as a way of coping and for well-being in general. Lilian from Māwhero whānau considered Te Ao Māori key,

For me the tools to help us are whānau and whenua, whakapapa, they're here, we've just got to use them.

Their effectiveness as tools for coping and well-being points to their usefulness as intervention strategies,

I remember going to Tamatekapua [marae] and I sat under the mahau (porch) there and I was thinking I used to run here for peace of mind at Tama. I used to go there

and just sit there and calm myself down and reflect about what it might have been like in the old days, when you were an old house. I used to do that, make myself feel better about it, with some histories and then go home. I used to really get comfort in that. (Hine/Karaka whānau)

I went back into Te Ao Māori and connected back into my roots and I learned more where I am from and who I am. Within that journey I started tapping into the holistic side, like keeping yourself grounded, walking through the trees with bare feet, standing in the rain and letting it wash you. (Alice/Waiporoporo whānau)

It was this type of healing that helped Alice through her grief and with her well-being. While the whenua and nature appear to be helpful, it is the specific whenua, marae, and other aspects that are most effective because of the deep connection that exists through whakapapa. Hine from Karaka whānau went to a marae that she is connected to through whakapapa, and her reflections about the past incorporated her tūpuna. Alice from Waiporoporo whānau learnt about herself and her place in the world through her deeper connections to the whenua. Through gaining an understanding of the interlinked nature of the world, the natural world and the supernatural world, the effects of being in nature take on a different layer of meaning.

For those who did not grow up immersed in Te Ao Māori, there was a deep sense of regret and an awareness of the value of Te Ao Māori for the well-being of themselves, their whānau, and for Māori more generally,

I wish I'd had it from the start. I think it would have been a whole different picture if I'd had it at the start of my life. (Lilian/Māwhero whānau)

Educating themselves about their whakapapa and understanding the connections to the whenua and natural world helps whānau members find their identity and sense of security.

The connection to the whenua and other aspects of Te Ao Māori is particularly pertinent where a person may not feel as connected to their whānau due to historical, contemporary, and intergenerational factors (Gilchrist, 2017). This aspect was considered important for the key informants,

Cos that's another, potentially another protective factor, your connection with the land, your turangawaewae. If you don't feel connected to your whānau, at least have some other connection right, so it becomes another protective factor. (John/Key informant)

They can utilise other whakapapa connections such as the whenua and maunga as tools if they are disconnected from their whānau. However, not every whānau has the knowledge or access to cultural resources, and they may hold negative attitudes towards being Māori and Māori culture. Thus, key informant Margaret, who has worked for many years with Māori whānau in community mental health services and suicide prevention, considered it important that whānau are taught,

Basic knowledge around what is traditionally Māori and what is not and actually for whānau to have those conversations and to rebuild their own tikanga and kawa

is going to help us get through this kind of phases of suicide and attempts. I think it is key to rebuild our own tikanga and kawa in those spaces.

This knowledge would offset the colonial stereotypes and negative understandings of Māori culture perpetuated by society and the media. Learning traditional tikanga and kawa would show this was not part of traditional Māori culture but rather a consequence of colonisation. Also, tikanga and kawa have evolved from traditional times, and every iwi has its own tikanga and kawa. Key informant Margaret believes that every whānau should develop their own tikanga and kawa that is adaptive as a positive coping strategy.

Key informant Tim noted the importance of these aspects and argued for its superiority in healing Māori over Western interventions, and the importance of Māori taking care of Māori,

Often we take our people to the marae where the tūpuna is the safety for us, the tūpuna is the safety for us, not the psychologist trained in how to keep you safe, so the tūpuna keeps you safe, the karakia keeps you safe, the waiata keeps you safe, and the people keep you safe so that allows you to then tangi, to put out your kōrero, to be vulnerable to know you feel safe. If you're not in the marae then the whenua keeps you safe and the maunga keeps you safe and the awa keeps you safe because you actually whakapapa to that land so it allows you to be vulnerable, it allows you to tangi to cry and the thing is with all that, culture is a healer and culture nails the take (issue) I believe, nails the take, more than psychological models nail the take, and psychological models has a place, don't get me wrong,

has a place but to take care of the synthetic world but not to take care of our world because it's our role to take care of our world in terms of when you hear voices is it the synthetic world where you hear those voices or are you gifted because you are a tohunga or you're a healer?

There is much to offer in terms of protective factors found within Te Ao Māori. They are deeply linked to wairua, which is intimately connected to Māori culture, and to whakapapa.

Culturally Specific Strategies: We Have Our Own Ways of Healing

Some whānau also brought up the need for culturally specific interventions or approaches and their efficacy over Western approaches. Joseph from Whero whānau remembered that when he was growing up, tohunga helped those who were mentally unwell and that mentally unwell members were supported collectively, *"the tribe gathered around"* them. He and others compared the current system unfavourably to these traditional types of practices. As well as an individual rather than collective approach, the differing conceptions of mental health were highlighted,

Dealing with things not from a Western perspective but dealing with them in our Te Ao Māori and how we look at the environment and acknowledging that we are healers in our own right, to turn back to our practices, to understand from our pūrākau our ancestors you know what they knew, using the concept of wairangi as opposed to depression cos wairangi brings in that, you know we are being blown by the wind to and fro, it has a softer feeling to it. I'm not a psychologist but I'd

actually prefer to say at this point in time you know you're going through the stages of wairangi, cos spiritually and physically you're unbalanced, brings a lot more strength based to me than you're going through depression you need medication. (Maria/Kōwhai whānau)

You know depression, I went to a counselling session, first one ever, and just the words that were coming out and I was going gosh and I didn't feel heavy before I got in here I actually feel worse than when I come in, do you know what I mean? It was just through the kupu (words) the way they were talking, and I said I've gotta go. I said thank you, but I said no. (Maria/Kōwhai whānau)

Māori conceptualisations of psychological states were seen as more appropriate and amenable and related to imbalance. It had different connotations than Western diagnostic labels that felt more negative.

Key informant Tim cites examples of Māori models of wellbeing that could be used. He wonders if their lack of ubiquity is due to the current system invalidating Māori ways as unscientific and deficient compared to Western approaches, despite the evidence coming from overseas populations that have different cultural norms and different histories. Psychology and Psychiatry arose from a Western scientific lens, and dominant discourses often overlook or dismiss the role of wairua and other Māori concepts in mental illness or as part of interventions (Valentine et al., 2017),

The current system nowadays doesn't work. We should be looking at our current stuff like the Pōwhiri Poutama model, like the Te Whare Tapa Whā, like the Āwhiowhio model, there are so many models Māori have for taking our people from a state of unwellness to a state of wellness but again and I'm to not sure if this goes back to the Tohunga Suppression Act, 1907, where our stuff was treated as witchcraft and whether the government still feel that we need the UK's opinion on us, the USA's opinion on us, to actually say that this will work for Māori, well we know that Māori have our stuff, that we can implement our stuff for wellbeing. (Tim, Key informant).

All of the key informants proposed ways of intervening that were more in line with Māori ways of being and thinking. I have included some of their suggestions and approaches because they highlight the differences between a Kaupapa Māori approach to suicide and suicide bereavement compared to mainstream approaches in various ways. They place importance on particular concepts unique to Māori in the realm of tapu and wairua,

Unless you whakanoa and you clear and then the next part is whakamana is to lift and empower again to a place where you are actually able to have resilience cos many people they go oh well when you deal with trauma, when you work with trauma is saying we're just going to, if we give them some activities to do it will increase their self-esteem but you wouldn't approach that from a Māori perspective cos their needs to be a clearing first... So that acknowledgement is really important

on all those levels before you can actually... get to the bottom of the trauma of why …and to go back to the root of that. (John/Key informant)

Standard therapeutic support may not be effective because important processes need to occur related to whakanoa and whakawātea (to clear). To clear first requires going back to the root of the trauma rather than only on what is presenting currently, which is understanding and lifting the violations of tapu that have occurred intergenerationally and which may require interventions in the wairua realm. Then the process of whakamana can be enacted,

We always knew he was vulnerable, the vulnerable one.... I said so if we thought about it he was never going to be here for a long time, just a short time and that he was preparing the way for you, the next one who was stronger than him to be the leader rather than to be the follower. He just looked at me and he went wow I never thought about it like that. I said neither had I until I said it but I think that is how we can put that at rest so that we can move forward because that upholds his mana and then upholds your mana to actually take the lead and he just went, I like that aunty. I said well let's say that that is our story from here on to actually say he was preparing the way for you to lead because we knew you were the stronger one … He is able to then support his siblings in that manner rather than keep on hating on the situation that they are in…so that is where we rewrote the story and the feelings of that whānau and to actually describe it in the more positive way was better for

> *everyone. That they can then move forward because otherwise they get stuck in that rut. (Margaret/Key informant)*

The process of rewriting the story in a way that was mana-enhancing for the loved one and the whānau was therapeutic for this whānau.

Key informants stressed the importance of intergenerational trauma in assessment, interventions, and formal supports, which has occurred as a result of colonisation and has been found in other Indigenous cultures where colonisation has occurred,

> *Or is it about pulling the whānau together because they have over three generations of hurt, we need to break that cycle and get whānau to start acknowledging themselves as whakapapa as opposed to the behaviours that are being impacted on them in the past. So, there's a difference aye. Different approaches so when someone moves on from suicide it's removing the blame from them but it's also acknowledging that maybe there are hurts that need addressing that have come through that line so that future mokopuna don't end up carrying on that stuff. (Tim/Key informant)*

It is about acknowledging intergenerational trauma and focusing on healing that trauma.

Key informant Margaret considered the particular knowledge and experience of the therapist to be more important than their ethnicity. She believed the most important aspects were trauma, intergenerational trauma, and whānau rather than individual therapy. Māori culture is collectivist and individual well-being is tied into whānau well-being,

> *I think it doesn't matter who the counsellor is so long as the counsellor can deal with intergenerational trauma ...I think someone to be skilled in dealing with trauma is one, but intergenerational trauma is the other as well. If you have someone that can deal with that because then you are looking at it not as an individual counselling session, you are looking at a whole family on how they can all be counselled because it is each and every one of those family members that have been impacted in this intergenerational trauma.*

Therapists need to be able to work safely with whānau, not just individuals impacted by intergenerational trauma. Margaret considered trust and providing a safe environment to open up as especially important in helping to facilitate communication between different members and generations. She also felt it was important to take a strength-based approach with whānau and support them through aiding in the development of skills they need but lack so they can effectively support each other.

Summary

This theme pointed to the importance of Te Ao Māori and mātauranga Māori for whānau resilience, wellbeing, and healing. The process of tangihanga was considered important in starting the healing through reconnecting to whānau and culture, celebrating their loved one as a safe forum of emotional expression, and to whakanoa. Reconnecting with nature and whenua was also therapeutic, especially when embedded within whakapapa connections. Key informants all considered Māori cultural interventions more appropriate when working with Māori over Western approaches, with tapu and wairuatanga significant, as well as

acknowledging and working through the intergenerational trauma that whānau may have and be experiencing.

Theme 7: Learning, Adapting, Growing

The majority of the whānau referred to the importance of learning, adapting, and growing from the experience. While they did not always consider these in the context of resilience, their actions of adapting were indicative of resilience. Another change was around breaking the silence that surrounds suicide, as discussed in theme two. Whānau stressed the importance of communicating with each other, expressing emotion, and the benefit of whānau hui.

Learning Lessons and Growing from the Suicide Loss

A number of whānau referred to the lessons and growth that arose from the suicide both at the individual and whānau levels,

> *It is about me managing my life, all parts of me so that I see the cracks before it breaks. (Hine/Karaka whānau)*

> *Now I'm watching, and now young people have got a lot of stresses on them these days. So I've got grandchildren I want to watch carefully and make sure I don't miss anything or their parents don't. (Hohepa/Kahurangi whānau)*

It became a conscious decision, through a developed awareness to keep note of the emotional wellbeing of whānau.

Mere reframed it as an opportunity to learn and grow as a whānau through a whānau meaning-making process,

> *And you know learning about, learning from that person who took their life…we're taking it as, okay we're being presented with this opportunity as whatever reason it is, so how can we grow how can we learn from this, this person has given us a precious opportunity, it's brought us together how can we heal so that we can talk to each other more, so that we can be closer than we have before rather than the opposite? Because the opposite is everyone grows away. (Mere/Kahurangi whānau)*

> *You have to look at the types of mechanisms to make sure that it doesn't happen again so through your experiences of suicide then you look at okay what happened in our whānau, then you look at why our loved one took his or her life dahdahdahdahdah. Okay now let's set up our plans, our whānau plans so it doesn't happen again or if our whānau are feeling down and out let's set up structures to actually support our whānau hurts. (Tim/Key informant)*

These might include building a contingency plan, problem-solving and building strengths and communication (Bhana & Bachoo, 2011; Patterson, 2002; Walsh, 2007).

The growth did not always happen immediately and occurred through both the experience of the suicide loss and the ongoing effects of that loss,

I called it back then a breakdown, but I call it a breakthrough now 'cos if I didn't have the breakdown, I wouldn't have had the breakthrough, so it needed to happen, I had to hit the rocks that hard to break out. (Lilian/Māwhero whānau)

Lilian's growth and that of her brother and mother occurred many years after their loss. Grief and its effects do not have a timeline. The transformative process occurred once they were able to acknowledge the loss and express their grief.

Breaking the Silence: Expressing the Mamae

Some whānau understood the importance of expression of emotion, understanding its importance, and this was one of the coping strategies they employed. This is shown in the example below where a father is able to have a cry about the loss of his son,

We got a memory book of him. It was at the tangi…and all of a sudden I saw it and I sat down and cried. I had a big tangi (cry) and my baby was in here and she says where have you been? I said I just been out there that is all. I am all good now and it was way better that I could do that, not so much away from everyone because I don't really care what anybody thinks if that happens, but I like to just have that moment for me. (Joseph/Whero whānau)

Joseph considered those moments to be a necessary and positive experience that enabled him to release his emotion rather than suppress it. Although he did it in private, his intention was not to hide his emotion or feel shameful about it, but rather it was an organic grief response. Joseph's ability to express such emotion was strength- and resilience-based,

helping him to positively deal with his loss. Crying and expressing emotions also did not carry negative connotations of weakness in traditional Māori culture.

Other whānau grew up not expressing emotions, and the experience of suicide loss led to the eventual realisation of its importance,

> *Not having emotions has been a big barrier. I was raised, not intentionally, to be strong and not to really talk or moan about things, like even what's going on like it was never my mum's intention but I think if I was raised to be able to talk to be able to express I wouldn't have held on to all the pain I would have known that I could talk about it. (Lilian/Māwhero whānau)*

Lilian was able to realise that suppressing her emotion perpetuated her grief which revealed itself in various ways over a number of years. Although she refers to not having emotion, she is referring to the suppression of her emotion rather than an actual lack of emotion. She may have suppressed it so strongly that she was not consciously aware of it, but it revealed itself in a myriad of ways, as she has since realised. This example also points to the whānau and intergenerational influence in how emotion expression is normalised.

Breaking the Silence: Communicating With Each Other

Closely linked to the importance of expressing emotions is being able to communicate thoughts and feelings verbally. For some whānau, not communicating difficulties in mood, mental health, or other areas of vulnerability was ingrained. It was uncomfortable, and there

was perhaps some stigma in admitting they might be unwell or not coping, exacerbated by the desire to appear strong,

> *With me, going through my stuff I didn't even feel comfortable talking to my own mother cos of that emotional wall. I didn't talk to my own mother, I didn't talk to my own brother about it, I didn't talk to good friends about it yeah I didn't talk to any whānau about it. … I just text my mum I couldn't even tell her, I just said the doctor said I got depression I have to have Prozac to help me. Her response was real generic like you know no heart in it, 'cos she can't. I think it was something like 'that's good then' just short and generic cos she doesn't have that emotional attachment side to her. (Lilian/Māwhero whānau)*

Although they had lost a loved one to suicide, they were still unable to break this cycle of non-communication. Both Lilian and her mother communicated in ways that inhibited further deeper discussion. Although she may well have had concerns for her daughter, she was unable to formulate this verbally, or she may not have wanted to explore it further out of discomfort or not knowing how to proceed. It could be seen how this could be extended to someone who may be feeling suicidal but feel unable to let their loved ones know through lack of ease or lack of confidence in the outcomes, or for the receiver, lack of confidence in how to respond and fearful of such a conversation. Lilian notes,

> *It's like we need to go to school to learn how to talk.*

Breaking the Silence: Whānau Hui (Collective Gathering)

Communication and expressing emotion in the context of whānau hui was also considered important. Whānau hui enables collective emotional, spiritual, and practical support,

> *I just grabbed all my kids together and I think that was part of the coping mechanism that I have to talk to them, we have to talk and we prepared them for, it was school holidays, and we prepared them. I said look, I got you to talk aye [to Hone] to tell them this has happened. How are you feeling? Are you coming? You don't have to if you didn't want to, just the getting them prepared making sure they were safe. We had karakia, we had a cry, and then we piled up [into the car], cos we didn't know what to expect over there aye. (Maria/Kōwhai whānau)*

This example shows the power of whānau hui, pulling its members together at such an important time, sharing emotions, planning, and keeping the whānau culturally safe. This approach combats the stigma or secrecy that can surround suicide and creates an environment where its members can feel supported and able to safely process their thoughts and feelings about the suicide loss.

Not all whānau provided a forum for its members to talk openly and honestly about their loss. However, it was considered important,

> *I could feel this resentment coming from cousins and it was like…Some people it was still a taboo subject and they don't know how to cope with it themselves, so they don't know how to share it with their kids and some families didn't… I think*

discussions should have been had like if you are not comfortable talking with your kids about this, send them to Aunty, send them to whatever, the people who are comfortable sharing that stuff. (Mere/Kahurangi whānau)

Mere felt that whānau hui were important, and if members found it difficult to discuss the suicide, then another member that was more comfortable having difficult conversations that elicit emotion should take on that role.

Another important aspect of whānau hui is being able to work through grief collectively to reconnect with each other and especially with their lost loved one. Key informant John points out,

What it means is coming to some sort of understanding so that you can reconnect with that person but to come to that understanding you have to clear, there's all these unanswered questions so whānau you know they get together and kōrero well okay well what did happen and there will be a time where they are blaming the person who killed themselves they are blaming each other all of that they're angry, they're sad, why? Because they're trying to look for answers about why that person killed themselves … it's those pathways of trying to reconnect with them and clearing away that shame and that stigma that's associated with it and owning it too, saying okay somebody in our whānau has committed suicide it's our suicide, you know, we'll take responsibility for that death… How can we reconnect with that person, reconnect with each other so that it does not happen again? (John/Key informant)

The ability for whānau to remain connected to the loved one and with each other, despite blame, sadness, and anger, is an important part of the suicide bereavement process.

Summary

This theme spoke to an aspect of resilience enacted by whānau in the context of suicide loss. Participants spoke of the lessons learnt as individuals and whānau, which was closely aligned with a perceived sense of growth. Lessons involved connecting, communicating, and expressing emotions. Lessons and growth did not follow a fixed timeline, with some whānau initiating changes early and some with time. Whānau hui was a particularly notable mechanism as it involved collective grief and coping.

Theme 8: What is Resilience

This theme explored participants' understandings of resilience. Having an understanding of what resilience means to whānau helps to understand what contributes to or weakens it. Resilience was considered to be developed through adversities. It was commonly associated with strength and the ability to keep going despite numerous adversities. But it was also seen as breakable if pushed too far. In addition, resilience was considered to be connected to wairua. People could draw strength from their wairuatanga and relatedly to aspects of Māori culture. Key informants noted the effects of historical and intergenerational trauma on the wairua of individuals and whānau, and therefore their resilience.

Developed Through Adversities

A common understanding of resilience was its association with being strong and able to withstand multiple adversities. Some theories contend that a major stressor needs to occur for resilience (Patterson, 2002), while others contend that life, in general, creates exposure to risk (Walsh, 1998). Māori have endured numerous adversities due to the experiences of colonisation over multiple generations and can be considered to have developed a kind of collective resilience (Penehira et al., 2014). For these whānau, it was about the accumulation of major adversities and life stressors that develop resilience rather than one particular event.

The Kōwhai whānau went through some major tragedies prior to the suicide. They responded to these experiences of adversity in ways that developed or increased resilience which enabled them to cope better with the suicide loss. They were able to utilise these whānau processes in their experience of suicide loss. This included a number of relational processes found in the family resilience literature, including effective communication, family cohesion, and shared meanings – especially about their identity as a family (Patterson, 2002; Walsh, 2002),

> *So I think I built internal strength cos I thought shit Lord you can shove all that shit at us now, nothing coming up will match this year and I think the kids watching me and him strong enabled them to be strong in who they were and we always said you know this is this, if you need us we're here. If we can get through all this shit*

together as a whānau nothing can break us apart. So I think it was just that constant messaging about our love for them. (Maria/Kōwhai whānau)

However, suicide was identified as a particular adversity that contributed to resilience in its own unique way. It differed from other adversities and other modes of death because of its relationship with stigma, the knowledge that the person chose to kill themselves, and the subsequent guilt, blame, meaning-making, and hindsight,

I think each challenge that you face will strengthen you a little bit, so yes in that sense yes. I think we had it there already which helped us face that challenge but every hardship that you face will refine you a little bit more, yes, so every little heartache makes you a little stronger… I think the nature of it being different from illness or if you have died of heart attack. It caused us to be more resilient, yes, I would say so, it added to it. (*Hohepa/Kahurangi whānau)*

Although resilience was more commonly conceived in terms of strength, resilience was seen as learning to be vulnerable and understanding the needs of the individual and whānau,

There is the resilience of understanding suicide, understanding the situation, making sure and learning from it, there are ways that I can cope if I feel that way. There are people I can talk to, there's ways that I can handle these situations. There is that more mature resilience where you really have an understanding for yourself how you can cope in these situations, how you can help other people cope in that

situation instead of just like ticking a box, yes I am good. (Mere/Kahurangi whānau)

Mere: We have still got a way to go to be resilient enough as a whānau to openly be vulnerable and talk about that stuff. I think there is a bit of vulnerability with mature resilience…

Ana: We are too resilient

Mere: Resilience doesn't involve any kind of weakness. I am not a crier either but what I realised is that I get vulnerable, so I get mad

Ana: To me it's being that strong person that doesn't show any weakness. Your poker face

Mere: You are resilient because you can cope no matter what, you don't show any weakness.

There appears to be a common misconception that resilience and vulnerability are separate, and some negative connotations are linked to being vulnerable. However, the 'mature resilience' that is referred to here is connected to vulnerability as it requires honest communication, the expression of feelings and needs, and support from others.

Lilian points out a whakataukī that she feels encapsulates the notion of being strong and coping at all costs,

Yeah, not to express, not to feel, not to talk about things, just be strong and move on, like get up and move on, yeah it's quite common though in Te Ao Māori to just be strong like even in that whakataukī, that saying, 'kia kaha', I don't like it…so

yeah I think that's what we've got to change in Te Ao Māori, stop saying kia kaha stop saying be strong, harden up and all that kind of stuff cos looking at statistics, it's not in our favour. (Lilian/Māwhero whānau)

This whakataukī was initially used as an affirmation or encouragement. It is still used in this context but has also been appropriated over time to the meaning Lilian refers to, relating to a sense of 'toughing it out'. However, the cumulative weight of colonisation and systemic adversities becomes too much to bear and reaches a certain point where this is not sustainable,

I was looking after everybody else and I wasn't paying attention to myself, not knowing what was happening with me. (Alice/Waiporoporo whānau)

One post popped up. It was from our oldest daughter. So she's a single mum, she lives down the coast. She's the hunter fisher of our family. She popped up, she goes I'm not allowed to be weak, what did she say? I'm not allowed to be weak, weak is not an option cos I saw everything my mother went through. So I had a cry, I saw it as a compliment. I said you can be vulnerable, there's a difference. I said you can show weakness 'cos you need to show that in order to bring your strength up again. She goes oh thank you mum, that's when she shared that she was feeling like a hopeless mum. (Maria/Kōwhai whānau)

Maria's daughter was struggling and initially felt she might be letting her whānau down for not being strong and managing. She didn't feel allowed to express her kare-ā-roto

(emotions/feelings). Her mother's reassurance, understanding, and teachings that it was okay to be vulnerable was a process that enabled her to feel safe to reveal what she was actually feeling and experiencing.

Being Strong (But Can Snap)

A common theme for whānau was the notion that resilience is breakable and there is a cost to being too resilient. Even though some individuals and whānau can endure multiple adversities and mamae, there is a limit, and it becomes untenable when people have too many challenges to endure. It can lead to physical, psychological, spiritual, and whānau unwellness – even suicide,

> *I think we are resilient but there are those last straw things…. It is breakable, it does break. What that means for me is resilience is inherent, it just is, it is part of you and there is a possibility that it can break. (Hine/Karaka whānau)*

> *I think it's a good thing and it's a bad thing cos I was so resilient, too resilient, that it got the best of me. It's a fine line I think just woman in general are resilient and I think it's a good thing and a bad thing, we're too strong we got to learn not to be strong, to be vulnerable, to consciously be vulnerable instead of choosing to be strong all the time… I mean it's good to be resilient but to a certain point cos too strong can actually- you can snap. That's what I look at my mother and myself is too strong for our own good. (Lilian/Māwhero whānau)*

Some iwi, such as Te Arawa, have their own interventions to develop resilience – especially for rangatahi (youth). While they are not specific to suicide, the experience of adversity enables them to develop a sense of resilience more broadly that they can apply when needed. Some of the key informants noted difficulties in developing resilience as a consequence of colonisation, marginalisation, and forced assimilation, as the structures and processes within traditional Māori society that lead to resilience have been eroded,

> *Our culture has been diluted, it's been diluted so much that we're not as strong [as a consequence of colonisation]. There were certain expectations of the tribe that were expected of you and of whānau too, and they were responsibilities not just expectations, but you had responsibilities too. In terms of teina-tuakana relationships, all those* roles. *(John/Key informant)*

Interventions, like the one below, were one way to overcome this, and they are particularly important given the high rates of suicide for Māori youth,

> *That's why our whānau take them on Te Arawa hīkoi (walk), walk them around the tracks for goats. That's building resilience because you have to go through the hurt and pain of tracking down our tūpuna's steps and to get to the end and once you get to the end you feel resilient enough to get to actually do it again you know, but you have to go through it. Also, with taking our whānau through say like a Te Arawa hīkoi you're learning about the sacred society, you're learning, whilst you're becoming resilient climbing Tongariro maunga (mountain), focusing on the end goal, suffering, blisters everything, you're learning about oh your tūpuna actually*

came through this area too. So how do we keep you strong. Okay, let's karakia, let's use a karakia from our tūpuna Ngātoroirangi he was freezing on the maunga and he was trying to summon up strength and so when our whānau experience that type of resiliency then they know when life hits them in society, they know oh matua or whaea said when I'm in a hard situation karakia to our tūpuna, you know those things aye. (Tim/Key informant)

The experience of adversity builds resilience, but the wairua and cultural elements move it into a wairua realm which makes it more powerful. They are able to draw strength from wairuatanga and connection with te ao wairua, and it also contributes to lifting the mamae they may be experiencing.

Other cultural examples that can increase resilience are the roles and responsibilities and whānau connection that is found in such Māori cultural institutions as marae, whānau and hapū, and the collectivistic nature of Māori culture, which has been somewhat eroded through colonisation and the move to a modern, individualistic society. The individualistic focus does not lead to individual or societal well-being,

We are missing the boat. We need to be focusing much more on the kind of things that we can do to more generally increase the resilience of families and of family functioning…we will eventually realise that all of this pursuit of individualism, of individual opportunity, of you can do anything you want seemingly irrespective of any role or responsibility that you have anywhere else. We will realise that we have sucked a lemon. (Howard/Key informant)

My koro used to say even if we went back to the marae for one day it would matter ...so I think the marae is one place where we can build resilience but it's not just, it's being part of the marae and contributing to the marae that makes the difference so I think that's really important, and just alcohol and drugs is a huge one too, against resilience, so to remove that, come back to the marae to your tūrangawaewae and within whānau to realise that everybody makes mistakes and that's okay, to continue coming together, bringing people together, having occasions for celebrations are important. (John/Key informant)

Culture is another way that can enable a person to endure adversity to an extent, as shown in the example below,

I did a presentation of suicide prevention and resilience at a marae up...The people that were in the hui said oh we want to know what resilience is. I said okay, I can tell you what resilience is, I can show you what resilience is. I called my aunty [who was in the kitchen] into the marae. I said this aunty has been through thousands of hurts… but still she continues to be in that kitchen to cook for you the best meal that she could think of. Why do you do that aunty and she goes, oh because that is what you are wanting me to do and I said no because it is the love that you have for this family, this marae and these people, that is why you do it...now you ask me what is resilience? This is what you call resilience. (Margaret/Key informant)

Significantly, what is underlying her ability to be resilient is aroha and caring for the collective, for her whānau, hapū, and iwi. She was strengthened by her aroha and desire to support her people, and this enabled her to continue on despite enduring many hardships and life stressors. However, there is a need to be careful that we do not expect people to continue to endure adversities and trauma without adequate support; otherwise, it does lead to burnout or unwellness.

Inherent- Linked to Wairua

Wairua is a key component for the development of resilience or the ability to be resilient,

> *A kaumātua I knew back in Hawkes Bay in Wairoa when I went back there for eighteen months to live, he was riddled with sickness but I could sum him up, he was very resilient. It was like nothing physical could touch his wairua, that's how resilient he was. (Hohepa/Kahurangi whānau)*

Disease may have impacted his physical body, but it appeared his mana and spiritual strength remained intact. He was able to lean into and trust in his wairuatanga.

Linked to this is also the strength that religion provides for those whānau who have strong religious beliefs and faith. The mechanisms for their spiritual beliefs have similarities with wairuatanga in terms of Māori spiritual beliefs. Understanding that they are 'God's children' and therefore divine gives them a sense of value and worth, as shown in the example below,

So it is in Te Ao Māori: we are born with mana tapu, through our whakapapa to the Atua, we are born of nobility. (Wiremu/Key informant)

I think we are resilient people because we know who we are, our belief tells us that we are children of God so we are of divine heritage...So when you know that I am a child of God and he wants me to do well, he wants me to progress, and he is there for me if I need him, it helps you be resilient because you know who you are. Unfortunately, there are people out there who don't understand their value and their worth and so it can be very easy to feel worthless and feel desperate and like there isn't any hope or isn't any light at the end of the tunnel, but we certainly have that belief that we are of worth. (Jill/Kahurangi whānau)

There is an understanding of our divinity from a wairua perspective and an understanding of there being a greater purpose and support from te ao wairua that will enable them to get through any hardships. This can help to reconcile making meaning of a loss to suicide and any other adversities and gives them the inner strength to cope.

Conversely, wairua can be diminished. This occurs through the machinations of colonisation which has eroded a person's sense of self-value and the valuing of their culture, with the potential consequence of suicide,

But fundamentally I think Māori are impacted heavily and are not being addressed um in terms of their conflicts, in terms of their separations from their land, from their language, from their whakapapa and so being disconnected from those things,

> *those foundational essences of who they are where they come from, those things that gave them the power to stand as rightful rangatira, in their own right. All those things are taken away and if you take these types of things away from a people and they are treated negatively and they begin to see themselves as how the coloniser wants them to be and so they have nothing. And that's only one type of thing, it's like from that platform the hurts in other areas of one's life become almost unbearable. (Wiremu/Key informant)*

The multiple traumas experienced over time as a result of colonisation result in disconnection of land and culture but also disconnection from who they are and those other aspects that can build strength, resilience, and well-being. They internalise negative colonial messages about themselves and feel a sense of lack of mana; they have lost those aspects that strengthen and connect them to their wairua. This creates low self-worth as Māori and vulnerability to unwellness and suicide.

Summary

This theme explored the nature of resilience as conceived by these whānau and key informants. Resilience is considered to develop through experiencing numerous adversities, which strengthen them and lead to processes within whānau that help cope with later adversities. It was also understood as the ability to be and reveal vulnerability. However, resilience was seen as breakable, and there is a limit to what individuals and whānau can cope with before it becomes untenable. Significantly, resilience was linked with wairua. Wairuatanga enabled whānau to endure and included religion. Closely linked to

wairuatanga were the cultural elements that contributed to resilience. However, wairua and resilience can be diminished, and some of our cultural procedures that are protective and promote resilience have been diminished through the ongoing consequences of colonisation.

CHAPTER 7: DISCUSSION

The aim of this study was to explore and understand the whānau experience of suicide loss. A second aim was to understand what contributes to resilience and wellbeing. Six whānau interviews were conducted with whānau who have lost a loved one to suicide. In addition, five interviews were conducted with key informants – experts in the fields of mental health, community mental health, and suicide prevention who have worked with numerous whānau. A total of 17 participants contributed to this research. The study was underscored by a Kaupapa Māori approach in both methodology and analysis. Thematic analysis, as outlined by Braun and Clarke (2006), was used to analyse the interview data with a Kaupapa Māori lens. The key findings are summarised in table 4 and discussed in more detail in the following discussion.

Table 4

Summary of Key Findings

Themes	Subthemes
Whakamā	Silence within whānau Reactions from others Beliefs about suicide
Ripple effect on whānau	Whānau mental health and wellbeing Impact of different coping methods Unresolved feelings
Systemic barriers	Coronial process The mental health system Lack of understanding about tikanga
Strength of whānau	Aroha, whanaungatanga, manaakitanga
Te Ao Māori	Culturally specific strategies and knowledge Connection with the whenua and natural world
Wairuatanga	Aroha towards others Spiritual and religious beliefs Continued relationship with loved one

Themes	Subthemes
Resilience	Developed through adversity To be strong and cope- but can break Inherent- linked to wairua
Adaptation and Growth	Learning lessons Increased communication Express emotion

Findings revealed the whakamā (shame) evident within the suicide loss experience. The experiences of these whānau and other whānau that key informants have worked with strongly supports literature findings that suicide is associated with stigma (Jordan, 2008; Hanschmidt et al., 2016; Peters et al., 2016). Much of the previous literature is from international/Western studies (e.g., Cerel et al., 2008; S. Clark, 2001). However, stigma was also noted in Tiatia-Seath's (2016) study with Pacific communities, where it was noted that stigma hampered support, and in Heeni Morehu's (2013) personal account of her journey through suicide loss and grief. The current study highlights that stigma exists within both the dominant Western society and within Te Ao Māori (the Māori world). This has implications due to the high rates of suicide for Māori. This stigma was evidenced through the way that others responded to whānau and in attitudes about the bereaved. Whānau experienced silence from others, or insensitivity, with prevailing beliefs about suicide still evident, for instance, that it is an act of weakness. Such responses support Emery et al. (2015), who found that contemporary understandings and approaches to suicide are limited and confused. This confusion about suicide and how to respond increased the sense of whakamā and, where whānau felt unable to express their grief

around others or talk about their loved one, created a silencing effect. Being able to safely express emotions and talk about their loss was associated with resilience, yet the responses of others contributed to a type of disenfranchised grief as conceptualised by Doka (2002) that includes disconnection and alienation from others, inhibited grief expression, and lack of adequate social support.

Stigma was also enacted by the way that whānau themselves responded to the suicide with a silencing found within whānau, largely as a way to protect whānau cohesiveness. Silence as a coping strategy was also noted in Bowden's (2018) doctoral thesis on male peer responses to suicide, and Conway's (2014) Master's thesis that found some forms of social support were not conducive to coping and intergenerational harm was perpetuated by a code of silence. The consequences of silencing whānau are that whānau members suppress their grief, they potentially internalise the stigma, and they are unable to process their mamae (pain). This can lead to psychological, physical, spiritual, and whānau unwellness.

This links to another main finding – that suicide can have a ripple effect on whānau that reverberates long term and intergenerationally. This finding is consistent with previous suicide bereavement literature, which emphasises the significance of intergenerational trauma (Braveheart, 2003; Cerel et al., 2008; Jordan, 2017; Morehu, 2013; Pitman et al., 2016). In the current study, whānau members experienced depression, anxiety, alcohol and substance abuse, and suicidal ideation. Psychological difficulties arose when whānau were unable to process their mamae and instead tried to suppress it. This is hindered by the stigma that exists about suicide which can extend to the suicide bereaved. It is also hindered

by some modern cultural ideas of needing to be strong and hold it together. The notion of being strong and that showing emotion or being vulnerable is weak is evident within a type of masculine hegemony found in mainstream society, and particularly within discourses about Māori masculinity (Hokowhitu, 2007). However, participants in this study considered this notion more common with wahine (women) and Māori culture more broadly. More generally, Māori are considered to be an emotionally expressive culture (Smith & Wirihana, 2014).

When tāne or wahine feel they must present as strong and able to cope but feel emotionally vulnerable, they may turn to anger. It may sometimes feel like a more acceptable or comfortable emotion to express when underneath, there is a lot of mamae. Anger may also be an external expression of the cumulative effect of suppression, disempowerment, and mamae. Whānau disconnection in relation to suicide can occur due to unresolved anger as well as blame, guilt, and shame. Whānau may be unable to process their grief because they hold onto blame and anger towards others or the mental health system and potentially feel powerless and let down within these systems.

Another finding is related to the systemic barriers that exist for whānau. These were significant factors that impacted their coping and well-being. This was evident with the coronial processes that appeared to have scant regard for the whānau or the tikanga (customs, procedures) around tapu and the tūpāpaku (body of the deceased). The coronial process has been implicated in previous research as detrimental for Māori (Clarke & McCreanor, 2006; Edwards et al., 2009; Everard, 1997; McClintock & Baker, 2019), and the current research confirmed that this process was indeed traumatic for whānau,

extending their suffering. For example, one participant talked about not being allowed to touch or take his son home. Having the power to decide whether a father can touch his son or take his son home is a traumatic event that impacts the mamae of the individual, their whānau, and Māori culture more broadly. It highlights that such a system is designed for the dominant culture, not Māori culture, clearly prioritising the needs of one culture despite our bicultural foundations in Aotearoa New Zealand. There seemed to be a lack of accommodation for critically important tikanga (customs) within Māori culture, such as the tapu state of the tūpāpaku and the desire not to leave the tūpāpaku alone.

While the process itself is traumatic, there appeared to be a general disrespect in the coronial and police processes that exacerbated whānau suffering. This is pertinent as the suicide of a loved one can already impact how others judge whānau or how whānau feel about themselves due to stigma. It may be that some of the coronial processes lack care due to an overwhelming workload rather than as acts of racism. However, a seeming lack of respect may be interpreted as racism due to its similarity with other experiences of racism in their daily lives. It also further erodes whānau trust in the system. Further, when there is a pattern that has occurred, it needs to be asked why there are no procedures and policies in place and embedded into the system to ensure that tikanga are recognised and not left to the whānau to try to negotiate in their time of need. These findings support McClintock and Baker's (2019) call for more sensitive and culturally appropriate cultural liaisons within coronial services.

The literature on Maori death and dying has pointed to the significance of tangihanga (Edwards et al.,2009; Nikora & Te Awekotuku, 2012; Paterson, 2015; Waiti &

Kingi, 2014), yet these findings highlight that the dominant society does not understand its significance beyond being a one-day funeral service in the Western sense. Subsequently, there is an undermining of this cultural practice and process. Employers were loath to allow time off for tangihanga. This has implications at the financial, cultural, social, emotional, and wairua (spiritual) level as the tangihanga processes are designed to facilitate the grief process and may be especially needed when a whānau is grieving a suicide loss and needing all the emotional, spiritual, and physical support that tangihanga provides. The power differential is also shown in who is allowed to take time off to attend, with a lack of understanding evident of the wider whānau support found at tangihanga. If it impacts employment, this can create financial stress in what may already be financially stressful environments.

Where the deceased whānau member had been involved in the mental health system prior to their death, findings pointed to issues with how this was managed and the lack of whānau involvement. Whānau were not always made aware of their loved one's suicidality, which adds to their anger, blame, and grief, with 'if only' thoughts. Further, the person can be discharged to be left alone without communication with whānau. When people are suicidal, dropping them home alone is potentially dangerous and denies the whānau opportunity to support and protect their loved one. Similarly, the knowledge that a loved one has asked for whānau but has been denied the request adds to the grief and raises the issue of power differentials. While some decisions are undoubtedly made based on valid reasons from a Western professional or ethical perspective, it is difficult to reconcile how a decision like this does not incorporate Māori ethics, tikanga, and obligations regarding the

person and their whānau. Significantly for Māori, whānau is considered an essential part of healing, and Māori do not view individuals as separate from whānau. Decisions should be informed by both Māori and Western ethical stances. Yet, Māori ethics, such tikanga processes and values connected to whānau, aroha, and manaakitanga, are usually not considered relevant.

Another key finding was that current public mental health services do not appear to be working for whānau. These Western approaches were widely criticised as feeling like 'ticking boxes'. While clinical psychology, psychiatry, and other therapeutic support have a role, the standard 1-hour or less appointment time, process, and format currently implemented can privilege information gathering over whakawhanaungatanga (making connections), engagement, and tikanga Māori. This approach feels impersonal and can lead to a lack of connection. This can result in ineffective support, with the consequence that whānau discontinue treatment. This is significant when considering the finding that bereaved whānau experience psychological difficulties, including suicidal ideation, and may therefore need therapeutic support. The Western terminology was also pointed out as a barrier. Diagnostic terms found in the Diagnostic and Statistical Manual of Mental Disorders (DSM) like depression felt 'heavy' and locates the problem within the individual. Potentially experiencing the stigma of suicide loss may increase a general sensitivity toward mental illness stigma. By contrast, some Māori psychological states such wairangi felt less judgemental and more accurate. Vivian and Piripi's (2010) suicide prevention intervention tool may be useful for bereaved whānau to describe their psychological states.

First responder formal support was also criticised. Victim Support was particularly found wanting. It may be that whānau do not understand what the role of Victim Support is, and perhaps this needs to be made clearer. It may be that a Māori support person or organisation would be more effective. Alternatively, Victim Support should be connected with the person who found the body, as this was an issue that came up in this study and others (Tiatia-Seath, 2017). A key criticism was the perception of 'ticking boxes', similar to that experienced within the therapeutic context, and a lack of connection with no follow-through, which increased this perception. Whānau needed to feel the support person was genuine to be effective through responding to their stated needs. They also preferred support that was more practical in the immediate aftermath of loss. McKinnon & Chonody (2014) found that suicide bereaved did not have the capacity to actively seek out formal supports in the early stages, so entities such as Victim Support do fulfil a need. However, practical or cultural supports may be more effective in the early stages, such as karakia (prayer), kapu tī (offering cups of tea), advocating where needed, and organisation of necessary practical tasks.

One finding was that the strength of the whānau unit itself contributed to coping, well-being, and resilience within the context of suicide loss. The current study strongly supported Waiti and Kingi's (2014) findings in this regard. The whānau unit enacted family resilience factors such as flexibility, open communication, and meaning-making as a whānau (Walsh, 2003). These whānau pulled together as a result of the loss, changing relational patterns to become closer as a coping strategy and a protective strategy. Whānau hui (collective meetings) were enacted by some whānau, allowing for the open expression

of emotion and communication. Whānau also refers to extended whānau relations, and this was evident where aroha, whanaungatanga, and manaakitanga were enacted, where whānau members provided support practically and emotionally to each other. This whakapapa whānau (whānau connected by descent) support was also evident in Waiti and Kingi's (2014) resilience study. Such cultural values and practices were further noted in the Māori families from the Waldegrave et al. (2016) resilience study about single parents. In Edwards et al. (2009) study about Sudden Infant Death Syndrome (SIDs) and grief, whānau support was considered very important regardless of the closeness of the relationships, while in Edwards et al. (2007) study, about resilience and youth, extended whānau relationships provided important support. Connections and connectedness with whānau are considered protective (T.Clark et al., 2011; Durie, 2001; Lawson-Te Aho & Liu, 2010) and can be considered at the heart of whānau well-being in the context of suicide loss. Whānau members would check in regularly with each other or spend more time physically with each other to ensure they felt connected.

Connecting with and supporting other suicide bereaved whānau or suicidal individuals was one of the ways whānau positively coped. This helped whānau not only through shared understandings but also through helping others. Morehu (2013) also found support groups (e.g. Facebook) helpful, but an Australian study (McKinnon & Chonody, 2014) had mixed support for peer support groups.

Culture, cultural practices, and rituals were seen as protective. Te Ao Māori offered numerous ways of healing, developing resilience, and well-being. When whānau did not get the support they needed from counsellors, they turned to Te Ao Māori which enhanced

their wellbeing. The specific whakapapa connections with the whenua (land), the natural environment, and marae helped on a wairua (spiritual) level, lifting their wairua through the sense of connection, which may have been hindered through reactions of others and feelings of isolation. The physical expression of whakapapa was also found in the continuation of their loved one in new, younger members of their whānau and wider whānau. They were manifested physically in their namesakes. The interconnectedness of wairua, tūpuna, and Ātua (Gods) reminds the person they are part of a wider cosmology linking the past, present, and future, strengthening a person's mauri (life essence).

Key informants pointed to the absolute need for tikanga and mātauranga Māori (Māori knowledge) to be included or incorporated in services that work with Māori suicide bereaved. They pointed out that Māori already have knowledge of how to support Māori but that they are less resourced or prioritised than Western supports and knowledge founded on Western cultures from overseas. These included Māori models of well-being and counselling interventions, as well as specific tikanga embedded within Māori culture that can aid therapeutically. Similarly, McClintock and Baker (2019) contend that solutions to depression, shame, blame, and anger should be guided by Māori tikanga, mātauranga, and reo (language).

Key informants also pointed to the need for a collective approach to therapy that centres on whānau rather than individual therapy, and a focus on trauma, both at the level of the suicide and the historical and intergenerational trauma as a result of colonisation that underlies much of our current mamae. Acknowledgement of historical trauma is considered an important intervention for Indigenous scholars such as Braveheart (2003) and Duran and

Duran (1995), and it is considered relevant for Māori too (Gilchrist, 2017; McClintock & Baker, 2019). This would require much more than standard 1-hour sessions or the maximum number of allocated sessions as in our current system. Much of our psychological clinical training takes a Western, individualised approach, with no focus on historical trauma found in the clinical programmes, so we do not currently have the training or competencies to work in the way that is needed for our whānau. Other approaches include rewriting the whānau narrative in a way that places emphasis on rebuilding the mana of the whānau and the loved one so that it is not carried forward into later generations of that whānau (Emery et al., 2015). Māori concepts such as tapu, mana, and noa are essential for the restoration of mana and the well-being of the collective (Tate, 2012). There also needs to be a focus on intergenerational strengths, resilience and intergenerational gifts inherited from tūpuna.

The processes within tangihanga may be considered a 'gift' from tūpuna, and its importance has been noted in various studies about death and Māori (Jacob et al., 2011; Paterson, 2015; Wihongi, 2013). Waiti and Kingi's (2014) research on whānau resilience found that the grieving processes and supports within tangihanga were considered factors that contribute to resilience. The current study adds to the evidence base for the importance of tangihanga. The tangihanga was noted for its role in bringing whānau together, learning about whakapapa and culture, as a safe place for the open expression of emotion that is shared with others, and celebrating the life of their loved one. These all have extra significance where the mode of death is suicide. The tangihanga can potentially extend whānau suffering when treated differently due to suicide, through experiences of stigma

from extended whānau and the paepae (the speakers that sit on the bench at a marae). The significance of the paepae for healing has been noted elsewhere (McClintock & Baker, 2019). It can also provide important emotional and spiritual support to help whānau, offsetting the negative societal experiences and trauma if done right. As key informant Tim noted from a kaumātua he spoke to, the role of the paepae is farewelling the wairua, not judging the suicide or the whānau. These whānau experienced the tangihanga as positive, but key informants cautioned that this is not always the case from their experience working with whānau due to stigma. Whānau are in a heightened state of wairua during and after the tangihanga.

Wairua and wairuatanga were important for well-being and were key resilience factors. Spirituality is considered a resilience factor in the wider resilience literature (Benzies & Mychasiuk, 2009; Bhana & Bachoo, 2011; Black & Lobo, 2008; Walsh, 2002, 2003), and this research provides further support; however, it had additional meanings and mechanisms. Wairua was part of the grief experience. Whānau need to transition back to everyday life after being in a heightened state of wairua. Whānau continued connections with their loved ones who had transformed into tūpuna (ancestors), also noted in Morehu (2013). As tūpuna, they helped them through their grief through tohu (signs) in the form of birds and in dreams, and who they could call on for guidance. The normality of wairua as revealed in tohu or visions from tūpuna is in line with research about wairua (Lindsay et al., 2020) and matakite (Taitimu et al., 2018). The theory of continuing bonds (Hall, 2014) is supported here as particularly relevant for Māori. None of these whānau experienced continuing bonds as negative, as cautioned by some researchers (Field & Filanosky, 2010

cited in Root & Exline, 2014). All of the whānau found this continuing connection welcome and helpful. Similarly, other Indigenous grief experiences included beliefs that loved ones continued to be around them (Dennis & Washington, 2018).

Wairuatanga was a resilience factor in the current study and in Waiti and Kingi's (2014) study. Wairuatanga enabled whānau to see the bigger picture, and this provided them with inner strength. This broad understanding of wairuatanga also encompassed religious beliefs for some whānau, with God being a source of comfort, aiding in meaning-making, and helping with their resilience. Many Māori have Christian faith – a consequence of the colonising machinations of the missionaries. They are also able to simultaneously believe in wairua and tapu and other Māori elements without issue. This can be seen in the examples of Pā Henare Tate, who integrated both systems and understandings, and the Reverend Maori Marsden, who was both an Anglican minister and tohunga (Marsden, 2003; Tate, 2012). This was also evident in the current study. The duality of both systems is also evident in modern Australian Aboriginal grief processes (McGrath, Fox-Young, & Phillips, 2008). Further, studies have pointed to a connection between post-traumatic growth and spirituality (Pargament, Desai, & McConnell, 2006).

There needs to be a focus on fostering wairuatanga as a key strength to help with recovery and healing. It is an essential element in all Māori models of well-being and was referred to by both whānau and key informants in this study. It is through wairuatanga that a weakened mauri can be regenerated. Whakapapa, identity, and relationships with te taiao (the natural environment) are all important for wairuatanga. In fact, these are important across all of the suggested interventions.

Resilience was closely linked with wairua. It was considered to occur with experiences of adversities (Patterson, 2002; Walsh, 2006). Whānau conceived of resilience as the ability to keep going despite adversities. Harvey et al. (2006) contend that being able to "keep on going" after adversity is movement and surviving and demonstrates resilience rather than growth. As a key informant pointed out, this idea of resilience can be seen in some of our older kuia (elderly women) who have been through so much but continue on due to the aroha (love) they feel for their whānau, hapū, and iwi. The majority of whānau conceived resilience as something that can break. There is a limit to what a person or whānau can take before it becomes untenable. At that point, it will impact their psychological and spiritual wellbeing. This points to a curvilinear relationship between trauma and a person's psychological resources, where psychological growth becomes difficult (Calhoun & Tedeschi, 2006; Harvey et al., 2006). This is especially significant when considering the experience of colonisation that has led to an accumulation of lots of adversities over many generations, which continue to impact Māori today (Penehira et al., 2014). If there is a limit to resilience, the question has to be asked: How much do we expect Indigenous people who experience colonisation to endure? This has relevance for suicide prevention as a breaking point may lead to suicide and is also relevant for suicide bereaved whānau. They may be contending with daily stressors, microaggressions, and other social ills created by colonisation, alongside an unconscious sense of grief and loss related to historical trauma and the grief and loss of loved ones to suicide. The focus on trying to be strong leads to mental ill-health, as found in the ripple effects of suicide. Grief needs to be expressed for healing to occur.

Whānau also conceived of a different type of resilience that involved learning and growing from suicide. Understanding what they needed to cope if it happens again, being vulnerable to express their emotions and needs, but also what to look out for, and how to respond before another suicide occurs. This is a type of post-traumatic growth (PTG) (Calhoun & Tedeschi, 2006). Janoff-Bulman (2006) considers the development of psychological preparedness to be an aspect of PTG, resulting in a reduced risk of psychological breakdown in the experience of future traumas or adversities, and this type of resilience seems to align with this conception. Whānau felt stronger as a unit and developed more strength as a result of experiencing this adversity. They became more aware of warning signs, pulled together as a whānau, increased communication with each other, and checked in with each other more often.

Implications

The results of this study highlight that stigma is still prevalent around suicide despite more awareness, both in the dominant society and Māori culture. More work is clearly needed to educate people about suicide and how to respond to suicide bereaved so that bereaved whānau do not experience a further sense of whakamā, alienation, and disconnection, exacerbating their experience of grief. This has further implications due to the increased rates of suicide for Māori. One of the risk factors for suicide is social isolation (Peters et al., 2016), and bereaved whānau are at heightened risk, so appropriate ways of supporting bereaved whānau are needed to decrease suicide risk and increase well-being. Whānau do want to talk about their loved ones. Not asking about their loved one or how

they are is worse. It points to the importance of interventions that teach communication skills as well as the need to change the stigma in talking about feelings, mental health, and suicide at a societal level.

Further, the current coronial system is not only a barrier to whānau coping but adds to their trauma. Legislation around the coronial process has moved to become more adaptive and respectful toward Māori tikanga, but clearly, more work needs to be done in this regard. While they are necessary processes that need to occur, more sensitivity around tikanga and toward whānau would decrease some of the additional trauma (McClintock & Baker, 2019). Respectful interactions, open communication, and clear information would be more mana-enhancing.

A greater understanding of the role of tangihanga needs to be promoted so that allowances can be made for employees needing to go to tangihanga. Over the longer term, it may be more productive to the well-being of the employee to allow time for tangihanga as the processes within tangihanga help to initiate grieving and healing. Also, understandings of grief show that it does not 'end' after three days, so there is a need for ongoing supports to be made available.

The whānau structure and unit have many strengths, and therapists/services should be working with whānau to enhance their capabilities and capacities. Within each whānau, it appears there are whānau members that take the lead in how the whānau deals with the suicide loss. In supporting a whānau, identifying and supporting this person or persons may be effective, as well as being aware of the different needs of its members. Providing a safe forum for whānau hui and healing would be worthwhile, so members do not remain stuck,

and the whānau remains connected despite the potential feelings of blame, guilt, and anger or behaviours of isolation. This would help develop the type of resilience identified that leads to growth and true healing rather than 'soldiering on'. This would likely need to be facilitated by other people than psychologists such as Kaumātua, cultural advisors, and kaimahi (practitioners) skilled in this work. It also needs to be led by Māori processes, with consideration of appropriate environment and allowance for time and space.

Also, whānau can potentially take on much more of a support role for their whānau members who are suicidal. There is strength in whānau and in whānau approaches, and they should be utilised as much as possible as a partnership when a loved one is suicidal rather than being kept 'in the dark'. Not only can they be an additional resource when mental health services are overworked and under-resourced, but they have intimate knowledge of their loved one, they may be able to stay with them to keep them safe throughout an acute period of suicidality, and may have other whānau, iwi, or cultural knowledge they can access. A whānau-centred approach and whānau connectedness are protective, and this may involve negotiating with the individual to allow a whānau-centred approach for their care. Whānau well-being is a priority for whānau, and it may be more effective to resource and utilise them where needed and enhance their many strengths so that they can take on more of the aftercare role, with support. This may help an overburdened system that is not able to always provide adequate aftercare, leading to the potentially preventable loss of lives.

The findings provide evidence that mātauranga Māori, tikanga Māori, and Te Ao Māori offer supports that may be more useful for Māori. The current formal supports are not working effectively, and those working with bereaved whānau need to understand the

broader context in which whānau find themselves. This includes acknowledging and targeting intergenerational trauma, including normalising elements of wairuatanga within the experience of suicide bereavement and as a contributing resilience and wellbeing factor. Wairuatanga and/or religion should be explored in whānau assessments as many Māori are spiritual, and some also have religious beliefs. These elements may be utilised as positive coping strategies. Further, making sure the process and interventions are ones that whakamana (empower) the whānau. They have likely experienced whakamā through their own self-blame and guilt, through the reactions of others, and through negative experiences within society. Emery et al. (2015) have trialled a postvention framework and narrative method that may be useful in this regard. The most healing strategies appear to be those that increase connections with wairua, culture, whānau, marae, and nature and place importance on whakapapa, Te Ao Māori, and mātauranga Māori. However, Māori led postvention services would need to be adequately resourced with kaimahi who are able to deliver these services, while policies would need to be amended to reflect these changes.

In addition, connections with and support of other whānau bereaved to suicide was another way that whānau coped with their loss. This points to the helpfulness of suicide bereaved support groups. Losing a loved one to suicide can result in a ripple effect that is chronic and intergenerational. Suicide bereavement can include becoming mentally unwell, alcohol and substance abuse, and suicidal ideation and behaviours. Interventions should consider these aspects and ask about them. Alcohol and substance abuse can create barriers to whānau and individual resilience when coping with suicide loss through a compromised

or languishing mauri. Interventions should also help whānau to communicate and resolve feelings in a safe way.

Researcher Reflections

It would be very difficult to do this research without being an insider through being Māori and the same iwi as participants. I felt like an 'outsider' in this research in some ways, especially because I did not live in Te Arawa; however, it was largely through whānau, whakapapa, and whakawhanaungatanga that I was supported and entrusted to be able to do this research. This research has been part of my life for more than three years from its inception to completion, and I have felt a sense of great personal responsibility to the whānau who took the time to speak to me and share a very personal part of their lives. I also was greatly inspired by all of the key informants who had such a wealth of experience with whānau and who shared so much depth of understanding. I was also conscious of my responsibility to my iwi. Although this research included some key informants and whānau from other iwi and rohe, it was largely Te Arawa-based findings. While the subject is a heavy one, it was also about resilience, and while I felt upset by some of the experiences of whānau, I also admired how whānau adapted or responded to such a trauma.

Personally, this journey has led to much personal growth and especially has connected me even more to my Māori whakapapa and cultural journey. Spending so much time in Te Arawa, I felt the pull of connection and sense of belonging. It has inspired me to want to contribute more to my culture and especially my iwi.

Limitations and Future Directions

It is important to acknowledge that the results of this study cannot be generalised as it was based on a relatively small sample size. It was also based predominantly on whānau who are Te Arawa or live in Te Arawa, although some whānau and key informants identified as other iwi or lived elsewhere. There may be more iwi-specific differences as each iwi and rohe has their own history and character that influences and informs the present. Ultimately, the aim of the research was not generalisability but rather a representation of a topic where there is very limited published research; it is highly likely that these experiences would be familiar to other whānau and iwi throughout Aotearoa.

This study did not define the number of years a whānau had to be bereaved outside of two years post-suicide nor the relationship of the participant/whānau to the loved one. It considered that whānau should be able to decide whether they felt that their experience was applicable. This meant that there was a range of relationships to the deceased. While this can be considered a strength and an acknowledgement of the various relationships and roles within a whānau, it may be that focusing on only one type of relationship may have elucidated more specific findings. Also, differences in the time that had passed following the loss may lead to memory effects. However, understandings of grief are now moving toward an acknowledgement that there is no agreed time for grief to stop nor stages that one progresses through before reaching acceptance. Future studies could explore the bereavement experience and resilience from other iwi or explore more specific time points or relationships to the loved one.

Another limitation when a study seeks a whānau voice is that it tends to be the voice of some members of a whānau rather than a collective whānau voice. However, this is an issue for all whānau research as it would be very difficult to have every member of a whānau take part in research, and there is the issue of what constitutes a whānau and therefore a whānau voice. Much of the current literature has one or two participants representing a whānau voice, so this study conforms and extends on this.

Further to this, whānau who choose to participate in research may differ from whānau who would not. Whānau who are very disconnected, disenfranchised, or highly whakamā may not be represented and have tensions that continue to exist. However, reaching all types of whānau is an issue for research in general. It is likely that the findings will still have relevance for such whānau – even more so in some areas. Future research could try to reach these whānau to further elucidate their experiences, barriers, and needs. There is still likely to be resilience factors or processes that could be found and harnessed.

Conclusion

The findings from this study have societal and clinical implications. It reveals what culture the system promotes despite Te Tiriti o Waitangi bicultural objectives of partnership, participation, and protection. The enaction of this power imbalance contributes to suicide bereavement experiences of trauma for whānau. It also highlights clearly that resilience and well-being in the context of suicide loss are enacted through strategies steeped in Te Ao Māori, mātauranga Māori, and tikanga Māori rather than the Western processes or supports more commonly available. This points to the importance of

psychologists and other therapeutic supports and services becoming competent within Māori cultural processes and knowledge and the importance of engaging and being guided by those who are. An understanding of historical and intergenerational trauma and historical and intergenerational strengths and resiliencies is also important for working effectively with Māori whānau bereaved to suicide. As Māori have the highest suicide rates, this is significant. It also points to whānau capabilities and that suitable interventions may be about resourcing whānau, hapū, iwi, and Māori services' capabilities and capacities, so that they can harness their own strengths.

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Appendix A. Rangahau Advertisement

Are you a whānau that has lost a loved one to suicide? Would you be interested and willing to share your experience?

Tēnā Koe, my name is Amber McAllister from Te Arawa (Ngāti Whakaue). I am a doctoral student studying at Massey University conducting research on the lived whānau experience of suicide loss. This rangahau (research) project seeks an understanding of what you and your whānau have gone through, how you have coped, what barriers you have faced, and strengths. It has a particular focus on your resilience and strengths as a whānau. I believe your voice and your lived experience is so important. My hope is that together we can create rangahau (research) that can ultimately help other whānau going through suicide loss.

If you and your whānau have lost a loved one to suicide (more than two years ago) and would consider being part of this research or would like more information, you can email me [redacted] or text me [redacted] and I can call you for a kōrero about it. To take part in the whānau interview, each person would need to be 16 years or older, and it would be great if we could have a few of your whānau interviewed together but ultimately that is up to you and your whānau to decide. Your participation will be confidential. Ngā mihi nui.

Appendix B. Whānau Information Sheet

Understanding the whānau experience of suicide loss: what mechanisms contribute to whānau resilience and wellbeing?

WHĀNAU INFORMATION SHEET

Tena koe,

My name is Amber McAllister and I am of Te Arawa (Ngāti Whakaue) and Pākehā descent. I am a clinical psychology doctoral student at Massey University. I am conducting research on the whānau experience of suicide loss with a particular focus on resilience. New Zealand has high suicide rates and Māori have the highest overall rates. This leaves behind whānau who must cope with the loss of their loved one. I believe there are strengths within every whānau and would like to understand how whānau who have had to confront this issue have dealt with their loss, in their own voice, as we currently know very little about this area. Talking to whānau directly about their experience will provide a deeper understanding and insight for clinicians and service providers and may provide useful strategies for other whānau going through suicide loss.

Who can participate?
I am interested in hearing from whānau who have lost a member to suicide at least 2 years prior. We are looking to recruit members of the same whānau, at least three people across at least two generations, with each person being 16 years or older. If you fulfil these criteria, I would like to invite you and your whānau to take part in this research.

What does this study involve?
It will involve one group interview with members of your whānau which will take approximately 2 hours, and further individual or whānau interviews if you and I together think this is necessary to adequately explore your experiences. I am interested in exploring and understanding how your lives have changed, what has helped you to cope, how you have managed your grief, your beliefs, strengths, and the barriers you have faced. The interview(s) will be audio recorded and then transcribed (that is, transferred to written form) for analysis. Participation is voluntary, which means you and your whānau do not have to take part if you do not want to. Each participating whānau will be given a koha in acknowledgement and appreciation of their time and contribution to the research.

The interviews will be informal and conversational. You will be invited to talk about your experience of loss including any changes that have occurred in your whānau, challenges and barriers to coping, and your identified strengths. You will be able to go at your own pace, talk about your experiences in depth, and express ideas in your own ways. Following the interview, I will ensure you continue to be included by sending a transcript of the interview(s), and the analysis when it is done, to a nominated member of your whānau to check for accuracy or amendments (after which any audio recordings will be destroyed), and through regular updates about the research if you would like that.

Confidentiality
All of your personal details will be kept confidential. They will not be stored with the information you supply in the interviews, and pseudonyms will be used instead of your real names, so you will not be identifiable. Your personal details and information collected from the interviews will be securely stored. The only people who will have access to the interview transcripts are myself, my supervisors, and a transcriber if required (who will sign a confidentiality agreement).

The only time I may need to breach confidentiality is if you disclose during the interview or any other time we speak, that you or someone else is at risk of harm. However, I would discuss my concerns with you first and let you know what information will be passed on to my supervisors and other services.

A full copy of the study will be deposited in the Massey University library in the form of a thesis. The results of the research will most likely be published in professional journals or conference papers, and provided to Ngāti Whakaue, and other organisations where the results are likely to be relevant, such as suicide bereavement services and Māori support services. You will also be provided with a summary of the research if you would like it by filling in the appropriate details on the bottom of the Informed Consent Form.

Risks and Benefits
This research is about your experience of the loss of your loved one to suicide, and what influence this may have had on the coping abilities of you and your whānau. Therefore, this may be upsetting or distressing to think about. Please be assured that during the interview you can refuse to answer any questions, withdraw from the study, reschedule, or take a short break until you feel comfortable to resume.

In addition, I will discuss with you what supports are available, and will provide you and your whānau with a contact list of local counselling and support services, as well as national helplines that are available to call 24/7. I will provide additional copies so that you can take some with you to give to other members of your whānau not present at the interviews. We will have a group debrief after the interview to check how everyone is feeling and we can work together to ensure all members do not leave feeling distressed. I will also provide a one-off debriefing session with a counsellor if needed and will also put you in touch with a service that can support you further if needed.

Many people find it beneficial being able to talk freely about their experience of suicide loss. You may also find it beneficial knowing that you are contributing to research that aims to provide better support to other whānau going through suicide loss.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular questions.

- Withdraw from the study at any time prior to the interview and withdraw your data from the study up to two weeks after the interview.
- Ask any questions about the study at any time during participation.
- Provide information on the understanding that your name will not be used unless you give permission to the researcher.
- To be given access to a summary of the project findings when it is concluded
- To ask for the recorder to be turned off at any time during the interview.

As much as possible the interview will be scheduled for a time and place that is most convenient to you. That might be your own home, a room at a community centre, or your marae. Travel costs can be reimbursed, or transport organised if needed.

Project Contacts:
Please feel free to contact myself or my supervisors if you have any questions about this study.

Researcher:
Amber McAllister
Ngāti Whakaue
Mobile: [redacted]
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This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 18/70. If you have any concerns about the conduct of this research, please contact Associate Professor David Tappin (Committee Chair), Massey University Human Ethics Committee: Northern, email humanethicsnorth@massey.ac.nz .

Appendix C. Key Informant Information Sheet

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Understanding the whānau experience of suicide loss: what mechanisms contribute to whānau resilience and wellbeing?

PARTICIPANT INFORMATION SHEET

Tena koe,

My name is Amber McAllister and I am of Te Arawa (Ngāti Whakaue) and Pākehā descent. I am a clinical psychology doctoral student at Massey University. I am conducting research on the whānau experience of suicide loss with a particular focus on resilience. New Zealand has high suicide rates and Māori have the highest overall rates. This leave behind whānau who must cope with the loss of their loved one. I believe there are strengths within every whānau and would like to understand how whānau experience and deal with their loss as we currently know very little about this area. I will be talking to whānau directly about their experience, and I would also like to talk to Māori who have worked extensively with suicide bereaved whānau as together it may benefit other whānau going through suicide loss, and will provide a deeper understanding and insight to clinicians and service providers for better service delivery to suicide bereaved whānau.

Who can participate?
I am interested in hearing from Māori who have worked extensively in the field of Māori mental health or suicide prevention. If you fulfil these criteria, I would like to invite you to take part in this research.

What does this study involve?
It will involve one interview which will take approximately one hour. I am interested in understanding your perspective on the whānau experience of suicide loss, whānau coping strategies, and barriers you believe they face. The interview will be audio recorded and then transcribed for analysis. Participation is voluntary, which means you do not have to take part if you do not want to. You will be given a koha in acknowledgement and appreciation of your time and contribution to the research.

The interviews will be informal and conversational. You will be invited to talk about your perspective in depth, at your own pace, and express ideas in your own ways. Following the interview, I will ensure you continue to be included by sending a transcript of the interview, and the analysis when it is done to check for accuracy or amendments (after which any audio recordings will be destroyed), and through regular updates about the research if you would like that.

Confidentiality
All of your personal details will be kept confidential. They will not be stored with the information you supply in the interviews, and pseudonyms will be used instead of your real name, so you will not be identifiable, unless you request otherwise. Your personal details and information collected from the interview will be securely stored. The only people who will have

access to the interview transcripts are myself, my supervisors, and a transcriber if required (who will sign a confidentiality agreement).

A full copy of the study will be deposited in the Massey University library in the form of a thesis. The results of the research will most likely be published in professional journals or conference papers, and provided to Ngāti Whakaue, and other organisations where the results are likely to be relevant, such as suicide bereavement services and Māori support services. You will also be provided with a summary of the research if you would like it by filling in the appropriate details on the bottom of the Informed Consent Form.

Risks and Benefits
This research is about your perspective of the whānau experience of suicide loss. As this topic is sensitive, please be assured that during the interview you can refuse to answer any questions or withdraw from the study. There are no direct personal benefits from participating in this study. However, you may find it beneficial knowing that you are contributing to research that aims to provide better support to whānau going through suicide loss.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular questions.
- Withdraw from the study at any time prior to the interview and withdraw your data from the study up to two weeks after the interview.
- Ask any questions about the study at any time during participation.
- Provide information on the understanding that your name will not be used unless you give permission to the researcher.
- To be given access to a summary of the project findings when it is concluded
- To ask for the recorder to be turned off at any time during the interview.

As much as possible the interview will be scheduled for a time and place that is most convenient to you. That might be your own home, place of work, marae or at Massey University.

Project Contacts:
Please feel free to contact myself or my supervisors if you have any questions about this study.

Researcher:
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Appendix D. Interview Schedule- Key Informants

Karakia, mihimihi, whanaungatanga to start.

You may have some personal experiences of suicide in your whānau however this is not the primary focus of our conversation. Rather the focus is on suicide and Māori more broadly.

Why do you think Maori have such high rates of suicide?
What is your understanding of suicide (i.e. some people describe it as resulting from whakamomori or whakamā)?

From your experience what is it like for whānau going through suicide loss?

In what ways do whānau try to cope/deal with their loss?
What helps?
Who do they turn to for support?
How does individual ways of managing or coping affect the whānau as a whole?
In what ways does Māori culture /being Māori help with coping?

What barriers do they face? Within the whānau and outside the whānau?
What is unhelpful?
What do they need?

What helps whānau become/develop resilience?
What is important for whānau wellbeing after suicide loss?

Is there anything that you would like to add that hasn't been brought up yet?
Closing korero and karakia to finish.

Appendix E. Interview Schedule- Whānau

(After Karakia, mihimihi, whanaungatanga)

- To start, can you tell me a bit about your whānau? [PROMPT] Who is in it? Who lives where? How would you describe your whānau?
- Can you tell me about [the suicided person]?
- What has life been like for your whānau since it happened?
- As a whānau what have you experienced emotionally and spiritually? [PROMPT] What have been the core emotions/mental states? Or concepts more specific to Māori (e.g. to do with mauri or wairua, or mental states such as whakamā or ngakau pouri)

Coping

- How have you been dealing with your loss as a whānau?
- What things have helped you manage? How have they helped?
- Have you tried other strategies that have been unhelpful?
- Why do you think those things didn't work out?
- Thinking about individual coping -how has this affected the whānau as a whole?
- Who do you turn to for support? Within the whānau, outside the whānau [PROMPT] hapu, iwi, friends, church, other services.
- What do you consider are your whānau's strengths- were these strengths present before your loss or have they since developed? How have they helped in dealing with your loss?
- What resources do you have (within and outside the whānau/family)?
- In what ways does being Māori help with your coping [Prompt] how you are as Māori, things you do as Māori in your everyday life or could be certain tikanga practices or knowledge

Barriers

- Have you experienced any barriers outside the whānau that have made coping challenging?
- Have you experienced any barriers to coping within the whānau?
- What have you have needed that you didn't or haven't had?

Beliefs

- What are your beliefs about suicide? What is your understanding of suicide (i.e. some people describe it as resulting from whakamomori or whakamā- does your whānau share these views?
- What are your beliefs about death? How have your beliefs helped you cope?
- How have you made sense of [the suicided person's] death?
- In terms of wairuatanga/spirituality. What would you say are your beliefs about wairua/wairuatanga?

- Thinking about your beliefs about suicide, death, wairua- how have they affected or helped your coping?

Wellbeing & Resilience

- What does resilience mean to you? Does it apply to your whānau? What has helped you develop resilience?
- Thinking about your whānau's wellbeing- what do you consider important aspects?
- [Prompt] Can you tell me more about that?

Is there anything that you would like to add that hasn't been brought up yet?

(Closing kōrero and karakia to finish).

APPENDIX F: RESEARCH CASE STUDY

RESEARCH CASE STUDY

How my Doctoral Research Experience Contributed to my Clinical Practice at Centre for Psychology, Massey University

Abstract

This case study outlines some of the core learnings from my doctoral research that I can apply in my internship at the Centre of Psychology. These learnings highlight the significance of understanding culture and cultural processes. The case study discusses the study beginnings including my process of engagement, and a summary of my doctoral research including rationale, aims and methodology. I then reflect on my learnings and growth. Reflections include the strengthening of my cultural identity, importance of cultural consultation, traditional processes of engagement, the validity of lived experience as experts, suicide prevalence, and the importance of whānau.

Doctoral Research Overview

Study Beginnings

My personal interest in this kaupapa stems from our own whānau loss to suicide with my cousin, as well as concern with the increasing rates of suicide in New Zealand, especially since having my own tamariki. While suicide does not discriminate, the disparity in Māori suicide rates greatly concerned me and led to a desire to focus more specifically on our Māori population, given the cultural and historical differences linked to the colonisation processes that sought to erode Māori culture, knowledge, social structures, and land ownership. I felt this was an area I should focus on for my thesis as a way of contributing understanding. I further decided that I would like to focus more specifically (but not only) on my own iwi Te Arawa, if possible. Prior to embarking I spoke to one of the elders within my whānau to discuss whether they thought I should do it and whether I was the right person to embark on this kaupapa. He was encouraging and invited me down to Maketu to discuss it further face to face (kanohi ki te kanohi). While in Maketu, an informal whānau hui about the research happened and whānau members considered people who may be helpful. They facilitated access to one person who had many years working with bereaved whānau, although they had stopped working in this field at that point. After talking and meeting up with this person, they introduced me to someone who worked in the field of Māori mental health. This person was integral to the development of this research. This person facilitated the introduction of another community leader who became another integral person in the development of this research. These processes of engagement highlight the importance of whakawhanaungatanga in Māori research. It would have been much more difficult for me to proceed without the personal introductions of others. It would also have been difficult without Māori whakapapa. Through whakawhanaungatanga these people were able to situate me as someone who comes from Te Arawa, Ngāti Whakaue, Maketu, and my Māori whakapapa through the Tapsell whānau. This was important for engagement and trust.

I had numerous hui with these community members over a one year period which helped amend and refine the research, and provided further support that this research was needed for Māori. Early on, I also applied for a scholarship with Ngāti Whakaue to support the research outlining the research aims and procedures, which was granted. Towards the end of each year, I have been keeping Ngāti Whakaue updated on where the research is

at. Throughout this time, I also consulted with kaumātua at Massey who stressed the importance of allowing time with whānau, a process which was further pointed out in other consultations. I had informal consultations with a Māori researcher, I also continued and still continue to consult with my whānau elder and keep him updated with the research, as another integral person involved in the research. My supervisor is a cultural advisor at Massey University, and we continue to have face to face meetings. Initially I was going to take a bicultural focus exploring both Māori and Pakeha whānau but after consultations, this changed due to concerns with deficit comparisons and a consensus that it would need to entail two separate studies which may be too big an undertaking for a DClinPsych thesis. I was also unsure whether to have a Māori centred rather than a kaupapa Māori approach due to my own concerns about my legitimacy to work within a kaupapa Māori framework. However, consultation with my supervisor and others in the community revealed their beliefs that this was kaupapa Māori research, providing me with support, encouragement and belief. While I initiated this research rather than a community -led initiative, it was done out of need and concern and was supported by the Māori community members that I engaged with and my iwi through their financial support. In total, the process of initial engagement was over one year to establish the research design and establish relationships. However, the process of engagement is ongoing and will continue to the completion of the research, where I will present findings to the Board of Trustees of Ngāti Whakaue, and share the findings with whānau participants, many of whom would like me to come and korero face to face. While I have finished the design, recruitment, and interviews, I continue to keep contact with participant whānau through updates.

Study Rationale and Aim

There continues to be a pattern of disproportionately high suicide rates for Māori compared to other ethnicities. Despite government-initiated suicide prevention strategies, Māori suicide rates have been steadily increasing and in the most recent suicide rates, the provisional figures released by the Chief Coroner, 28.23 per 100,000 Māori died by suicide in the 2018/2019 period, the highest it has been since provisional figures were first recorded in 2007/2008 (Coronial Services of New Zealand, 2019). In that same period, 13.46 per 100,000 European and Other died by suicide (Coronial Services of New Zealand, 2019). Where suicide has occurred, many loved ones are left behind to grieve and cope with their loss. One estimation is that six people are directly affected, however this is largely considered an underestimation of the true figure, especially in a culture such

as Māori with its emphasis on extended family and relational ties (Henare & Ehrhardt, 2004). For Māori there is the additional significance of the discontinuation of whakapapa, a central concept in Māori culture, which has implications for the person's whānau, hapū, and iwi (Lawson-Te Aho, 2013).

There is still a silence that surrounds suicide, arising out of stigma and exacerbated by media embargoes (Cameron et al., 2017; Morehu, 2013; Shahtahmasebi & Aupouri-Mclean, 2011). This silence and stigma are additional aspects that suicide bereaved whānau must contend with in their grieving. An examination of the suicide bereavement literature reveals that much of the research comes from international studies with Western cultures, and mainly with individuals. There are a small number of Masters and Doctoral theses in New Zealand that examine various aspects of suicide bereavement however they do not focus specifically on Māori (Bowden, 2017; Kelly, 2006). There is limited research that focuses specifically on Māori whānau bereaved to suicide (Shahtahmasebi & Aupouri-Mclean, 2011), although there is a body of literature on Māori and suicide e.g. (Beautrais & Fergusson, 2006; Coupe, 2005; Joseph, 1997; Langford, Ritchie, Ritchie, Canetto, & Silverman, 1998). Henare and Ehrhardt (2004) reviewed the literature on the support needs of suicide bereaved Māori, Pacific, and Asian families and whānau, and found that there was very little literature overall, and no studies that directly examined Māori support needs directly.

There has been a call for the suicide bereaved to lead postvention strategies through sharing their lived experiences (Morehu, 2013; Shahtahmasebi & Aupouri-Mclean, 2011). Conway (2014) focused specifically on the maternal experience exploring aspects of resiliencies, social support, and effect on relationships. Participants were recruited from a Bereaved by Suicide support group and consisted of one Māori and three Pakeha mothers. Despite this, Conway is Māori, and the research was guided by Māori principles and values. Aupouri-Mclean (2013) explored the personal journeys of Māori parents bereaved to suicide with four individual participants. The study found that emotional responses included shock, anger, denial, helplessness and guilt. Coping entailed seeking and gaining support, psychological and social isolation, searching for reasons why the suicide occurred, self-blame and blaming others. Emery et al. (2015) sought to understand Te Arawa whānau bereavement needs and to assist four participant whānau to a place of understanding and healing through a suicide postvention tool the researchers' developed and a collaborative storying method, as well as conducting focus groups with elders, academics, emerging leaders, and whānau impacted by suicide.

An aim of the current study was to be strength rather than deficit based. Therefore, resilience and specifically a family and whānau resilience framework were considered in relation to suicide bereaved whānau. Family resilience (H. McCubbin, 1999; Patterson, 2002; Ungar, 2016; Walsh, 2002, 2003, 2016) refers to "coping and adaptational processes in the family" that enable a family to move forward after a crisis or stressor (Walsh, 2006, p. 150). There is a large body of international research on resilience and an increasing body of research on family resilience in a range of adversities (Bishop & Greeff, 2015; Greeff & Human, 2004; Greeff & Wentworth, 2009; McCubbin, Balling, & Possin, 2002; Power et al., 2016) but the suicide context is lacking.

In New Zealand there is a small but growing body of research on resilience, although there are queries about its relevance to Māori arguing that it does not consider the broader structures that constrain families, hapū and iwi (Boulton & Gifford, 2014; Penehira, 2014). Ungar (2016) broadened the concept of family resilience to consider the social, historical, and cultural contexts that surround a family. Kalil (2003) reviewed the family resilience literature on good child outcomes but most studies came from countries other than New Zealand. Waldegrave et al. (2016) examined 60 Māori, Pacific Island, and Pākehā families identified as having resilience but this was in the context of sole parenting. Boulton & Gifford (2014) examined and linked the concepts of resilience and whānau ora, using a case-study approach. A report a resilience framework to examine suicide risk with families that had experienced a suicide loss or attempt, focusing on identifying strengths, but was not specific to Māori (Fitzgerald, Galyer, Whiu, & Thomas, 2010).

More specific to this research is Waiti's whānau resilience study on protective factors and coping strategies utilised by resilient whānau when faced with adversity, from which was developed a whānau resilience framework (Waiti, 2014; Waiti & Kingi, 2014). Identified factors included relationships and support, conceptualised as whānaungatanga, values and beliefs for making meaning, conceptualised as tikanga, skills and temperament, conceptualised as pūkenga, and cultural identity conceptualised as tuakiri-a-Māori. This study focused on adversity in general incorporating a range of adversities, one of which was suicide. None of the resilience studies examined Māori bereaved to suicide specifically, in the literature search. A Māori understanding of wellbeing is holistic and integrative, incorporating a number of areas beyond traditional Western conceptions such as wairua (spirituality). It may be necessary to consider Māori models of health and wellbeing such as Durie's (1994) Whare Tapa Wha when considering whānau resilience in this context.

The aim of this study was to explore the whānau experience of suicide loss, including coping strategies and barriers. A second aim was to explore the mechanisms of whānau resilience and wellbeing that exist or occur in the context of suicide loss. These aims are situated in a family resilience framework (Patterson, 2002; Walsh, 2002) with a key focus on strengths within whānau rather than deficits, and a consideration of context and culture (Ungar, 2016). The project was designed to contribute knowledge about Māori experiences of suicide bereavement and resilience. This might provide whānau with strategies they can implement and help whānau to feel less alone in their experience. It will also provide services with a greater insight of the whānau experience of suicide loss and a better understanding of what contributes to resilience and wellbeing. This will ultimately mean more effective service delivery for Māori whānau. Consequently, it may also contribute to suicide prevention through decreasing family member risk.

Methodology

A qualitative approach informed this research. This study sought to develop an understanding of the whānau experience of suicide loss, and the ways in which whānau cope with and adapt to their loss (that is develop resilience). It was a bottom-up rather than top-down approach with the voices and experiences of the whānau participants considered most valid and important. It also considered the viewpoint of key individuals who have had extensive experience working with whānau in mental health or suicide prevention settings, to provide an additional perspective and context. In addition, this research aimed to benefit Māori, normalise Māori ways of being and knowing, and critique systemic barriers, so a Kaupapa Māori approach was deemed appropriate. Kaupapa Māori Research is both a philosophy and a set of processes that validate and legitimate Māori cultural values and systems and is a way for Māori to maintain control over the research (R. Bishop, 2005; Walker, Eketone, & Gibbs, 2006). It includes the principles of tino rangatiratanga (self-determination), taonga tuku iho (cultural aspiration), ako Māori (culturally preferred pedagogy), kia piki ake I ngā raruraru o te kainga (socio-economic mediation), whānau (extended family structure), kaupapa (collective philosophy), Te Tiriti o Waitangi, ata (growing respectful relationships) (rangahau.co.nz)

Participants. Participants were six whānau cohorts consisting of between one to four members each, aged 16 or over, that had lost a loved one to suicide, and five Māori key informants with extensive experience working in Māori mental health or suicide prevention. Core recruitment for whānau members was from Te Arawa although some whānau resided in Te Arawa rohe but identified with other iwi. Iwi included Te Arawa,

Ngāti Kahungunu, Te Whānau a Apanui, Te Upokonehe and Tauranga Moana. On first contact, whānau resided in Rotorua, Maketu, and Kirikiriroa (Hamilton) although one whānau moved to Whakatane prior to our interview. The whānau member that had suicided was a son, uncle, brother, father, and sister. The time since the loss was between two and seventeen years.

Key informants had worked in mental health and community health settings as social workers, psychologists, and psychiatrists. They were located from any iwi and rohe (area). The majority were Te Arawa but also included Ati Hau, Ngā Rauru, and Ngati Kuri (one participant noted two iwi and one chose not to nominate one distinct iwi).

Procedure. Recruitment channels for whānau was through the facilitation of a leading community figure in suicide prevention, the researcher's own network in Māori mental health, a whānau suicide awareness and bereavement support group, and through snowball sampling at the support group. The data collection method for all whānau participants was in depth semi-structured interviews conducted kanohi ki te kanohi (face to face). The participant/whānau decided where we would meet for our interview, so they had rangatiratanga and that they felt comfortable and safe. One interview took place on a marae and the rest were in their own homes. Each interview session lasted between two and four hours, which included time for whakawhanaungatanga, kai, karakia, de brief, and the formal (recorded) interview. All of the interviews were conducted by me, although I brought a support person to the first whānau interview. After every interview was finished, I offered to come back if they wanted further interviews or invited them to contact me if they had anything further to add. However, one interview was considered enough for each whānau. Prior to the interviews, I spoke on the phone, exchanged emails, or in one case met in person, with the whānau member interested in taking part, after which arrangements were made for the whānau interviews. All of these potential participants were sent an information sheet and questions were answered prior to confirmation of their participation. Each whānau was contacted soon after the interviews to check how they were feeling. All whānau were given a small koha in appreciation of their time and contribution, and I also provided kai. Most of the formal (recorded part) interviews started and finished with karakia as a way to initiate the states of tapu and noa.

Recruitment for the key informants was through whanaungatanga and initial email approach. Relationships with two of the key informants had been developed during the development of the research design. Interviews were conducted in Auckland, Rotorua, and Hamilton, and took place in offices, a café, and a hotel. These interviews were more

constrained by time in their schedules and were approximately 1 to 1.5 hours. Key informants were also provided with a koha in appreciation of their time and contribution, and I either brought some kai with me such as cake or offered to buy drinks if it was in a public forum.

All the interviews were audio recorded and then transcribed verbatim. I offered to send the transcriptions to whānau and key informants to check for amendments. The recordings were deleted once transcripts were approved, if applicable.

Data analysis. The method for analysing the data was thematic analysis as outlined by Braun and Clarke (2006). This method is flexible, inductive, and has the potential for rich, detailed, complex data (Braun & Clarke, 2006). It fits well with the study's aims and is appropriate for Kaupapa Māori research. This was informed by a Kaupapa Māori framework which searched for and validated as normal culturally meaningful factors and sought to understand meaning from the assumption of historical and cultural oppression, with a critical realist approach so that interpretation was applied to the explicit meaning of the data. This started with familiarising of the data through transcribing each interview individually or closely listening to transcribed data for accuracy where a professional transcriber was used, writing initial notes and ideas, generating codes for each data item, collating codes into potential themes. This was an active process and involved constant refinement and discussion with my supervisory panel.

Ethics. Ethical approval was granted by the Northern Massey University Human Ethics Committee (reference NOR 18/70). Confidentiality was ensured through the use of pseudonyms, removal of identifying data from transcripts. Many of the research participants were located from one area so confidentiality was especially pertinent, as it would be easier to identify participants through their experiences or other indicators, so caution was taken around quotes and information that could identify participants. The interviews did not proceed until all participants indicated informed consent through oral and written agreement. The data is securely stored and will be destroyed after 10 years.

As this research topic is sensitive and in the realm of tapu, it was important to protect the wairua and mana of the individual members and the whānau unit. This was done through following tikanga and ensuring I conducted the research with the values of aroha and manaakitanga in mind, ensuring that informed consent was understood and given, allowing as much time as needed for the interview process, providing transcripts to the whānau to check for accuracy, staying in contact beyond the interview, and through a focus on strengths not deficits. Through conducting research in a way that validates as

normal Māori philosophies and concepts, there is a partnership between cultures, and protection of Māori ways of being and knowing, and a partnership with each whānau. Whānau is an important value and concept in Māori culture and this research puts the whānau, and relationships, at the centre of the research. Ongoing cultural consultation was an important aspect of this.

There was also the possibility that participating could become distressing talking about their loved one or their experience of loss or that there may be unresolved mamae/hurt around the circumstances of the suicide. I was ready to stop the interview if needed. There were some tears, but this was a natural expression of emotion rather than a feeling of distress. A community resource sheet was provided to every participant and a counsellor knew about the research and was available for me to access if anyone felt distressed and needed counselling support, but no participant required this. Research has found that participants can benefit from being able to talk openly about their experience or knowing they are contributing to research that aims to benefit others going through suicide loss (Buckle, Dwyer, & Jackson, 2010; Conway, 2014; Omerov, Steineck, Dyregrov, Runeson, & Nyberg, 2014; Whitlock, Pietrusza, & Purington, 2013). Feedback from whānau attested to this with most commenting that it was a positive experience and "healing" for some.

I was also conscious of my own safety. As most of the interviews were in whānau homes there was a small risk of physical safety. I had processes for ensuring my safety including always having my phone with me and having someone know my schedule. There was the potential for the mamae to pass over to me, so I was supported spiritually through karakia, my whānau elder, and my supervisors. I also gave myself time to reflect on each experience, which was helpful. Ultimately this research was focused on whānau strengths and resilience within their experience of loss. While it was difficult to feel their pain, it was also a positive experience in which I felt immense respect and aroha.

Clinical Psychology Internship

My internship started in February 2020 at the Centre for Psychology at Massey University, Albany. The internship was an 11-month placement and involved working with adults and children. At the clinic, NZ Europeans are the largest ethnicity recorded for clients followed by Māori. At the time of writing this, I have only seen NZ European clients, but Māori are a core demographic that I would like to work with, and the following reflections are based on

my own considerations rather than actual client experiences. Reflections include strengthening of my cultural identity, the need for cultural consultation, following the traditional processes of engagement, those with lived experience as experts, importance of whānau, suicide prevalence, barriers to Māori accessing the clinic.

My cultural identity

Doing this research has highlighted how important my Māori identity is to me. While I have other whakapapa, I know the most about my Māori whakapapa which is one reason it is so salient. My Māori identity was actually a significant part of this research contributing to inception, development, and recruitment and interview processes. Conducting this research meant I was explicitly thinking of, engaging with, and strengthening this part of my identity. It highlighted the significance of whakapapa and whakawhanaungatanga. I was reminded of where I come from and who I am through the strands of my whakapapa. A whakatauki, *E Kore au e ngaro, he kākano i ruia mai i Rangiātia* (I will never be lost for I am a seed sown in Rangiatia) encapsulates for me how cultural identity strengthened my sense of self, connection, and potential. When I was embarking on my research I had some concerns whether it was appropriate for me to undertake kaupapa Māori research as although I have Māori whakapapa I also have Pākehā whakapapa and I did not grow up immersed in tikanga and cannot speak te reo Māori fluently and my skin is light. I questioned whether I was 'Māori enough'. Through this process I developed a stronger sense of myself that I am Māori because of my whakapapa.

Just as my research participants trusted and engaged with me because of my Māori identity, some Māori clients may also be more trusting of the therapeutic process if they are working with a Māori clinician. It may create a sense of safety and connection. Because it will not be obvious to some Māori clients that I am Māori the processes of engagement are important in providing an opportunity to share this information about me so that they may feel more comfortable in using Māori kupu, referring to concepts such as tapu and wairua, and implicitly understanding our shared history of colonisation.

Cultural Consultation

Cultural consultation was an important component of the research especially because I was taking a Kaupapa Māori approach and wanted to ensure I proceeded in a way that was culturally safe with appropriate tikanga. I was fortunate to receive cultural consultation from several sources which was important for the design of the research and for my own confidence to interview whānau. It highlighted for me the importance of cultural

consultation when working with Māori to ensure I am working appropriately and safely for my clients and also for myself as it is an absolute goal to work with Māori in ways that are as effective as possible. I am aware of the need for safety. Kia tupato is a term that resonates. It is an ethical and safety responsibility. I am aware of the people I can go to at Massey University for cultural consultation in my role at the clinic and as a Massey Clinical Student. I have started receiving cultural supervision at the clinic although I am yet to have a Māori client, but regular cultural supervision will be necessary once I start seeing Māori clients, an important part of being ethical and safe. In my research consultation, I made some changes and I think supervision will also help me to see things in ways I may have missed and broaden my understandings. Our clinical learnings need to be underpinned by cultural learning when working with Māori clients. My research findings suggested that Te Ao Māori helped with wellbeing and for some clients this would be effective, but I am not an expert and so cultural supervision would be necessary.

Traditional Processes of Engagement

Processes were very important in my engagement with participants heightened because they were sharing very personal experiences of grief, loss, and suicide to someone they did not know. Processes such as karakia to start and end our interviews enabled cultural safety and helped us move into a state of tapu where we felt able to discuss such a topic, as well as more fluidity around time to allow for the processes of engagement to occur. I understand that spending time on these processes are invaluable for trust and engagement. Just as whakawhanaungatanga was important with my research participants, it is also important with my clients. Allowing the time and space for this to occur can contribute to trust, comfort, and better engagement. Māori have not always had the best experiences dealing with the mental health and health system, so this is one way of rectifying this. We live in a bicultural country as outlined in the tiriti o Waitangi and utilising traditional processes of engagement is one way of validating as normal Māori cultural processes. I have some constraints based on the nature of where I work, which is not a kaupapa Māori organisation, so it is not possible for us to share kai but I have considered ways that may work such as having a hot drink and some biscuits available. While I would ideally like to allow as much time as needed for this process, as I did with my interviews, there would need to be some time limits, but I would certainly schedule extra time in the first session.

Those with Lived Experience as Experts

The focus of the research was explicitly on the lived experience of bereaved whānau. I considered the whānau the experts. I have taken this understanding into my clinical practice with all my clients. I may have some knowledge about some things through my study, but they have the knowledge about their own lives. I am respectful of my clients and consider it sessions to be collaborative. This is heightened when working with Māori clients, who may have had experiences of racism and discrimination, and may be suspicious of health professionals. Similarly, these clients can lead me in terms of the degree of cultural needs. In my research whānau, some would take the lead in karakia for example while others preferred that I did a karakia.

Suicide prevalence

Since focusing broadly on the area of suicide, I have noticed how prevalent suicide loss, attempts, and ideation is in New Zealand. Some of my whānau participants had lost more than one member or had experienced suicidal ideation themselves. Even when I was interviewing key informants, they would sometimes refer to their own personal whānau experiences of suicide loss or attempts within their broader discussion and experience from their mahi. Similarly, I have noticed this trend in the clients that I have seen at the Centre for Psychology. While they have not been seeing me directly for issues with suicide risk, risk has sometimes been evident, and nearly every client has mentioned the effect of others' completed suicide, attempts or ideation, which has negatively contributed to their mood and functioning. Because of my doctoral research, I feel able to discuss suicidal behaviour and loss openly with clients and I feel confident in my knowledge of warning signs and risk factors. Due to my own findings on the whānau experience of suicide loss and what has been important for resilience, I believe I have a deeper understanding of what bereaved whānau go through than I did previously, what barriers they may face, and may be able to explore potential strategies for coping and resilience. The research participants commented on some of the negative experiences they had with formal supports and particularly counsellors. Of significance is ensuring I do not appear to be "ticking boxes" which highlights the importance of building rapport.

Importance of whānau

My research took a whānau approach and the whānau is an important social unit in Māori culture, as a collectivist culture. While I mainly work with individual clients, I have considered that some clients may prefer to have whānau there at least initially and I would be open to accommodating that so that the client and their whānau felt respected, understood, and happy for their member to be supported by me. My research had a

whānau focus and was based on suicide loss but also on resilience. It brought into focus that the people who had suicided came from families/whānau; they did not exist in isolation. While some whānau become dysfunctional through a myriad of factors, and may not be a good source of support, or may have contributed to the issues of the person, the whānau I interviewed all expressed how much they loved the person and would have supported them had they known. This reminded me how important whānau is for wellbeing, as demonstrated in Māori models of wellbeing such as Te Whare Tapa Wha (Durie, 1997). When clients are having psychological difficulties, whānau support can be utilised alongside therapeutic interventions. A whānau approach is a systemic approach. Although this is particularly important when a client is young, all clients are part of a system.

Barriers to Māori participation

My research relied on whakawhanaungatanga to be supported and to reach potential participant whānau. This highlighted a potential barrier as Māori may not be aware of the clinic or want to engage the clinic, suspicious as they may have a perception based on its Western university ancestry. Of importance is the Treaty of Waitangi principle of participation and it is a duty to increase Māori participation as well protection. I believe the clinic is considerate of this and making some changes

In Summary

The processes I engaged in for my research with whānau bereaved by suicide and Māori key informants led to an increased sense of my Māori identity, an increased desire to work with Māori and in ways that would truly be of benefit, as well as a deeper understanding of suicide and suicide bereaved. It has truly been a wananga that I can take with me in my internship and beyond, co-existing with the development of my clinical skills.

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