

Carers of elderly whānau

their invisible voices

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Abstract

The kaupapa of my research is about Māori whānau carers and the related notion of caring. I moved away from the care recipients' health issues, accessing government and agency services and the negative impact of caring on the carer. Instead, I focus on exploring the deeper layers of my carers' narratives to allow their invisible voices to reveal new insights about their caregiving experiences to provide their unique perspective to add to the scholarship of care.

Aim

My research aimed to address the question: *What is the value of care to the carer?* To achieve this goal, I introduced the paradigm of Māori cosmology, the relationship to whakapapa and the connection to Māori carers. I explored the theory that the supernatural heavens and creation stories represent the origin of care. Another impact that I consider is the legacy of colonisation and my carers' realities in the current century.

Methodology

Qualitative research is an interpretive tool, making it a perfect fit for conducting kanohi ki te kanohi (face-to-face) interviews and applying the flexible theory of a kaupapa Māori philosophy (for Māori, by Māori, about Māori). Using a 'double lens' approach, I merged the positive energies of te ao Māori and te ao Pākehā by developing, in tandem, the dominant paradigms in Māori and Pākehā of te ao mārama (ontology), whakapapa (epistemology) and kaupapa rangahau (methodology).

I introduced two parallel systems in my methodological approach. From te ao Māori, I created a kaupapa Māori pūrākau methodology called ātarangi ki te ātarangi (shadow to shadow) Maori indigenous research. The te ao Pākehā model included relativist ontology to capture the multiple realities developed from social interactions together with a constructivist epistemology perspective to understand meaning and answers from the holistic truths of 'being'. I chose thematic analysis to develop codes and themes to write up my research.

Findings

The answer to the research question was inductively inspired by a participant who coined the groundbreaking phrase *care means love*. It provided the critical foundations for my research. Hidden in the invisible voices of the carers was the disclosure that the practical 24-hour-a-day, seven-days-a-week trials and tribulations of care were not the focus of the care experience. As part of the holistic care phenomenon, it was through love, honour, respect, admiration, mana and humour that they delighted in recounting their stories. When filtered through *care means love*, their care narratives contained the core kaupapa of tikanga-aroha and tikanga-love.

Sarah Te Pioioi Wallace (1929–2017)

My mum, the ‘bestest’ friend ever in the universe

Priceless

Acknowledgements

To my fabulous supervisors, Professor Ngaire Kerse and Associate Professor Marama Murlanning. Thank you for your guidance and the freedom to explore, critically analyse, stretch my horizons, and think beyond my self-imposed restrictions. You encouraged my imagination to soar in directions that would give depth and richness to the invisible voices of my carers.

This thesis is intended to make my dream come true; to prefix my name with two of the most highly prized consonants in academia – *Dr (Doctor)*. In my former life, this achievement was perceived with the same formidable difficulty as scaling Mt Everest. I regarded those who dared to undertake that challenge as the academic Hillarys¹ of this world, and I would forever be in the shadow of that great mountain gazing up in awe.

What a fantastic journey! I scaled Mt Everest with the love, help and support of many who joined me at different stages along the way. The most heartfelt acknowledgement I could make would be to name every person and their unique and personal contribution. Alas, that would take up most of the word count allowance for the entire thesis, and I don't have the heart to leave anyone out. Instead, I have embedded you all in the life force (the mauri) of that mighty kauri Tāne Mahuta (Figure One, next page). He is the spiritual backbone of my thesis. If you focus your gaze on Tāne Mahuta, glance down to a mirror-like sphere to the left of the three men at the base of his trunk and, with a sense of reflective and nostalgic pride, visualise both your image and all that you contributed to making history.

Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.

¹ This is a reference to Sir Edmund Hillary (New Zealand) who, together with the Sherpa, Tenzing Norgay, were the first to reach the summit of Mt Everest in 1953 (Heydon, 2014).

Tāne Mahuta

The silent voice of
New Zealand's
history



Figure One: Tāne Mahuta^{2,3} reproduced from the Alexander Turnbull Library (1936)

² Permission was obtained to reproduce this image from the Alexander Turnbull Library/National Library of New Zealand, The Department of Internal Affairs. Refer to the entry Alexander Turnbull Library (1936) for full details in the Reference section. I have added the six voices on the trunk and the spherical orb to the left of the three men.

³ Tāne Mahuta (Lord of the Forest) is the largest kauri tree in New Zealand. The on-site plaque in the Waipoua Forest of the Northland Region, New Zealand suggests approximately 2000 years old from a seedling (Department of Conservation, 1936).

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Glossary

The primary reference sources for translations are *Te Aka Māori-English, English-Māori Dictionary* (Moorfield, 2011) and ‘Te Aka Māori Dictionary’ (Moorfield, 2006) online dictionary resource, the *English-Māori Dictionary* (H. M. Ngata, 1993) and *New Growth From Old: The Whānau in the Modern World* (Metge, 1995) concerning tikanga concepts and cosmology. The *Reed Book of Māori Mythology* (Calman, 2004) for the “departmental gods” (p. 10) and *He Atua, He Tangata: The World of Māori Mythology* (Calman, 2021).

Ahi Kaa	Keeping the fires of occupation burning
Ahi Tapu	Fires on earth
Ahi Tipua	Supernatural Fire
Āhua	Shape, appearance, character
Āhuatanga Māori	Function, characteristic, feature of being Māori
Aitua	Mishap, disaster
Aka matua	Vine
Aka	Main vine
Apa	Spiritual Beings
Ariki	Paramount Chief
Aroha	Sympathy, charity, compassion, respect
Ātārangi	Shadow
Atua	god

Awhi	To embrace
e Mā	For goodness sake Mā
Hakuturi	Mythical forest guardians
Hāpai o muri	The workers behind the scenes
Hapū	Sub Tribe
Hara	Sin, violate the law, violation against the body, evil
Hau	Breath of life
Haumietiketike	god of the fernroot and all other food that grows wild
Haunga	Putrid smell
Haunga Piro	Stink, nauseating smell
Hē	Be wrong, mistaken
Hineahuone	First woman created by Tāne Mahuta
Hinengaro	Mind, thought, intellect
Hinenuitepō	Goddess of death
Hinetītama	Daughter of Hineahuone and Tāne Mahuta
Hōhā	Irksome, annoying, tiresome
Hui	Gathering, meeting, conference
Hukaatai	Seafoam
Hūpete	Nasal mucus (snot)
Ihi	Psychic power
Io	Supreme atua, god
Io Matua-Kore	Io the parentless
Ira atua	Divine Life
Iwi	Tribe
Kai	Food

Kaitiaki	Guardian, custodian
Kaitangata	Cannibal
Kākarepō	Ogre
Kanohi ki te Kanohi	Face to Face
Karakia	Pray, say grace
Karanga	A ceremonial call of welcome to visitors onto a marae
Kare	Dear or term of address for a friend
Katakata	To laugh frequently, giggle
Kauae raro	Lower jaw
Kauae runga	Upper Jaw
Kaumātua	Elderly, old or aged
Kaupapa	Topic, policy, purpose, theme
Kaupapa Māori	Māori Ideology
Kaupapa Rangahau	Methodology
Kawa	Marae protocol
Kawa Whakaruruhau	Protocol for cultural protection, safety
Kererū	New Zealand Pigeon
Kete Mātauranga	Baskets (kete) of knowledge
Kia ora	Hello, cheers
Kino	Evil, bad
Koha	Offering, donation
Kohatu	Stone
Kōrero	Speak, talk
Korowai	Ornamental cloak
Kotahitanga	Unity

Kuia	Elderly woman
Kupu	Word, vocabulary
Kupu Hou	New word
Mahi	Work
Mahi Tahi	Work together, collaborate
Mahi Tapuhi	Work as a Nurse
Mahinga	Ways of doing
Mākutu	Casting evil spells
Mamae	Ache, pain
Mana	Wairua, power, authority
Mana Atua	Enduring, indestructible power of the atua
Mana Tane	The special mana that attaches to males
Mana Tangata	Power and status accrued through one's leadership talents
Mana Tupuna	The original ancestor's mana passed down the descent line
Mana Wahine	The special mana that attaches to females
Mana Whenua	Territorial rights
Manaakitanga	Hospitality, kindness
Manawa	heart
Māori	Indigenous person of Aotearoa/New Zealand
Māoriness	The holistic characteristics of being a Māori
Marae	The open space in front of the meeting house
Māreikura	Female attendants to Io, the supreme god
Marumarū	Shadow
Mātai Tuarangi	Cosmology
Matakite	See into the future

Matangireia	House that stored the three baskets of knowledge
Mātauranga	Knowledge, wisdom, education
Mātauranga Māori	Māori knowledge
Mate Hinengaro	Psychiatric disorder
Matua	Primary, also a father
Maunga	Mountain
Mauri	Lifeforce, life principle
Me ona Tikanga	And its cultural practices
Mihi	Greet, acknowledge
Mihi Whakatau	Welcome speech
Mimi	Urine
Mirimiri	Massage
Mō āke tonu atu	Forever and ever
Moemoeā	Dreams, vision
Mokopuna (or Moko)	Grandchild
Ngā Kete	The baskets
Ngā Kete Mātauranga Māori	The basket of Māori knowledge, wisdom
Ngā Mahi a-Ngākau	The work laid upon the heart
Ngā Mihi	Acknowledgements, greetings
Ngā Rangi Tūhāhā	The different kingdoms of heaven above Ranginui
Ngā Taonga	The three baskets of knowledge and two sacred stones
Ngākau	Heart
Ngāti Maniapoto	Tribal Group of the King Country area
Niwareka	Great Delight (Name of Rata's Canoe)
Nō reira tēnā koutou katoa	Therefore, greetings to you all

Noa	Free of religious restriction, ordinary
Non-Māori	Pākehā, foreigners, immigrants (see Tauīwi)
Ora	Alive and well in mind, body, and wairua
Pākehā	New Zealander of European descent
Pakeke	Pakeke ⁴ adult, mature
Paru	Dirty, filthy
Pepeha	Tribal saying, motto, introducing yourself in Māori
Piro	Stinking, rotten
Pōtiki	Youngest, last born
Pou	Symbol of support
Pou Tokomanawa	Support, pillar, upright of a meeting house
Pounamu	Jade, greenstone
Pōwhiri	To welcome, invite
Puku	Stomach
Pūrākau	Ancient legends, stories
Rangahau	Research
Rangatahi	Youth, the younger generation
Rangatira	Chief, Noble ranking
Rangiātea	The house storing the two sacred stones
Rarohenga	The supernatural underworld
Rehutai	Seaspray
Rongomatāne	god of the kūmara, and all vegetables cultivated as food

⁴ According to Moorfield (2011) the pakeke age category refers to being “grown up, adult, mature” (p. 134) whereas Kaumātua are described by the expressions elderly, old or aged (Moorfield, 2011).

Rōhiputiputi	Rose (Flower)
Taha Tinana	Physical wellbeing
Taha Wairua	The spiritual dimension
Taihoa	Wait, later
Tāne Mahuta	god of forests, birds, insects, and timber of all kinds
Tangaroa	The god and progenitor of fish of all kinds
Tangi	Funeral or to cry
Tangiweto	Cry baby
Taonga	Treasure, anything prized
Tapu	Sacred, prohibited, restricted
Taua	War party, army
Tauivi	Pākehā, foreigners, immigrants
Tāwhirimātea	god of wind and storm
Tawhito	Old, ancient, primeval
Te Ao Māori	The Māori world
Te Ao Mārama	The realm of being, the world of light and life
Te Ao Pākehā	The Pākehā world
Te Ao Pouri	Total blackness
Te Kākano	Seed, ancestry, lineage
Te Kete	The Basket
Te Kete Pākehā	The Pākehā basket of knowledge
Te Korekore	The realm of potential being, nothingness
Te Mana o Te Hā	Autonomy in the <i>breath of life</i> , personal life choices
Te Pō	The realm of becoming, the night
Te Reo Māori	The Māori language

Te Taha Māori	The Māori side
Te Taura Whiri i te reo Māori	The Māori Language Commission
Te Tini-o-Te-Hakuturi	Guardians of the forest
Te Waka	The canoe or vehicle
Te Wao Nui	The large forest
Teina	Younger brother of a male, younger sister of a female
Tēnā Koutou	Thank you, or hello
Tiaki Wairua	Spiritual care
Tiakitanga	Caring
Tiheī mauri ora	The breath of life
Tika	Straight, direct, just, fair, correct
Tikanga	The right way, custom, rule, method, technique
Tikanga Māori	Binding ways of thinking, doing, principles, and Practice
Tikanga-Aroha	See the definition for aroha.
Tikanga-love	Western definition of love
Tikanga-methods	Procedures and systems for acquiring and analysing data
Tiko	Excrement
Tino Rangatiratanga	Autonomy, power, control
Tipuna/Tupuna	Ancestor
Tīwakawaka	Fantail
Tohi	Dedication or baptismal rite
Tohunga	Priest, healer, chosen expert
Tono	To request, ask for
Tuākana	Elder brother of a male, elder sister of a female
Tuarā	Back, support

Tūhāhā	Standing alone, separate
Tukutuku	Ornamental latticework
Tūmatauenga	god of humankind and war
Tūpāpaku	Deceased
Tūrangawaewae	A place of belonging through kinship and whakapapa
Ūkaipō	Original homeland
Uri	Descendant
Utu	The principle of reciprocity
Uwha	The female element
Wahieroa	Long wood
Wahine	Woman/women
Waiata	Song, chant
Wairua	Spirit, soul
Wairua Hōhonu	Deeply spiritual
Wairuatanga	Spirituality
Waka	Canoe, vehicle
Waka Taua	War canoe
Wānanga	To meet and discuss, deliberate
Wero	Challenge
Whāia	Being followed, chased
Whaiwhaiā	Spells inflicting pain and death
Whakaaro	To think, plan
Whakaaro Nui	Ways of thinking
Whakamā	To be ashamed, shy, bashful
Whakapapa	Genealogy

Whakatauki	Proverb
Whānau	Family Group, extended family
Whanaunga	Relative, relation, kin
Whanaungatanga	Relationship, kinship, sense of family connection
Whāngai	To bring up, adopt, foster
Whānui	The broader family or whānau network
Whare	House
Whare Wānanga	School of learning
Whareniui	Main building of a marae accommodating guests
Wharepaku	Toilet
Whatu	Initiation stone
Whatukura	Two sacred stones or Io's assistants
Whenua	Land
Whenua	Afterbirth, placenta

PART A

Introduction

Putting the team together: My carers

In 2018, my provisional doctoral year, I boarded a bus from the University of Auckland to the downtown train station and a well-dressed Māori lady with a big welcoming smile greeted me with “kia ora”. She then asked whether I worked at the University. I replied, “not quite, my dear,” and told her that I represented the two Ps, a pensioner undertaking a PhD, to which she chuckled and was full of admiration. When I mentioned my topic, her smile broadened even more because she had looked after her father and would be happy to support my research. My introduction to Ewa was the first of the thirteen tuarā voices to join my carers’ team and participate in my research.

Ewa chose her pseudonym for this project, as did the other eight female and four male carers. The exception was the collaboration between Rōhiputiputi and me because of her uncertainty regarding a name. When she asked me for my thoughts, I referred to our first meeting. My immediate impression was the essence and colour of a rose, Rōhiputiputi (rose flower). She responded to this analogy with a huge smile and said ‘yes’.

Rōhiputiputi and Te Upoko were the two kaumātua kuia in the 80 to 90-year age bracket. The remaining eleven participants were Pakeke, whom Moorfield (2011) defined as being “grown up, adult, mature” (p. 134). It is helpful to consider the viewpoint of Metge (1996), who disagrees with the term elder to distinguish a kaumātua because it is old-age related.

Metge (1996) argued that the age consideration was “perhaps the least essential” (Metge, 1996, p. 2) despite being associated with social and leadership status and wisdom from life experiences. Because kaumātua recognition within different communities was attributed to role versus age, Metge (1996) therefore believed a kaumātua was “properly applied to persons leading a group, regardless of their age” (pp. 2-3). Because I have acknowledged Moorfield’s (2011) dictionary as the primary source for translating Māori to English, for this very brief age-

related narrative, I will defer to the dictionary descriptions of elder, old or aged to describe kaumātua (Moorfield, 2011).

Ewa is a mother and a medical professional who cared for her dad, a wheelchair user, in the family home. Ewa received the full support of her siblings. The remaining carers include Te Upoko, whom my supervisors recommended. She is a retired teacher and academic who cared for her mother and later her husband and is still living independently in her own home. Te Upoko's mental acuity while in her mid-eighties was astonishing. She is a grandmother and is still involved with academia. Te Arakau is a medical professional who excelled in high school to become a top scholar. Te Arakau looked after his mother, whom I had the pleasure of meeting and the honour of attending her tangi.

Nori and I met while studying te reo Māori. Nori's dad is still living, and I occasionally see Nori and her father when I visit their church. Nori is a management and research specialist and cares for her dad full-time in the familiar surroundings of the family home. I met Hōhepa at an international indigenous conference, and he was more than happy to participate in my research. He is a deputy director with a strong background in research, and like Te Upoko, he also graduated with a PhD. Hōhepa is a dad who cared for his grandfather in the family home.

Shabrom is a professional staff member in academia, he is married and is also a grandparent. Shabrom's input is interesting because he co-shared the care of both elderly parents with his sister and agreed to introduce me. In the meantime, I contacted a Charitable Trust involved with aged care to inquire whether they could make recommendations for potential candidates. The Chief Executive Officer immediately referred me to Mihi, whom she described as her research project 'guru' who, coincidentally, was Shabrom's sister. Not only did Mihi agree to participate, but she introduced me to Te Karaea and Harata which is a referral process technically known as snowballing (Kirchherr & Charles, 2018) or reputational sampling (Fashola, 2010).

Mihi is single and still works for the charitable trust. Her last full-time job was in 2009, when she became redundant, which enabled her to devote all her energies to caring for frail parents in their eighties. Mihi's mum was in her early forties when Mihi was born, and she jokingly recalls that "luckily for them, she did not listen to the doctors and do away with me while...still in the womb". As the youngest sibling, she remarked to being a "daddy's girl".

Harata separated from her husband when her children were five and six, although her parents raised her daughter because Harata was relatively young. The family were Mormons, and Harata attended a Mormon college. Her employment opportunities include working for a Government department and she cared for her blind dad when he was ninety years old. Te Karaea currently lives with his mother as her full-time carer. He is a father, grandfather, and former businessman. Te Karaea's scenario is unique and challenging because his partner and family do not live with him. Moreover, he looks after his mum in another city.

The remaining participants are four women. Maraea was recommended by my supervisors and she, in turn, referred me to Tahī and Kātaraina, who cared for their mothers. Maraea is retired and single and, together with a whānau member, maintains their rural whānau property. Maraea has a doctorate and is a prolific contributor to academic publications. Despite the challenges of care, she recalls her time with her dad with great warmth and affection.

Tahī formerly owned an export business and later became a social community professional. She has three sons and, like her mum, was a prominent sportswoman. Kātaraina is a grandmother and works as a community professional. She moved into her mum's unit to provide care with assistance from support services. Kātaraina followed her mother and grandmother onto the hockey fields and proudly recalled a whakapapa of hockey players. I interviewed Tahī and Kātaraina together because they didn't want to inconvenience me by driving to separate rural locations. I felt humbled because that single act embraced manaakitanga, a principle embodied

in kaupapa Māori⁵ philosophy. It was interesting to note the similarities in their circumstances. They are community professionals who are economically privileged and live on rural properties. Tahi and Kātaraina eventually resettled their mothers into aged residential care facilities for personal reasons because of extenuating circumstances.

The team's thirteenth and final member is Rōhiputiputi, who was introduced to me at a hui by her daughter because she considered her mother to be a suitable candidate for my research. Rōhiputiputi is a retired teacher who still lives independently in her own home. Her children are neighbours who live within walking distance of her property. They provided support when she cared for her husband.

As a former carer who looked after my mum for over ten years, I understand the enormous responsibilities of caregiving. Sadly the support options were limited because I wasn't aware of the full range available. Nonetheless, I did everything possible for my mother. Hence, my carers and I epitomise the concept of *bricoleur* by Lévi-Strauss (1966). The theory refers to people who achieve objectives with limited resources or use what is available (Baker & Nelson, 2005; Gbadegeshin, 2018; Lévi-Strauss, 1966). Carers are effectively entrepreneurs, jack-of-all-trades, and the maids of all works who “create something from nothing” (Baker & Nelson, 2005, p. 329). The antithesis is a professional such as an engineer (Gbadegeshin, 2018) who has access to resources to undertake and complete projects within specific timeframes and be remunerated accordingly. Such is not the case with carers. Sadly, the ultimate sacrifice is that the care duties will cease only when the carer or their whānau die. I argue that the significance of the carers' bricoleur/entrepreneurial skills is a considerable financial saving to the state, a notion I explore in Chapter 5.

⁵Moorfield (2011) describes kaupapa Māori as “Māori ideology- a philosophical doctrine, incorporating the knowledge, skills, attitudes and value of Māori Society” (p. 65). In Part B, *A Kaupapa Māori way of Seeing*, I discuss in great depth how I employ kaupapa Māori as the critical cultural framework for my research.

It is essential to acknowledge what this thesis is not. It is not about searching for a gap within existing scholarship related to the practical daily duties and responsibilities of care. Nor to the caregiver burden associated with the health deficit paradigms of the carer and, or the care recipient. It is about love and aroha within the framework of care. It is about hearing the voices of my carers telling their stories. It is about presenting a scholarly work that draws from the philosophies of te ao Māori and te ao Pākehā. Moreover, as Durie (2004) theorised, the ultimate aim is to “utilise the energy that comes from two systems of understanding in order to create new knowledge that can then be used to further development” (p. 9).

Finally, it is not about using a confined western doctoral model and linear format to achieve my objective. My research will incorporate the fluidity of a kaupapa Māori model (Māori ideology). However, as Somerville (2017) has observed, research advocating a kaupapa Māori approach has tended to lapse back into the western science format prompting the author to ask, “Does or should kaupapa Māori research ‘look different’ from other research?” (p. 69). My point of difference will be the wairua of kaupapa Māori that will guide my ‘Māoriness’ to know what feels ‘tika’ (right/correct) in how I present and respect the values of the two world views.

Maraea gives direction to my research

When I created my thesis title in my provisional year in 2018, I was beaming with pride and feeling somewhat gratified because it represented a directional beacon, the beginning of my journey. That initial step felt like my first solid contribution to the thesis pathway. The title was *The invisible reality of Informal Caregivers of aged whānau members - A Māori perspective*. I then developed a research question: *What is the value of informal caregiving to Māori and New Zealand?*

However, when I began my interviews in 2019, a single comment by Maraea made a profound impact that energised and ignited my imagination and emotions. Toward the conclusion of

Maraea's interview, I asked for any final thoughts for future informal caregivers. She simply said: "Yea, drop the word informal, and let's just go with care, understanding that *care means love*. That's it." We finished with a 'high five', and she gave a hearty chuckle and a broad smile. Maraea's phrase inspired the compassionate transition from informal caregivers to the more tenderhearted 'carers'.

There were four critical consequences as a result of Maraea's contribution. It provided a unique kaupapa for my thesis to explore the experience and meaning of care as an expression of love and aroha from the carer's perspective. Furthermore, the momentum gave birth to a new title, *Carers of elderly whānau: their invisible voices*; however, my eureka moment with an appropriately relatable research question occurred much later. Moreover, Maraea clarified my thesis's objective and central focus to explore the deeper layers of the caregiving experience to discover the invisible voices of my carers that were dormant within the folds and layers of their kōrero. Maraea's final impact set the stage for the carers' voices to co-produce their ontological realities through this research. At the same time, her inspiration is evident in the next section because a definition of care has emerged that is unique to this research and transferable to care-related research.

A definition of care

My definition of care is *care means love*. It is framed within the broader context of my research that transferred the caregiving focus from burden to love. While it appears simple, it has profound implications, which I explore in my study. *Care means love* is more culturally relevant than the generic western term of informal caregiving and related definitions.

Because of the far-reaching influence of Maraea's phrase on my research, the personal relationship between the carer and their elderly whānau member drew from a cultural sense of empowerment in the wairua. Maraea's phrase generated two critical concepts I created that

specifically draw on the energies from te ao Māori and te ao Pākehā. They are tikanga-aroha and tikanga-love, respectively, which I examine in the following section.

Do aroha and love mean the same thing?

Aroha and love are powerful forces that are generally used interchangeably as synonyms. For example, Moorfield (2011) defines aroha as “affection, sympathy, charity, compassion, love, empathy” (p. 11), while Pere (1991) refers to “unconditional love” (p. 6). In his glossary, Mead (2003) uses the expressions “love, respect, compassion” (p. 495) to define aroha.

However, within te ao Māori, the definition of aroha exists within a complex system of Māori values. In her official submission and critique of Justice Durie’s draft of Custom Law for the High Court, Metge (1996) refers to the complexity of the values system in te ao Māori that is not identical to western concepts. In this respect, aroha, as part of that value system, is no exception because it functions within an interactive web, an invisible network called tikanga Māori. I will provide a brief overview of this critical paradigm.

In the foreword to Mead’s (2003) book *Tikanga Māori: Living by Māori Values*, the Honourable Justice Durie described the “practices and values” (p. 8) that govern relationships between Māori, including their whenua, as tikanga Māori—a code of conduct enshrined in “ancestral law” (Mead, 2003, p. 8). Mead’s perspective is that tikanga Māori could only be effectively communicated and understood through te reo Māori, while an English version would have a different connotation. This latter comment reinforced the observation made earlier by Metge (1996).

Despite the complexity of tikanga Māori, Metge (1996) provided Justice Durie with a summary of six primary groups that make up the Māori system of values as follows:

Aroha, together with the associated value of whanaungatanga; the complementarity of taha wairua and taha tinana (the spiritual and the bodily dimensions), together with the associated paired concepts of tapu and noa, ora and aitua, tika and he; mana with the associated values of whakapapa, mana tupuna, mana atua, mana tangata, mana whenua, mana tane and mana wahine; nga mahi-a-ngakau, obligations arising from aroha and/or mana; utu (the principle of reciprocity); and kotahitanga (unity).

(Metge, 1996, p. 11)

Table One provides a visual reference to Metge's narrative description.

Table One: Adapted from Metge's (1996) Māori System of Values

Group 1 Aroha together with the associated value of	Whanaungatanga
Group 2 The complementarity of Together with the associated paired concepts	Taha Wairua (spiritual dimension) Taha Tinana (bodily dimension) Tapu and Noa, Ora and Aitua Tika and He
Group 3 Mana with the associated values of	Whakapapa, Mana Tupuna Mana Atua, Mana Tangata Mana Whenua, Mana Tane Mana Wahine
Group 4 Ngā Mahi-a-Ngākau obligations arising from	Aroha and/or Mana
Group 5 Utu	The principle of reciprocity
Group 6 Kotahitanga	Unity

In her book, *New Growth from Old*, Metge (1995) explored in elaborate detail tikanga Māori (referred to by Metge at that time as ngā tikanga Māori). The author described tikanga Māori as binding “together ways of thinking (whakaaro nui) and ways of doing (mahinga), principles and practice” (Metge, 1995, p. 21) inherited from the ancestors. However, the author suggested an even deeper spiritual whakapapa or lineage originating from the god or gods (Metge, 1996), which is a discussion that I engage with in Part C.

According to the Law Commission (2001) and Metge (1995), shared Māori knowledge exists, while their practical application will differ according to Iwi circumstances and situations. Tikanga Māori is a small subset of the intricate dynamics within the holistic universe of Māoridom, leading the Ministry of Justice (2001) to proclaim that te ao Māori would involve a perpetual study in complexity. However, considering what I have discussed, a simplified description of tikanga Māori would equate with the Western concept of “law and order” (Metge, 1995, p. 21).

Therefore, given the cultural significance of aroha as part of the value system and code of conduct under tikanga, should it replace the word love in this study? Given Metge’s (1995) research that aroha and love have “several meanings. Some of these meanings they share, but not all” (p. 80), I would use two specific terms to make critical distinctions between aroha and love. The first term I have coined is tikanga-aroha, based on Table One because aroha originates from the tikanga paradigm, described earlier as a code of conduct. I would also maintain the earlier descriptions by Moorfield (2011) and Mead (2003), which included sympathy, charity, compassion, and respect because they relate to the kindness and altruistic qualities in Table One.

The following example using tikanga-aroha is clearly defined in Maraea’s statement that her “aspiration is for the reo Māori me ngā tikanga to be pono and full of aroha”. Within the context of tikanga, pono refers to orally presenting te reo Māori with sincerity and integrity in the

traditional manner of oratory. Maraea's use of the word aroha places its ontological reality solely within the cultural dynamics of the broader complexities of tikanga-aroha. As Maraea reflects, "I grew up in that time; the end of time when my grandparents, fluent speakers; not very good speakers of English [but] boy they had hearts and tikanga; deep, rich yea!"

The second distinction is the phrase tikanga-love. It represented the linear definitions inclined toward the senses associated with passion, adoration, and affection and identified earlier by Moorfield (2011), Pere (1991) and Mead (2003) simply by the singular word love. I argue that by removing the conflict that love and aroha are synonyms, tikanga-aroha and tikanga-love uphold the mana of the cultural integrity of their respective definitions within te ao Māori and te ao Pākehā and interact together to complement my research. However, throughout my study, I may resort back to the shortened terms love and aroha, having clarified my position that they are not synonyms for the reasons I have discussed.

Aroha introduces the critical presence of tikanga to add cultural richness and depth to the care experience through mana and the associated value of whakapapa. The four cultural protocols identified are spoken with awe, respect and dignity by my carers concerning their elderly whānau.

Taha wairua relating to the spiritual dimension penetrates deeper into the carers' wairua to provide a sense of their feelings that love could not achieve. Utu or reciprocity, representing the cultural protocol of giving back to their loved ones, cannot be translated directly into English but is expressed in who they are, what they did, and why they undertook the responsibility to care through their expressions. Kotahitanga observes the carers not as individuals but as whānau speaking in unity. They speak with one voice about their kaumātua, which connects back to mana and the associated values in Table One. As outlined, a brief glimpse into the layers and

interconnections within tikanga confirm separating the one-dimensional English definitions for tikanga -love.

Weaving the carers' voices through my thesis

The primary function of this section is to briefly illuminate the rationale for weaving the voices of my carers to co-produce this thesis. I capture the depth and texture of those voices with my creative writing style, and I present relevant literature to discuss the benefits and advantages. Finally, I briefly consider how I position my experience as a former carer within the text.

Including participants' voices maintains the impact of what they say (Crichton & Childs, 2005). Achieving that objective requires seamless interaction between the researcher and participants, the analytical outcomes, and associated research processes (O'Sullivan, 2015; Thomas & James, 2006). As Mills et al. (2006) emphasised in their analysis of the work of Kathy Charmaz, the Constructivist Grounded theorist, it is all about "keeping the researcher close to the participants through keeping their words intact in the process of analysis" (p. 32).

The emerging theme related to the notion of an intimate partnership with participants and their kōrero reflects the interactive concepts inherent in Kathy Charmaz's work (Charmaz, 2000; Mills et al., 2006). Charmaz's conviction is evident in the collaborative phrase that "the myth of silent authorship is false but reassuring" (Charmaz & Mitchell, 1996, p. 299), which emerges out of a deep-seated opposition to researchers as shadow authors and data analysis written by "distanced experts" (Charmaz, 2000, p. 513).

Graham Smith expressed a similar sentiment in an interview regarding kaupapa Māori in which he emphatically exclaimed, "You can't write in the third person about it, you cannot write from a distance" (G. H. Smith et al., 2012, p. 13). Furthermore, Durie (2017) and Tuhiwai Smith (2012) endorse Graham Smith's philosophy of kaupapa Māori as a Māori way of doing things. The inference is evident in the notion that there is nothing silent about the interactive nature of

Māori research involving activities such as mihi whakatau (welcome speech), waiata (song) and karakia (prayers), and that is only during the initial preparatory stages of the process. Furthermore, Smith's (2012) phrase "a way of 'giving voice'" (p. 304) in Māori research would be untenable using the Western framework of researcher anonymity.

Geertz, in his interview with Ostrow (1990), aligns his thinking with a kaupapa Māori philosophy and Charmaz's approach by declaring that research, which gives the impression of being conducted in a "third person discourse world" (Ostrow, 1990, p. 62), was flagrantly misrepresenting the researchers' presence. This technique was contrary to Geertz's concept of "being in" (Tholen, 2017, p. 344) or a researcher's privilege of direct access to the participants.

My relationship with my carers, respecting their mana and being privileged to co-produce their voices in this research resonates with the writings of Crichton and Childs (2005), Mills et al. (2006), Charmaz and Mitchell (1996), Charmaz (2000) and in the kaupapa Māori research approach. The final testimony by Fossey et al. (2002) is that the "use of quotations (i.e. participants' own words) juxtaposed with the writer's description and interpretation helps the reader to evaluate the authenticity of the researcher's claims about the data" (p. 730).

Throughout this thesis, one of my objectives was to embrace my innate gift of creativity, which I regarded as a rich source of expression to enhance the invisible voices of my carers. According to Johnson (2012), my gift represents a tool that a bricoleur retains because it may be practical for a future unrelated purpose, which, in this research, is associated with the absence of formal training in anthropological studies.

The other example of utilising whatever is at hand (Baker & Nelson, 2005; Lévi-Strauss, 1966) was to use my writing style as a critical design format which is championed in the discourse by Charmaz and Mitchell (1996), who, for example, use the term 'evocative'. The authors argue that it enables the different writing styles and forms to engage the reader in the holistic

experience of the research. It is the antithesis of a prevailing ideology that encourages an absence of passion and the presence of impersonal forms of writing originating from an out-of-body or third-person approach to reporting (DeVault, 1998; Turner, 1997).

Muru-Lanning (2021), in her book section *Built on the Backs of Our Ancestors*, provides insight into her training as an anthropological theorist engaging in the practice of being an “objective participant-observer” (p. 42) to later admitting her distaste for the practical approach in the field. She claimed, “The method always seemed voyeuristic and opportunistic to me when used in relation to Indigenous peoples” (Muru-Lanning, 2021, p. 47). The transition in her academic roles and journey back to her Māori ‘ways of being’ and kinship with a kaupapa Māori methodology aligns with the philosophies outlined by Devault, Turner, Charmaz and Mitchell.

The full-edited book that included Muru-Lanning’s book chapter is *Ngā Kete Mātauranga Māori Scholars at the Research Interface*, edited by Ruru and Nikora (2021), which resonates with my creative writing style and approach to my research. In this regard, I cite tributes from the inside cover page (unnumbered) to affirm my argument. For example, Ngā Kete Mātauranga expresses “the richness, beauty and insights of Māori Scholarship” (Professor Tracey McIntosh). It recounts “the journeys of Māori researchers. It endorses the crucial importance of researchers being part of the world they are researching” (Emeritus Professor Sir Mason Durie). The final endorsement is from Sir Tīpene O’Regan, who stated, “It draws on the lived experience of Indigenous scholars, describing what they do and what makes their perspective distinctive.”

Elbow’s (2007) notion also resonates with my style that a person’s voice or that which “sounds like a person” (Elbow, 2007, p. 176) should be evident in the writing as it is more effective in imparting meaning. Similarly, Mills et al. (2006) contend that the skill of imaginative writing potentially conveys the participants’ reality of their world. However, it is crucial to remember the fundamental two-step rule whereby writing the participants’ stories must be analytical while achieving a creative or ‘evocative’ edge (Charmaz, 2001; Mills et al., 2006).

As I began the analysis process, I quickly realised that my most effective strategy would be to use my cultural knowledge and caring experience to reinforce and complement the carers' holistic worldview experience where appropriate. Crichton and Childs (2005) confirmed my instinct by pointing out that I was more of a 'participant observer' because of my intimate knowledge, understanding and engagement with the participants. It was clear that my first-hand knowledge of the care phenomenon in this study would contribute to "enriching and dynamising the fieldwork material" (Turner, 1997, p. 862).

Developing the research question

After completing my interviews, I held to the notion by American anthropologist Clifford Geertz of instinctively knowing when you have something special because it means you understand what you are doing (Interview with Ostrow, 1990). Geertz created a vital lifeline because I did not have a revised research question. It wasn't until I was halfway through the first draft of my thesis that a lightning bolt moment occurred when I conceived the research question: *What is the value of care to the carer?* I now had the vital tuarā that validated every aspect of my research. At the same time, I recalled my supervisor, Associate Professor Marama Muru-Lanning, saying during a supervision meeting in my provisional year in 2018 that she believed my research was about value. The comment did not resonate with me then; however, more than three years later, in 2021, 'value' became the research question's most compelling and overarching focus.

The conundrum of maintaining a focused trajectory throughout almost three-quarters of my doctoral writing journey by putting the cart (the bulk of my writing) before the horse (the research question) is a critical discussion topic that I will address. There was a potential cause for serious concern at the outset, given that the research question is crucial in choosing a methodology and occurs after data collection and analysis (Kovach, 2018; Maxwell, 2013; Mills

& Birks, 2014). Moreover, the research question provides an understanding, direction and reasons for the study (Churchill & Sanders, 2007).

I now defend the strategy that evolved by concentrating initially on the relevance of the original research question, *What is the value of informal caregiving to Māori and New Zealand?* Retaining the word ‘value’ was a critical contextual factor because it carried the wairua of the former research question into the new format and the new research gaze. Value will be defined by the answer to the research question to inspire a new philosophy related to caring for kaumātua.

Motivated by Maraea’s phrase *care means love*, the restructuring moved the focus from informal caregiving to *care* and narrowed the broad frame of reference from ‘Māori and New Zealand’ to the *carer* as follows:

What is the value of care to the carer?

(What is the value of informal caregiving ‘**care**’ to Māori and New Zealand the ‘**carer**’)

As indicated above the new research question was sitting right in front of me as an invisible voice, albeit tucked away within the original design. Therefore, when it materialised, there was both shock and exhilaration. The shock factor was that it was not altogether unfamiliar. The first model contained all the elements to reframe the research question. In that respect, my direction, focus, and drive were sustained by the concept of *value* and Maraea’s influential input, particularly in the revised doctoral title format, *Carers of elderly whānau: their invisible voices*.

A critical challenge to my research question experience is to suggest that the sequence of events lacked the rigour of empirical and scientific good practice. I would argue to the contrary because the linear constraints of Western timeframes and parameters are not translated verbatim within

a Māori-centred worldview that embraces spiritual intervention and kaupapa Māori research methodology. I provide an in-depth discussion of the spiritual world in the pūrākau in Part C.

Given the time taken to confirm the research question formally, my objective is to cross-examine the research question's integrity to fulfil the criteria required to hold the parts of my project together. Foss and Waters (2007) provide clear and straightforward guidelines to measure the effectiveness of the research question in achieving its functional expectations. The authors' work appealed to me because of their distinct hypothesis that the research question should "have the capacity to produce multiple insights about various aspects of the theoretical construct"⁶ (p. 40). Moreover, the philosophy of Foss and Waters (2007) resonated with the unorthodoxy in my creative thinking and style, which are overtures throughout my research and the following discussion on the five rules for a good research question.

The first rule stipulates that the research question captures my research's theoretical notion. In this instance, the word 'value' represents the phenomenon I focus on in the care experience. Te Arakau expresses the concept of value in a sentiment that coincided with his fellow participants in care, "to have that time to share." Te Arakau's narrative empowered and validated the research question.

Rule two concentrates on the research question being quickly and concisely identifiable from other constructs, such as those woven into the frameworks, theory, and broader topics within the care experience. *What is the value of care to the carer* is evident in the analytical critique of the carers' voices when presenting their kōrero. It is the outcome of what Mills et al. (2006) describe as exploring the sub-epidermal layers of the carers' narratives to seek meaning to

⁶ Foss and Waters (2007) describe the theoretical construct in the research question as the "phenomenon, event, or experience you want to learn more about" (p. 37).

address the research question. In this respect, the revelation was the carers' feelings toward their elderly whānau member, masked behind the prevailing notion that care means burden.

The authors use “transcendence of data” (Foss & Waters, 2007, p. 38) to identify rule three. The research question should not restrict research to a specific data type because, as I quoted earlier, multiple insights originate from diverse sources. Because of the abstract nature of my research question, I introduced the challenging theory that Māori care originated in cosmology (Part C) which precipitated the revelation, and so did whakapapa. The other theory was Nursing Care to which I introduced a kaupapa Māori lens to present Māori realities, complexities, and limitations because of the inequality and marginalised position that Māori have to contend with on an ongoing basis. Again, I reiterate my earlier comment on the validity of the true bricoleur status of Māori carers in the introductory section ‘Putting together the Team: My Carers’. Because of inadequate resources, more often than not, Māori carers successfully cope using only their creativity, ingenuity, love, and aroha. A limited imagination is not an option; otherwise, Māori carers would not survive in a value system anchored by discriminatory intentions.

In rule four, the criterion asks what is “your study’s contribution to an understanding of the theoretical construct” (Foss & Waters, 2007, p. 39). Value as a theoretical construct in the research question created the framework to interrogate the deep layers of the carers’ kōrero to find the answer. The objective was to isolate the dominant caregiving rhetoric’s deficit philosophy to pinpoint value within the relationship between the carer and their elderly whānau. Secondly, the theoretical construct acted as a trigger that created an outpouring of dormant emotions in which carers expressed love in its many descriptive adjectives to describe their personal feelings for their kaumātua. In this respect, Maraea’s invaluable contribution in her phrase *care means love* is pivotal to my thesis and the research question.

In the fifth rule, Foss and Waters state that the research question should leave the researcher open-mouthed and astonished at the unveiled answer. My research question transitioned the

caregiving experience from the normative lens of burden to love and aroha. It created a dynamic perspective on the scholarship of care by drawing from the complementary synergies of te ao Māori and te ao Pākehā that collectively added another dimension to innovative qualitative research.

Tāne Mahuta the spiritual kauri

The supernatural dimension is a subtle presence in the kōrero of my carers, and I briefly explore this phenomenon using New Zealand's famous kauri tree Tāne Mahuta. He is the cultural icon who makes a cameo appearance in the Acknowledgement section with his accompanying image in Figure One. Tāne Mahuta represents my research project's spiritual frame of reference and pou tokomanawa⁷. His spiritual mauri, constant presence, and the colour of his ngāhere (forest) are the green lines representing his footprints that symbolise his journey as he accompanies me throughout this thesis.

In Māori culture, Tāne Mahuta is a taonga, distinguishable by age, historical significance, and human attributes (Angelo, 1996; Boswijk, 2010) and is unique for two reasons. He is named after the legendary atua who features prominently in Part C and is the atua of forests and birds (Boswijk, 2010; Calman, 2004, 2021; Henare, 2001; Hutchinson, 2014; Ngata-Aerengamate, 2020; Walker, 2004). The second reason is that Tāne Mahuta symbolises the mana of chiefs and Rangatira of great importance to Māoridom. When dignitaries of high or chiefly status die, the following whakatauki *Kua hinga tētahi Kauri o roto I te Wao tapu nui a Tāne* (Krupa, 1996; Ngata-Aerengamate, 2020; Orwin, 2007; Sullivan, 2012) reverberates throughout Māori

⁷ Moorfield (2011) describes the pou tokomanawa as the “centre pole...of a meeting house” (p. 156). In my research, that would translate to the spiritual backbone of my research.

communities as a mark of high regard and respect. The phrase means the kauri has fallen in “the vast sacred woods of Tāne” (Pomare & Cowan, 1930, p. 9).

The mana, presence, and status of Tāne Mahuta present a holistic overview of the fusing of nature, the environment, the wairua and Māori beliefs in te ao Māori. Angelo (1996) and the Waitangi Tribunal (1989) acknowledged that Māori are linked supernaturally to all they possess: land, forests, fisheries, and other properties. King (2003) provides an insightful conclusion stating that “Māori had always been a highly spiritual people. They recognised atua or spiritual powers in nature: in Tāne Mahuta’s offerings of food and shelter from the forests” (p. 139).

The kaupapa Māori philosophy propels and promotes my research and embraces the notion that the wairua connection is provocative and dynamic. While the phenomenon challenges western research paradigms, paradoxically, there are many examples to draw on from te ao Pākehā to validate the wairua phenomena in Māori qualitative research. The Bible is the most high-profile example of the dominant presence of spiritual phenomena.

Decolonising the researcher

This brief commentary relates to the critical construct of ‘value’ in the research question *what is the value of care to the carer* because it challenged my inner bias that was inclined toward a western research approach. The issue arose from my lack of knowledge regarding the academic scholarship of te ao Māori. I was distracted from seeing its critical value to my research because I had created a smokescreen for my embarrassment.

I was compromising the value and integrity of my research by moulding, kneading, and slotting my carers’ narratives into an established framework. As Becker and Richards (2007) argued, it will “deform the argument you want to make, bend it out of shape in order to make it fit into the

dominant approach” (p. 146). You become powerless against what the authors called the ideological hegemony of the literature.

The tragedy was that Becker did become a victim and admitted to realising the mistake fifteen years later in the 1953 study on *Becoming a Marijuana User* (Becker, 1953; Becker & Richards, 2007). Because of my supervisors’ encouragement, understanding, and guidance, I avoided falling into the same trap as Becker and becoming another ethnic statistic emulating western research practices.

In 2021, I began to embrace te taha Māori. It occurred when, after 70 years, I officially reverted to my ancestral Māori name Te Piere Warahi which appeared merely as initials in my acquired English name, Edgar tpw Wallace. The effect was to enable my project to achieve its scholarly objective for my carers, the whānau care recipients, te ao Māori, te ao Pākehā, and academia in 2022.

I realised that value was the honour I placed on my carers’ support through their participation in this research. In return, there was a reciprocal value on the expectations of fulfilling that responsibility. Equally important was the emphasis on the value of the paradigms and philosophies within te ao Māori and te ao Pākehā, working closely together to create different ways of seeing and understanding. The ultimate quest regarding value was the research question, *what is the value of care to the carer?* The responsibility of providing the answer is the critical value that successfully resolved and concluded this research.

Ethical protection and approval

The ethical considerations that guide my research originate in the spiritual realm of Māori cosmology and are evident in their practical application in te ao Māori. Throughout the pūrākau in Chapter 2, the ethical conventions that impact the interactions and relationships of the first

family of care together with Māui and Tāwhaki create the pūrākau that are enshrined in the tikanga protocols of utu, mana, manaakitanga, tikanga aroha, tikanga love and *care means love*. Chapter 2 also introduces Ngā kete mātauranga (the baskets of knowledge) which are fully described and explored in Chapters 4 and 5.

The western academic ethical conventions add a further dimension to cosmological ethics by introducing specific participant protection measures. For example, approval to undertake the interviews was received from the University of Auckland Human Participants Ethics Committee effective from 2 April 2019 (see Appendix A).

A significant principle is respect, or in te ao Māori, it is the critical notion of tino rangatiratanga which is included in Article the Second (Ko te Tuarua) of the Treaty of Waitangi (Orange, 2020; Treaty of Waitangi Act, 1975). Tino rangatiratanga translates into the deeper context of “self-determination” (Moorfield, 2011, p. 210). Self-determination has been extended to include ‘autonomy, power and control’ (Moorfield, 2006) which is Moorfield’s unnumbered online Māori dictionary Te Aka. In terms of my research, the attributes of tino rangatiratanga are vested in my participants. Coleman (2012) includes the additional principles of “privacy, informed consent, confidentiality” (p. 98).

An additional level of protection is the complex issue of anonymity whose purpose is to remove any reference to the participant’s identity. However, as Saunders et al. (2015) acknowledged, the process is not foolproof and a statement to that effect is included in the University of Auckland Participant Consent Form (see Appendix B) stating that identification markers in either the story or being a familiar figure in the public domain may lead some readers to assume a link to the participant. Furthermore, Morse and Coulehan (2015) observed the view of a peer-reviewed monthly journal that using pseudonyms as a procedural process “is inadequate to disguise a participant’s identity” (p. 151). Nonetheless, the authors emphasise that protecting

the secrecy and privacy of participants is a fundamental duty of ethical research and every endeavour must be undertaken to achieve that objective.

My participants chose their pseudonyms (see *Putting the team together: My carers* in Part A, Introduction) apart from the collaboration between Rōhiputiputi and myself. The choice of names was either linked to culture, whakapapa or personal preference and it was critical to my research to treat my participants and their pūrākau with dignity, honour and reverence.

Conclusion

Weaving the voices of my carers throughout my research was a crucial strategy in co-producing this thesis. Therefore, it was vital to introduce my carers at the beginning of this Introduction to enable their voices to begin flowing immediately, which was the situation with Maraea, and her pioneering advice *care means love*. Te Arakau's brief cameo contribution followed in the first rule regarding the validity of a research question which was representative of the feelings of the other carers. Maraea and Te Arakau's kōrero introduced the style and manner in the way my carers' invisible voices would appear throughout my research. It is evident in Chapter 3, which is devoted solely to their pūrākau regarding their care experience within the holistic framework of *care means love*.

Distinguishing between love and aroha was significant because it enabled tikanga-aroha to represent te ao Māori as a cultural concept with its own kaupapa instead of being absorbed into the Pākehā definition of love. Together, tikanga-aroha and tikanga-love balance the contributions from the two systems discussed earlier by Durie (2004) to enrich the theme that *care means love*.

I did not create a new research question in line with the new topic of my research. Fortuitously, it was an invisible voice hidden in the original question. The critical value when it suddenly emerged was that the mana and spiritual significance of the original research question were still

applicable. Because of the rich presence of the spiritual dimension in my research, I introduce the iconic kauri tree Tāne Mahuta and his intrinsic link with te ao Māori and the supernatural world. While Tāne Mahuta features extensively in Māori cosmology in Part C, he initially appears in my Acknowledgements, therefore the introductory comment in this section was critical to contextualising the importance of Tāne Mahuta to my research.

Decolonising the Researcher highlights the impact of *value* regarding my ethical responsibilities and initial resistance to fully embracing te taha Māori in my research. My dilemma seems humorous in the context of Pihama's (2011) statement claiming that "I love decolonising the bits of me that have a fight with being Māori" (p. 55). In my situation, I opposed any attempts at self-decolonisation, and Pihama's revelation was a chilling reminder of the potential consequences of such a conflict. The final section outlines the ethical responsibilities toward my participants and an outline of the chapters in my research follow this conclusion.

Thesis outline

Part A: Introduction provides a brief profile of my carers in the first section, 'Putting together the Team'. It is a position of honour that respects their mana and acknowledges their critical value to my research. Thirteen carers were interviewed and assisted in co-producing my study by weaving their voices throughout my research. I introduce the concepts of tikanga-aroha and tikanga-love to distinguish their different meanings. Te ao Māori values influenced the definition of tikanga-aroha while tikanga-love was defined by te ao Pākehā. I pay homage to Maraea, who single-handedly changed the direction and focus of my research and, consequently, revealed a new research question partway through writing this thesis.

Part B: Chapter 1 is the kaupapa Māori methodological framework in which I define the elements of my qualitative research and introduce the critical paradigms in te ao Māori of te ao mārama, whakapapa, and kaupapa rangahau. The corresponding concepts in te ao Pākehā which

include ontology, epistemology and methodology respectively, contribute to providing a deeper meaning to the reality of the two worlds that my carers engage with. I included constructivism to find answers to constructed realities and relativism to understand the realities created in the person's mind. The notion of kaupapa Māori pūrākau methodology out of which I developed the theory of ātārangi ki te ātārangi (shadow to shadow) Māori or Indigenous research takes the researcher to a deeper level of awareness in adding to the scholarship of care. My method included thematic analysis to develop themes that would contribute to writing this thesis.

Part C: Chapter 2 focuses on the creation stories in Māori cosmology that provide a unique platform for the scholarship of care by advancing the notion that the supernatural dimension formed the origins of Māori care. The activities and actions of the central characters are critically analysed to confirm the theory of origination. The primordial carers are Ranginui (sky father) and Papatūānuku (earth mother), followed by their seventy sons. Two critical inclusions are the heroic figures of Māui and Tāwhaki. The point of difference that my research adds to scholarship is illustrated in Figure Two which draws on the kaupapa that what occurs in the natural realm of my carers, has its point of origin in the spiritual realm or Māori cosmology.

Part C: Chapter 3 is dedicated solely to the pūrākau of my carers regarding their care experience. It involves weaving their voices through several scenarios. These included the difficulties of being a saint throughout the trials and challenges of care. They offer a glimpse into the nature and support received from whānau to the precious instances described by Mihi as the paydays of care when a moment of contemplation brings tears of joy. When my carers reflected on their experiences through the hindsight and humour lens, it was not the burden of care that attracted their attention, but the realisation that it was about their love, respect and honour for their elderly whānau. Hence the reality of Mārae's phrase that *care means love*.

Part C: Chapter 4 is the critical analytical chapter that draws together the care experience narratives in Chapter 3 with similar examples from cosmology in Chapter 2. The exercise also

included the influence of the three baskets of knowledge and the two sacred stones (the baskets and stones will be referred to as ngā taonga) that the supreme god Io created for all humanity. I developed a question to guide the analytical process, which asked *How do Papatūānuku, Tāne Mahuta, Māui and Tāwhaki genuinely relate to the events occurring in the carers' world?*

Part D: Chapter 5 introduces the three kete of knowledge to understand the importance of cosmology in explaining the impact of phenomena on my carers. The two critical examples I use are the enduring legacies of colonisation in the 21st Century and kaumātua abuse.

Part D: Chapter 6 is an extension of Chapter 5 in terms of using the three kete of knowledge to analyse the culturally unsafe practices in hospitals. Highlighting the importance of kawa whakaruruhau (culturally safe practices) was introduced through the experiences of two of my carers who were defacto nurses caring for their elderly whānau fulltime in hospitals. I introduce the theories of academics from the nursing profession such as New Zealander Dr Irihāpeti Ramsden and from the United States, Drs Jean Watson and Madeleine Leininger whose works align with the protocol of positively impacting the experiences of my carers.

Part E: Conclusion opens with a dramatic epiphany and a revelation of the extraordinary powers of te kete Aronui, te kete Tuauri and te kete Tuatea controlling cosmology's intricate and complex webs of connections and linkages. Cosmology consists of twelve heavens with the earth on the bottom level and Te Toi-o-ngā-rangi, the domain of Io, the supreme atua at the top. I realised the depth and breadth of what I discovered were beyond the scope of my project. However, what I have introduced from cosmology provides the depth required to enhance my research. I highlight the main findings, pay tribute to our care recipients as heroes, and comment on the implications for future research.

PART B

A Kaupapa Māori way of seeing

Chapter 1

Methodological Framework

Introduction

Chapter 1 is the tikanga (methodological) framework. It incorporates theoretical paradigms and practical strategies, which Kovach (2009) contends that “if successful, these frameworks illustrate ‘the thinking’ behind ‘the doing’ ” (p. 39).

Because my research involved kanohi ki te kanohi (face-to-face) interviews, I used qualitative research. It is an approach that provides unique opportunities to view the historical world of my carers through their eyes, experiences and perceptions in a profound and meaningful way (McGrath et al., 2019; Merriam & Tisdell, 2016). Qualitative research is an interpretive tool (Liamputtong, 2019) and a platform for the invisible voices of my carers to be heard. The author’s sense of mana resonates with my aim to thread my carers’ voices throughout my project to achieve authenticity and empower my research with an understanding of the carers’ reality.

My focus incorporates a ‘double lens’ approach to recognise the dual influences of te ao Māori and te ao Pākehā in the lives of my carers, a reality that I acknowledge in Part C. The aim is to work with the positive energies of both worldviews to provide a more engaging and dynamic caregiving framework using a kaupapa Māori theory.

Kaupapa Māori a flexible theory

The scholarly resources describing kaupapa Māori I consulted were extensive, with recurring themes and multiple insights. My objective, therefore, was to narrow and refine what I had sourced that would enable my narrative to incorporate western thought.

I quickly realised that I was searching for a linear template, a formulaic road map, and a one-size-fits-all concept, which led me to conclude that I should build a framework to fit my research. I began with Somerville’s (2011) clarity on the issue of the potential of kaupapa Māori, which resonated with my instinct for limiting or removing boundaries.

Somerville (2011) observed that kaupapa Māori could not exist within a one-dimensional space by using the descriptions “malleable, dynamic, unfixed...indefinable” (p. 65).

Mahuika (2008) similarly arrived at the same conclusion because she could not produce a concise definition of kaupapa Māori theory. Mahuika (2008) claimed the concurrent use described “not only the theory of kaupapa Māori but kaupapa Māori research methodologies, methods and culturally appropriate research ethics” (Mahuika, 2008, p. 5). Furthermore, she suggested that a definition of kaupapa Māori would limit its more comprehensive application. I argue, therefore, that Somerville and Mahuika infer that besides the requirements imposed by context, the fluidity of kaupapa Māori enables the paradigm to interact and engage freely.

The following metaphor from an elder of the Mi'kmaq First Nation peoples in the Atlantic Provinces of Canada provides a powerful overview of the dynamics of an indigenous perspective:

Albert indicates that Two-Eyed Seeing is the gift of multiple perspective[s] treasured by many aboriginal peoples and explains that it refers to learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing, and to using both these eyes together, for the benefit of all.

(Bartlett et al., 2012, p. 335)

Albert Marshall's Two-Eyed seeing concept is a framework for negotiating between two worldviews (Bartlett et al., 2012; Levac et al., 2018; McKeon, 2012) to achieve a balance. Guided by Albert Marshall's metaphor, I embraced the held opinion of kaupapa Māori as a pedagogical tool (Smith & Reid, 2000) with multiple applications for seeing, understanding, and potentially drawing together common boundaries within te ao Māori and te ao Pākehā. For example, the educational pedagogy of the historical dominating figure of the sage, the former teacher on the stage, transformed into the compassionate guide on the side (A. King, 1993; Morrison, 2014), is an empowering metaphor for kaupapa Māori to draw energy from both the

sage and guide. It reinforces my earlier view in the introduction regarding a collaborative approach.

Despite the earlier comments by Mahuika (2008), there is an overarching consensus view that kaupapa Māori is predisposed to recurring cultural themes related to philosophy, cultural principles, values, ethics, and the paradigms of ontology and epistemology (Durie, 2017; Pihama, 2011; Smith, 2017; Stewart, 2017). One perspective on the literal translation of kaupapa Māori by Moorfield (2011) and Cram (2019) is a Māori way or approach. The more generally accepted expression captures the simplistic reality of the heart of kaupapa Māori, which is by *Māori, for Māori and about Māori* (Cram, 2019; Durie, 2017; Jones, 2017; Mikaere, 2011; Pihama, 2010; Royal, 2017).

In line with the floating korowai concept of kaupapa Māori, I introduce Edwards' (2010) inquiry paradigm matrix in which the critical paradigms discussed in the following section (Interpreting with key paradigms) are translated as follows:

- Western Science Mātauranga Māori
- Ontology Te Ao Mārama
- Epistemology Whakapapa
- Methodology Kaupapa Rangahau

(Edwards, 2010, p. 46)

The absence of a literature review chapter

Creating a Literature Review Chapter would not have achieved my objective and vision of developing a contemporary pūrākau paradigm related to Māori carers and their kaumātua within the context of the pūrākau in Māori cosmology. Moreover, it was important to choose an alternative method that would fulfil the two-eyed vision kaupapa of Durie (2004) and Albert Marshall. The critical objective was to achieve the dual benefit of privileging the creative wairua

from the two worldviews of te ao Māori and te ao Pākehā that underpinned my research. Therefore, the style I adopted involved weaving the invisible voices of western literature throughout my thesis in collaboration with the invisible voices of my carers to create a theoretical pūrākau that would add another layer of understanding to the depth of my carers' experiences in both the natural and spiritual realms.

The challenge to my thesis of conforming to the western doctoral format of including a literature review chapter is recognised in the keynote presentation by Moana Jackson (2016) at the Lowitja Institute International Indigenous Conference in Melbourne. The author's declaration is that:

Every time, I look at a doctoral thesis, and I know it's the same here in Australia as it is at home in Aotearoa, New Zealand that every major piece of academic work in a university for example has to have a literature review. What they mean by that literature review is stuff written as literature by white people. Yet in our knowledge system, literature as written is only a recent innovation but that does not mean that literature did not exist. It is there in the poetry, the songs, the history, the traditions of all indigenous peoples and yet to try to get a university to accept...that way of knowing and seeing the world constitutes a valid literature review is one of those many issues [for] indigenous peoples throughout the western academy.

(Jackson, 2016, 29:11)

Within the holistic context of Jackson's indigenous perspective, Becker's (1953) opinion was critical of yielding to the destructive forces of imperial conformity. Similarly, Kincheloe and McLaren (2005) were scathing when they expressed the view that a "critical consciousness...refuses the passive acceptance of externally imposed research methods that tacitly certify modes justifying knowledges that are decontextualized, reductionistic, and inscribed by dominant modes of power" (p. 318). Lee (2009) advanced the notion of an indigenous bricoleur "decolonising methodologies" (p. 7) which is a tool that I have used consistently throughout my research. While my method and approach draw strength from the decolonising narratives within the literature, the inspiration for the final outcome originates from cosmology which is the influential theme throughout my research.

Interpreting with key paradigms

I began my analysis with te ao Mārama (ontology) to understand the nature of the Māori worldview of reality or knowledge regarding care. I have explored in-depth te ao Mārama in Part C: The Pūrākau of Māori Care, particularly in Chapter 2. Under the umbrella of cosmology, I introduced Māori Pūrākau (oral stories and ancient legends). My examination began with the original whānau, Papatūānuku (earth mother) and Ranginui (sky father) and the eventual creation of their seventy sons, which occurred over millions of years.

The sons lived in a pitch-black and cramped environment between the tight embrace of their parents. At one point, a gleam of light pierced their darkness (Calman, 2004, 2021), representing the origin of te ao mārama, a world full of light, the dawning of knowledge and the endless pursuit of knowledge acquisition and development. The second stage occurred through the adventures of the cult heroes Māui and Tāwhaki (Calman, 2004, 2021; Ihimaera, 2020; Walker, 2004).

In a further account of te ao Mārama by Marsden (1975) in his book section ‘God, Man and Universe: A Māori View’, the author provided a detailed account of the monotheistic atua or supreme god Io. However, Calman (2004) argued that the primordial gods Papatūānuku and Ranginui represented the traditionally accepted creation story. The author corroborates his viewpoint with citations by Buck, 1949⁸ and Johansen, 1958⁹ who argued that the biblical accounts of the Christian creation story influenced the tradition of the supreme god Io. To be consistent with my passion for drawing from the positive energies of two or more systems and philosophies, I interacted with both accounts, that of the primordial gods and Marsden’s (1975) account of Io, throughout Parts C and D of my research.

⁸ Buck, Sir Peter (Te Rangihiroa). (1949). *The Coming of the Māori*, Māori Purposes Trust Fund Board.

⁹ Johansen, J. Prytz. (1958). *Studies in Māori Rites and Myths*. Ejnar Munksgaard.

In the western scientific paradigm of ontology, a repetitive set of definitions includes the study of being and the nature of truth or reality (Al-Saadi, 2014; Bhaskar, 2014; Creswell, 2007; Guba & Lincoln, 1994; Hathcoat et al., 2019; Khanna, 2019; Mack, 2010; Mills et al., 2006; Mills & Birks, 2014). I adopt the relativist ontological position to align ontology with te ao Mārama. The conception and construction of the truth of an individual's perspective of 'knowing' are not reliant upon an external reality (Nunes & McPherson, 2003). Realities are mental images created from societal interactions (Mills et al., 2006) or, more simply, "inventions of the human mind" (Guba & Lincoln, 1994, p. 108). As a holistic theory, it acknowledges the existence of multiple realities (Mack, 2010; Merriam & Tisdell, 2016; Miles & Huberman, 1994; Mills et al., 2006). Similarly, the holistic philosophy of kaupapa Māori is its ability to embrace multiple realities within te ao Mārama because of the intricate webs of connection in te ao Māori.

The second paradigm is whakapapa (epistemology), defined as genealogy or line of descent (Henare, 1988; Irwin et al., 2011; Mahuika, 2019; Mark & Lyons, 2010; Ministry of Justice, 2001; Moorfield, 2011; Tau, 2001). Whakapapa empowers and connects te ao Māori in the natural world and also provides an intimate and seamless connection between te ao Māori and the spiritual world (Henare, 1988; Irwin et al., 2011; Kruger et al., 2004; Lawson-Te Aho, 2010; Ministry of Justice, 2001; O'Regan, 1987; R. M. Roberts & Wills, 1998).

An authoritative reference on the topic of Māori whakapapa relates to the extensive research by Sir Apirana Ngata. In his text, *The Terminology of Whakapapa*¹⁰, Ngata defines whakapapa as both genealogy and reciting genealogy. He describes whakapapa as placing "a layer or series and thus a generation or generations" (Ngata & Ngata, 2019, pp. 25–26).

¹⁰ In March 2019, the Polynesian Journal published a special issue Te Ao Hou: Whakapapa as Practical Ontology. It focussed solely on Sir Apirana Ngata's manuscript entitled The Terminology of Whakapapa.

Ngata also refers to whakapapa expressed through materialism, such as Māori meeting houses (A. Ngata & Ngata, 2019). Roberts and Wills (1998) extend Ngata's comment by referring to whakapapa as a genealogical framework that includes the animate and inanimate being "connected together in a single 'family tree' or 'taxonomy of the universe' " (p. 45). Therefore whakapapa is embedded in everything on and including the planet (Mahuika, 2019; Roberts, 2013).

The creation of Māori genealogy originated in cosmology which I explore in Chapters 2, 3 and 4. It began when Tāne Mahuta formed a human image in the dust and breathed "life into its mouth, nostrils and ears, and the act of creation was complete" (Calman, 2004, p. 32). Hineahuone became the first woman – see Figure Two.

The genealogical linkage is part of a holistic view of connectedness to the universe (R. M. Roberts & Wills, 1998). The knowledge of connectedness and relationships not only underpins one's understanding of te ao Māori but also creates seamless interactions with a reality described by Roberts and Wills (1998) as the "visible and invisible worlds" (p. 46). It instils within Māori an innate sense of 'knowing'. This scenario in western science represents the philosophy of epistemology, which Edwards (2010) refers to as "A Māori way of relating the knower to the known" (p. 48).

Epistemology in western theory refers to the nature of knowledge (Levers, 2013; Mack, 2010; Mills & Birks, 2014; Ritchie et al., 2014; Snape & Spencer, 2003). The paradigm explores appropriate techniques to obtain knowledge associated with the participant's ontological reality. It creates processes to determine the relationship between the researcher and the phenomena or what can be known (Creswell, 2007; Denzin & Lincoln, 2005; Edwards, 2010; Hathcoat et al., 2019; Snape & Spencer, 2003). Arising from this scenario is the central issue which asks, "How do I know the world" (Denzin & Lincoln, 2005, p. 183). I adopt a constructivist epistemological lens to address that issue.

Constructivists use the realities in life, the world and the reality of people's constructions to find answers and meanings (Liamputtong, 2019). Whakapapa complements constructivism and adds more profound layers of analysis, meaning and depth. It occurs because of the relationship between te ao Mārama and whakapapa as the "analytical tool...to explain, describe and account for everything in the known universe" (Royal, 1998, p. 21). I argue that my kaupapa Māori model extends analyses to a point beyond the boundaries within which constructivism operates because it embraces Māori pūrākau and the supernatural heavens.

The final inclusion to my kaupapa Māori platform is kaupapa rangahau (methodology). It is an amalgam of two definitions: kaupapa, which means "topic, policy, plan or purpose" (Moorfield, 2011, p. 65), or guiding principles (Kerr et al., 2010), while Rangahau is to "research, pursue or investigate" (Moorfield, 2011, p. 168). In his research, Edwards (2010) adopted the definition "A Māori way of selecting the best means of acquiring knowledge" (p. 50), which is a blend of the Pākehā notion in the next paragraph. To align with the kanohi ki te kanohi wairua of my research, I have created the following definition: *engaging with the knowledge owners of te ao Māori*. I believe that it respects the mana of the kaupapa Māori protocols of research engagement with Māori in opposition to extractive research approaches.

In western science, methodology effectively designs the plan of action or "best means for acquiring knowledge about the world" (Denzin & Lincoln, 2005, p. 183). A more narrow focus is a strategy for acquiring knowledge to address the research question (Berryman, 2019; Mills, 2014)

The final link is Methods or tikanga (Moorfield, 2011; H. M. Ngata, 1993), which I will combine into tikanga-methods for my research. The rationale is to reinforce the theme throughout my study of a bilateral approach to respect the kaupapa of both te ao Māori and te ao Pākehā. Tikanga -method is the practical hands-on tool described by Maxwell (2013) for collecting and analysing data. According to Hathcoat et al. (2019), methods (tikanga-methods) introduce

“techniques, strategies, or procedures” (p. 109) that will address and answer the research question. The critical role of tikanga-methods forms the basis of my research strategy in the following sections.

Carers and elderly whānau profiles

In the selection of participants, I drew upon the works of Hinton & Ryan (2020), Liamputtong (2013), Miles et al. (2014), Patton (2015) and Tongco (2007). The authors adopted a purposive (on purpose) non-random sampling method because they advocated that the researcher consider the participants’ qualities, the richness of their narratives and the impact factor on the research question.

The age category of my carers and their whānau ranged from pakeke (45-70 years) to kaumātua. The only stipulations were that the pakeke/kaumātua care recipient was an immediate whānau member (mother, father, husband, wife, or grandparent) whom they cared for at home and was the sole responsibility of the carer. There is an extraordinary bond in the carer/whānau relationship, a perspective I was privileged to experience when caring for my mother. The added benefit to my research was identifying similar relational attributes in my carers.

Finding carers was not as daunting a task as I imagined, with recommendations from my supervisors and other contacts, seminar and conference presentations, prior knowledge of participants who were carers, and snowball sampling. Initially, I had intended to interview fifteen participants; however, I encountered data saturation (Braun et al., 2019) at interview thirteen because the discourse had begun to sound repetitive, and no new data was emerging. While it is the least scientific approach to determining the sample size, from a logical perspective, it has merit. The authors concluded that there were “no magic formulas for determining sample size in TA research” (Braun et al., 2019, p. 851). The authors use the acronym TA for thematic analysis.

There were fourteen care recipients in total, and apart from one female pakeke, the remaining five females and eight males were all kaumātua. One male and one female were still alive as of 2021. The whānau relationship profiles included six mothers, five fathers, two husbands and one grandfather. Mihi was the prime caregiver to her parents with the assistance of Shabrom. At the same time, Te Upoko initially cared for her mother until she died and later cared for her Pākehā husband, who was ill for an extended period until he passed away. Te Upoko's approach to caring was the same for her mum and husband.

Kaupapa Māori interviews

Before I set out to meet new participants and renew acquaintances with others, I instinctively felt that my interviews would be exercises in fluidity. The effect would enable my participants to feel comfortable and at ease in sharing their pūrākau. It is the seamless interaction that occurs on a marae that I would incorporate throughout the interviews. I imagined meeting my participants on the marae and remembering the transition from stranger to whānau through the protocol described by Dawes et al. (2020) as Hongi, Hariru and Hau, the sharing of breath. I would therefore adopt that sense of 'marae' through my lived experiences growing up as the platform for my interviews.

During my initial contact with potential candidates, I noted that the communication deferred naturally to English, which was an important signal. Because Māori move between the dual worlds of te ao Māori and te ao Pākehā, there are implications to take into account. For example, some transition easily between both environments, while others may feel whakamā, meaning to "be ashamed, shy, bashful, embarrassed" (Moorfield, 2011, p. 247) and marginalised because of the ongoing process of acculturation. Therefore, being culturally sensitive throughout my engagements was going to be necessary. It was a critical point that Edwards (2010), who, as a

young and fluent te reo Māori speaker, made when among “elders who may not have had the opportunity to learn to speak Māori” (p. vii).

When I received the thirteen confirmations from carers to participate, I began the preparation process and established appointments between May 2019 and August 2019. Before meeting my future carers, I prepared the document packs containing my question prompts (Appendix C), a copy of the University of Auckland ethics approval letter (Appendix A), the consent forms (Appendix B) and recording devices.

I considered the nature of the koha, which included cakes that I had baked, redeemable vouchers, lunch at cafes and chocolates. Ensuring I arrived early at my destinations was a mark of respect and allowed time for reflection, mental preparation and a karakia. I also planned my wardrobe for all my engagements to ensure a trendy, chic, but dignified attire because I was an ambassador for te ao Māori, the University of Auckland while respecting the mana of my future team.

The reality of the spiritual kingdom in te ao Māori provides the initial contact through the wairua that precedes the formal welcome when Māori gather. The connection binds Māori through the whakapapa links to the primordial gods, tikanga and their pepeha. It is a unique te ao Māori state of being. In my first engagement with carers, the tikanga value of whanaungatanga or “kinship in its widest sense” (Metge, 1995, p. 81), was evident despite being total strangers in some cases and renewing friendships and contacts with others. I distinctly remember the broad smiles, the katakata on initial contact, and feelings that are hard to explain, which in terms of kaupapa Māori, is what ‘being’ or ‘doing’ Māori is all about, according to Baker (2009) and Smith (2012). Smith and Reid (2000) sum up that scenario of Māori reality with the holistic expression “āhuatanga Māori¹¹” (p. 10).

¹¹ Moorfield (2011) describes āhuatanga Māori to mean “That’s just the way we, the Māori, are when we get together” (p. 3).

My future team chose venues that suited their situation and circumstances, and I have selected several examples to preview. When I spoke by telephone with Nori regarding an interview venue, she initially mulled over the possibility of using the family home. However, Nori was sensitive about her dad's reaction, and we agreed to find an alternative venue.

Smith (2012) points out in code six of her seven cultural principles for Māori researchers to protect the mana of people "Kaua e takahia te mana o te tangata" (Smith, 2012, p. 210), which was critical regarding Nori's kaumātua. We chose a trendy café attached to an internationally renowned fitness centre, which created an interesting dynamic. As her kōrero would testify, the location did not inhibit or compromise her message, emotions or the interview.

I met Te Arakau at his home and was overwhelmed because he cooked lunch. Te Arakau formally welcomed me according to Māori custom, and I responded accordingly. Then Te Arakau suggested, "how about we eat now...we'll just have some kai 'cause it's ready, um, and we'll go from there. Shall we stop this?" Te Arakau's final comment in his quote refers to a recording device I used in the interview. Obtaining permission to use a digital device is one of the essential responsibilities in the ethics protocols. Therefore, completing the documentation procedures with my carers before conducting the interviews was crucial. The process involved carefully explaining the documents, answering questions, and obtaining a signature on the consent form.

For Maraea's interview, I hired a room in a community centre that she was visiting, and the interview commenced after she had concluded her activity there. I asked Māraea if we could open with a karakia, to which she consented and requested that I perform the honours. We held hands, and I chuckled when she remarked, "your hands are cold!"

Before Maraea presented her pepeha, she said, "I have never ever been on this side of the research project, never! This is the first." Given her formidable academic research achievement

and reputation, a thousand emotions imploded inside me; however, because we held hands during the karakia, it restored a sense of peace in my wairua. Fortunately, as my research would testify, Maraea's kōrero would profoundly impact its future outcome. We concluded by popping downstairs to socialise over lunch.

I transcribed the interviews and produced verbatim transcripts that contained my participants' pūrākau. The process was very satisfying, especially when listening to those who cried during the interviews and remembering that I was also crying. I fully understood what they were going through and was consequently impacted by the content of the recordings. For example, there was a moment when I was transcribing Te Arakau's audio tape, and it reminded me of my own experience, and I burst into tears. Without thinking, I sent him a text to convey how his interview had impacted me. His response was vibrant and poetic:

Working on subject matter that is intensely personal and demands such reflection was always going to make a tangiweto¹² out of you and me too, and that's a great thing for so many reasons. Basically, it is honouring our mothers, our past, our history, our tipuna¹³ and seeing the abject beauty of their lives lived in parallel. It reminds us that we will never be alone, and when you can't see their shape and form, you can always feel their essence, their mauri. Tihei mauri ora¹⁴.

(Te Arakau, 2019, 9:28)

¹² Translated, Tangiweto means 'cry baby'.

¹³ 'Tipuna' refers to an ancestor.

¹⁴ 'Tihei Mauri Ora' is the breath of life.

Te Arakau's text message is a testimony to the value of qualitative research and the Māori research approach of 'kanohi ki te kanohi'. It develops trust and empathy that can evoke the depth of emotional description from participants that is very rich, spiritual, and deeply cultural.

Ātārangi ki te ātārangi Māori or Indigenous research

An essential tool I used to capture the depth in the carers' kōrero is my original kaupapa Māori pūrākau methodology or theoretical notion called *ātārangi ki te ātārangi* (shadow to shadow) Māori or indigenous research (*ātārangi ki te ātārangi*). The researcher effectively merges with the participant's shadow to move in harmony throughout the kanohi ki te kanohi interview and, later, revisits that shadow-to-shadow relationship throughout the transcribing and writing processes. *Ātārangi ki te ātārangi* is a state of mental receptivity requiring a deep and intimate relationship with the topic, cultural awareness and sensitivity, and engaging with the spiritual sense that is innate in Māori through their whakapapa to cosmology – refer to Figure Two in Chapter 2.

I argue that the spiritual connection is an invisible voice in the study of perception coding of sight, hearing, smell, touch and taste in languages within a global context undertaken by Majid et al. (2018). The authors' research challenged the longstanding English (western) hierarchy of sight and sound dominating the remaining senses. The objective nature of sight and sound served as "the basis of knowledge and understanding" (Majid et al., 2018, p. 11369) and excluded the other senses. When the authors queried the application of the rigid western approach against the "diversity of languages and communities worldwide?" (Majid et al., 2018, p. 11369), their study of a global sample of the world's languages revealed that there was no hierarchy of the senses. It was cultural and environmental factors that determined the appropriate sense or senses.

The research by Majid et al. (2018) introduces the cultural potential of a spiritual sense, which has long been contentious in western science and qualitative research. The relevance of the work

of Majid et al. (2018) confirms that the cultural instincts employed by Māori researchers do not always resonate with the rigid hierarchical systems of the western model.

The nature of research in te ao Māori and living in the reality of the spiritual realm forms a significant component of the ātārangi ki te ātārangi concept. Ātārangi ki te ātārangi is the difference between good research and that which occurs at a higher spiritual level. I argue that ātārangi ki te ātārangi research imparts greater credence to the notion of insiders like myself, who, according to Clifford (1986), have unique opportunities to empower research by using different lenses to create new meanings and understandings.

Ātārangi ki te ātārangi transcends all other forms of intimacy because it connects with the wairua, soul, and human senses within the te ao Māori holistic model of knowing and being. My theoretical notion represents kaupapa Māori innovation that empowers the bricoleur researcher to create new knowledge through more profound analytical processes. In a similar context, Lee (2009) adds that “the Indigenous bricoleur draws on traditional protocols and practices of pūrākau to provide guidelines...to progress pūrākau in innovative and creative ways” (p. 9).

In the following section, I will balance the kaupapa Māori perspective with an explanation of the western science theory of interviewing and the concept of storytelling.

Western pūrākau

In conformity with the two-eyed vision that is critical to my thesis, this section introduces a western theoretical perspective to the techniques in *kaupapa Māori Interviews*. For example, my programme of seeking participants, organising and arranging interviews and venues is, according to DiCicco-Bloom and Crabtree (2006), intrinsic to using semi-structured interviews with open-ended questions. The authors argue that “semi-structured interviews are often the sole data source for a qualitative research project” (DiCicco-Bloom & Crabtree, 2006, p. 315). The downside is that despite the small samples used compared to research using online

questionnaires, Carruthers (1990), Baker (2009) and Adams (2015) make the point that there are financial and time costs involved.

To achieve the objective of obtaining information-rich data, I introduced narrative analysis. This paradigm explains the theory that captures the detailed descriptions in my carer's kōrero. Narrative analysis de-emphasises the classical interviewer and interviewee concept model by introducing a more inclusive approach that empowers the participant's role as the narrator while the researcher becomes the listener (Kartch, 2018; Kirkevold & Bergland, 2007).

A narrative inquiry recognises that human beings are storytellers (Barrett & Stauffer, 2009; Chase, 2005; Connelly & Clandinin, 1990; Kartch, 2018; Moen, 2006). Storytelling is “essential to human life” (Kartch, 2018, p. 2) because it captures the interactive processes in which people understand and experience the world (Connelly & Clandinin, 1990). It is the slow and meticulous attention to the narrator and the transcription that are vital components in the analysis process of a narrative approach and, as such, would not be suitable for use in research involving “large numbers of nameless and faceless subjects” (Riessman, 2005, p. 6).

Defined by Chase (2005) as “oral or written and may be elicited or heard during fieldwork, an interview, or a naturally occurring conversation” (p. 652), a narrative, by nature, is discursive (Kartch, 2018). In other words, it contains all the hallmarks of being digressive, loose, and interwoven with factual and irrelevant details. Te Arakau succinctly captures the meandering nature of a narrative. In his interview, he said, “stories are circular, they're never this list of events as such, they just roll in and out of different things and different things are woven into them and that's how stories get told.” Te Arakau's insight confirms that the narrative form will not be achieved through a structured interview or simply in a question and answer format.

As Kartch (2018) observed and Brannen (2013) alluded to, enabling participant fluidity in the narration of their realities can only be achieved in the “least structured type of interview”

(Kartch, 2018, p. 3). The two-fold benefit of less structure and allowing the participant's narrative style to flow is that the researcher is afforded a window of opportunity to data that the participant may not be consciously aware of either knowing or having been expressed (Barrett & Stauffer, 2009). Secondly, the authors refer to discovering another layer in the analysis that may otherwise have remained invisible and deeply embedded in silence. This situation occurred in my study of Nori's spiritual narrative, which is very profound. Because of the kaupapa Māori perspective, I will spend a little time with Norie's revelation because of the critical piece of analysis that evolved.

Nori's kōrero does not reveal who she refers to when responding to my prompt regarding concern for her dad being home by himself, particularly now that he is in his late eighties. Her opening reply is interesting when she says, "That's a really good question." Nori then continues, "One of the things I would say is that my father is very well looked after," and immediately begins to sob intensely. Being aware through the interview that my upbringing was in te reo Māori and tikanga, I believe Nori was confident that I would discern her reference to the spiritual world (te taha wairua).

Nori again broke down and reinforced the tikanga that "He's well looked after by them up there." However, she contextualised her comment this time and concluded by saying it is why "I don't worry too much." The tears released from deep within her wairua spiritually connected her to the whānau who had died. Nori's capacity to 'know' is poignantly captured in the following:

When the illumination of the spirit arrives in the mind of the person that is when understanding occurs - for knowledge belongs to the head, and knowing belongs to the heart. When a person understands both in the mind and in the spirit, then it is said that that person truly 'knows' (mohio).

(Marsden, 2003, p. 79)

For Nori, it would bring a sense of emotional relief to express the concept of ‘spiritual care’, knowing there would be total acceptance on my part versus concern, misunderstanding, and scepticism by others and possibly even chastisement by her whānau. One feels privileged with that level of trust; however, Smith (2012) points out the obligation and responsibility of the researcher placed in that situation. Charmaz (2000) also reflects on her studies of chronic illnesses and the trust that people had in sharing with her “their private thoughts and feelings” (p. 525).

Tholen’s (2017) reference to a researcher who is privileged to gain intimate access to participants for their research has been pivotal in framing what I wanted to achieve and how to do so. One key contributing factor would be my prior experience as a carer looking after my mother. It has afforded me an unparalleled insight into my carers’ stories; to see beyond the care experience, understand their invisible voices, feel their emotions, weep with them, and, equally important, *to know that they know that I know*.

Chase’s (2005) approach to accentuating the participant’s voices and, similarly, Bochner & Riggs’ (2014) concept that the central focus is to place them at the centre exposes narratives in which “he or she shapes, constructs and performs the self, experience and reality” (Chase, 2005, p. 657). The researcher then faithfully captures and replicates the participant’s unique context (Erlingsson & Brysiewicz, 2013).

The narrative analysis approach was a perfect fit for my research. Furthermore, the move away from traditionalism in social science by using the first-person narrative is, according to Chase (2005), an acknowledgement of the researcher’s interpretive position. The researcher is the analytical narrator of the oral resources throughout the compilation and writing of the report.

Thematic analysis

As outlined in the methodology and kaupapa rangahau section, the function of tikanga-methods is the implementation of procedures and systems for acquiring and analysing data. To accomplish the analytical objective, I used thematic analysis, one of the four models of narrative analysis identified by Riessman (2005).

Thematic analysis resonated with my focus to explore the deeper layers when analysing my carers' interview transcripts. I combined the theory of "identifying, analysing and reporting patterns (themes) within [the] data" (Braun & Clarke, 2006, p. 79) with the inductive thematic approach. The inductive process uses the interview transcripts to "build their patterns, categories, and themes" (Creswell, 2007, p. 38) from the bottom up to understand the carers' perspectives (Creswell, 2007; Merriam & Tisdell, 2016; Mills et al., 2006; Patton, 2015; Snape & Spencer, 2003). Being "data-driven" (Braun & Clarke, 2006, p. 83), the analytic system, according to the authors, avoids pre-existing influences by the researcher.

Incorporating a latent or interpretative thematic analysis (Braun & Clarke, 2006) probes the data's deeper layers. A semantic approach, by contrast, skims the surface or superficial level of analysis. The authors differentiate between the two with a simple metaphor of a "blob of jelly" (Braun & Clarke, 2006, p. 84). The semantic approach describes the 'what' and 'why' at the surface level. However, the latent analysis goes below the surface to understand the 'why', the 'how' and 'what' it all means. The objective is to "create richer, more detailed descriptions of phenomena" (Foley, 2015, p. 82).

A framework was developed by Braun and Clarke (2006) for creating themes beginning with data familiarisation. Codes are then systematically generated through 'iteration', the focused and repetitive approach to data immersion and involve reading back and forth across the transcripts (Braun et al., 2019; Braun & Clarke, 2006; Erlingsson & Brysiewicz, 2013;

Vaismoradi & Snelgrove, 2019). Collating and sorting codes reveal themes that are continually refined and tested against the data for validity before being confirmed and labelled. Themes then become the repository for extracts from interview transcripts that are interesting, compelling, insightful and inspiring and are used to generate a report that relates to, and addresses the research question (Braun & Clarke, 2006).

Braun and Clarke's (2006) article 'Using Thematic Analysis in Psychology' was essential to my study because the authors defined and justified thematic analysis as a method. Up to that point, it had been "a poorly demarcated, rarely acknowledged, yet widely used qualitative analytic method" (Braun & Clarke, 2006, p. 77). Consequently, the authors' publication was extensively cited and has become an authoritative reference for thematic analysis.

When I conducted my interviews, the broad areas that I surveyed were:

- Your role as a carer
- The positives of caring
- The negatives of caring
- Dealing with the government
- Medical advice regarding services
- Being valued
- Cultural protocols

Refer to Appendix C 'Questions to ask Participants' for a more detailed list.

To initially manage my data, computer-assisted qualitative data analysis software was used because it is both a labour-saving device and an efficient tool for managing large volumes of data (Bazeley, 2019; Tummons, 2014). The authors refer to the software's capacity to guide concepts, integrate data from various sources, the ease and accessibility to the data, and the rapid

search responses for text. Bazeley (2019) champions the deeper analysis achieved and the intensity of data interaction. However, the author noted that some researchers might feel even more alienated and distanced from intimacy with the data because of new and advanced technology. However, the reality is that the “analytic interpretation remains in the researcher’s skilled hands” (Bazeley, 2019, p. 919).

Nvivo was used to upload and store copies of my interview transcripts. Achieving ready access in the software to the transcripts hastened the iterative process of familiarisation with the information and searching for codes that were interesting features about the data (Braun & Clarke, 2006). I extracted 170 codes that were classified into 23 appropriately labelled folders. The data was transferred to an excel spreadsheet to organise, rearrange, and create patterns. However, the spreadsheet limited my ability to observe the coded categories in their entirety and the codes were printed out, cut up and placed into 23 labelled envelopes. I used my queen-sized bed to achieve a panoramic view of the codes as I continually refined to identify and build themes. The only challenge to using the bed was packing the codes back into their envelopes at night and repeating the process each day until my refinement and the development of final themes were achieved. The result is highlighted in Table Two.

Table Two: Themes and Minor Themes

Theme	Title	Minor Themes
One	24-Hour Informal Saint	<ul style="list-style-type: none"> ● Putting their lives on hold ● One-on-One 24-Hours ● The dark side of care
Two	Urban Village Concept	<ul style="list-style-type: none"> ● We don’t live in villages anymore ● Operating in te ao Pākehā framework ● Whakapapa

The title of Theme One, 24-Hour Informal Saint was inspired by Maraea’s comment that “we can’t be nice, nice, nice, 24 hours a day to somebody”. Theme One is an oxymoron, a counter-perspective to the more ‘formal’ religious saint whose qualities involve “a mix of miracles and good works, spiritual power and selfless service” (Schorn, 2007, p. 41). The person is sanctified posthumously under the autonomous jurisdiction of a church.

By contrast, my carers are living saints existing within predominantly secular environments rather than holy and sanctified. Furthermore, their service as carers is subjected to the frailties, realities, highs, and lows that are an integral part of the dynamics of social interaction. Nonetheless, as carers, there were moments of saintly pursuit. For example, Maraea performed a miracle when she defied medical expectations by extending her father’s life because of the mana in *care means love*. In addition to her other feats of altruism, like her fellow carers, Maraea would represent the classic 24-hour informal saint who is not operating under the mantle of a church but under the legacy of colonisation.

The deeper message within Theme Two, Urban Village Concept, is captured by Asher and Paewai (2016) in their introduction to the documentary ‘What are we going to do about Mum?- a journey through care.’ There is a sad reality in the truth of their statement that “They say it takes a village to raise a child, perhaps it also takes a village to care for an elder. The problem is, we don’t live in villages anymore” (Asher & Paewai, 2016, 59:29). The urban village is the contemporary reality for carers and their kaumātua and is far removed from the historical pre-Captain Cook 1769 te ao Māori village concept and environment.

Because the critical themes and sub-themes have now been defined, the final step outlined by Braun and Clarke (2006) is to ensure that “Extracts need to be embedded within an analytic narrative that compellingly illustrates the story you are telling about your data” (p. 93). Accordingly, Chapter 3 *A Carer’s Reality and Truth* is the critical pūrākau or data chapter. The

focus is concentrated on the invisible voices of my carers recounting their experiences across the positive and negative spectrums of care. Notwithstanding, my carers' voices are also threaded throughout the thesis as coproducers of this research.

Literature research and rigour

The final strategies in the qualitative methodological processes I incorporated in my research were the systematic approach to searching for relevant literature and ensuring that the process of rigour was implemented to minimise bias.

To fully develop my skills in searching for appropriate literature, my first task was to seek advice from a University of Auckland librarian. I received an overview of the search features in the library system, particularly the boolean operators of *And*, *Or*, *Not* or *And Not*, which broaden or narrow the search parameters when combining keywords. The ongoing assistance of library staff was an essential resource in my search for literature.

My initial search parameters were informal caregiving nationally and internationally. I noted the dominant narrative related to the carer and care recipient's health issues and their implications on systems, services, and whānau. I did not restrict myself solely to the field of care. For example, I used theories from the nursing profession. I have also used New Zealand statutes and extensive material from te ao Māori while canvassing indigenous First Nations internationally. The reference section in articles, books, and other scholarly material I consulted was a significant literature source. I drew on advice from colleagues, supervisors, and other academic members from the University of Auckland.

I accessed Google Scholar through the University of Auckland Library and their extensive databases for resources from Apa PsycArticles, ApA PsycInfo, ProQuest, PubMed, SAGE Research Methods, SpringerLink, Taylor and Francis Online, Wiley Online and the University

of Auckland Research Space. My search included national and international reference resource systems for books, book chapters, conference papers, dictionary entries, documents, encyclopedia articles, interviews, journal articles, magazine articles, presentations, reports, statutes, theses, and video recordings. The literature search extended to other university libraries, public libraries, and the databases of New Zealand's government departments. I used Zotero reference management software to manage my references and create in-text citations and an extensive reference list at the end of the thesis.

I made the earlier comment that because a kaupapa Māori philosophy framed my research, the Western-style approach of creating a literature review chapter would have been inconsistent with the flow of the invisible voices that underpin my research. Therefore, to achieve coherence, I chose to weave the voices of the literature throughout my study.

There are many prescriptive strategies available that guide researchers to achieve rigour. Guba and Lincoln's (1989) checklist includes credibility, transferability, dependability, and confirmability. Similarly, the four-step guideline by Morse et al. (2002) uses consistency, relevant sample population, iteration, and theory. However, Barbour (2001) issues a note of caution that "none of these technical fixes, in itself, confers rigour" (p. 1117) and further suggests that it is like "the tail wagging the dog" (p. 1117). Cartwright (2019) refers to a "good study design, inferences about things we have observed can be reasonably rigorous" (p. 76), while Maher et al. (2018) firmly believe that rigour is the consequence of an approach that is credible, reliable and can be trusted.

I have noted the prescriptive guidelines designed to achieve rigour which will complement the input of my supervisors to hold me accountable throughout my research. This accountability deflects the ongoing criticism and challenges against the so-called lack of objectivity in qualitative research. It also gives credence to the ideology of commentators like Galdas (2017).

The author asserts that we should not "become apologists for the subjectivity that is the very

strength of interpretive work" (Galdas, 2017, p. 2) and Barbour (2001) concerning the unique contribution that trustworthy qualitative research can achieve. The sobering reality is the potential tragedy described by Morse et al. (2002) "Without rigour, research is worthless, becomes fiction, and loses its utility" (p. 14).

Aligned with rigour is the notion of the researchers' bias or worldview, which is a reality in qualitative research (Higginbottom & Liamputtong, 2015; Patton, 2015; Willig, 2014). Documented evidence concludes that while the researchers' interpretation of the participants' experiences has shortcomings, it must be acknowledged. As Geertz (1973) expressed in *The Interpretation of Cultures*, "what we call our data are really our own constructions of other people's constructions" (p. 9) which is a view supported by O'Sullivan's (2015) notion of interpretive reality or sub-truth.

The strategy is to be aware of the effect and influence of bias on the study and implement measures to counter the impact (Higginbottom & Liamputtong, 2015; Maxwell, 2013; Merriam & Tisdell, 2016; Miles et al., 2014). As Peshkin (1988) warned, the consequences are that one runs "the risk of presenting a study that has become blatantly autobiographical" (Peshkin, 1988, p. 20).

Conclusion

The specific design model of my methodological chapter was essential to my research because it laid the crucial foundations or pou to anchor my work and is the reason why it begins the research process in Part B. My objective in running the two worldview realities of te ao Māori and te ao Pākehā in sync with each other was to draw upon their dynamic strengths and positive energies. I achieved this under the floating korowai of a kaupapa Māori theory. Furthermore, I was able to add richness to the theoretical paradigms from both worldviews by incorporating the kōrero of my carers.

Because of my Kaupapa Māori Theory, I have achieved a methodological framework that privileges both Māori and Pākehā ideologies. For example, I bring together the dominant paradigms and their parallel definitions in Pākehā and Māori. They are te ao mārama and ontology, whakapapa, and epistemology, and kaupapa rangahau and methodology. To further complement my research, I created a pūrākau methodology called Ātārangi ki te Ātārangi (shadow to shadow) Māori and Indigenous research. Ātārangi ki te atārangi created a unique opportunity to explore the deeper layers that represented the invisible voices within the pūrākau of my carers and cosmology.

Part C is the critical journey of exploring the origins of care through the pūrākau in cosmology that are linked to my carers' experiences which are the stories that have evolved from the data.

PART C

The Pūrākau of Māori Care

Chapter 2

Cosmology is the Origin of Care

Introduction

Chapter 2 introduces three main pūrākau tawhito that will provide meaningful insights into Māori cosmology. I argue that the characters in the spiritual realm are inextricably linked to the natural world of my carers and I open my defence in the first section *The connection between cosmology and care* to explain this phenomenon using Figure Two.

The first of the character stories introduce the original whānau, the sky father Rangniui, and earth mother Papatūānuku, whose ‘being’ in the heavens occurred over millions of years. Their seventy sons later follow and are raised between their parents’ bodies which are bound together in a tight embrace. Over thousands, if not millions of years, the sons had no choice but to endure smelly and cramped conditions in pitch-black darkness.

The second story concerns the cult hero Māui in the Māui cycle, famed for fishing up the North Island. The third legend involves the mythical hero Tāwhaki in the Tāwhaki Cycle, who defies danger and death to retrieve ngā taonga from the twelfth heaven. These stories form the theory of care originating in Māori cosmology.

To ensure there is cohesion and connection between and within the pūrākau Chapters 2 to 6, an analytical statement has been included at the end of each section within each chapter and after the conclusion of the chapter. The analytical narratives link to the kaupapa in either, or both of the two themes *24-Hour Informal Saint* and *Urban Village Concept* in Table Two.

The key function of the analytical process is to briefly capture the core message that is generated from the carers’ data. Themes are therefore the critical data source that enables stories to be generated that relate to the research question *what is the value of care to the carer?*

The connection between cosmology and care

The connection between the spiritual realm of the atua and the natural world of my carers is an esoteric concept that makes perfect sense in te ao Māori but seemingly confounds the conventional wisdom in western thought. The cosmological linkage underpins the foundations of my thesis and Figure Two provides a visual narrative to better illustrate and reconcile how that connection occurs. The image also relates to the past, present and future worlds of te ao Māori in which Papatūānuku who later becomes the earth mother and Tāne Mahuta the lord of the forest exist in harmony to nurture and care for Māori ad infinitum.

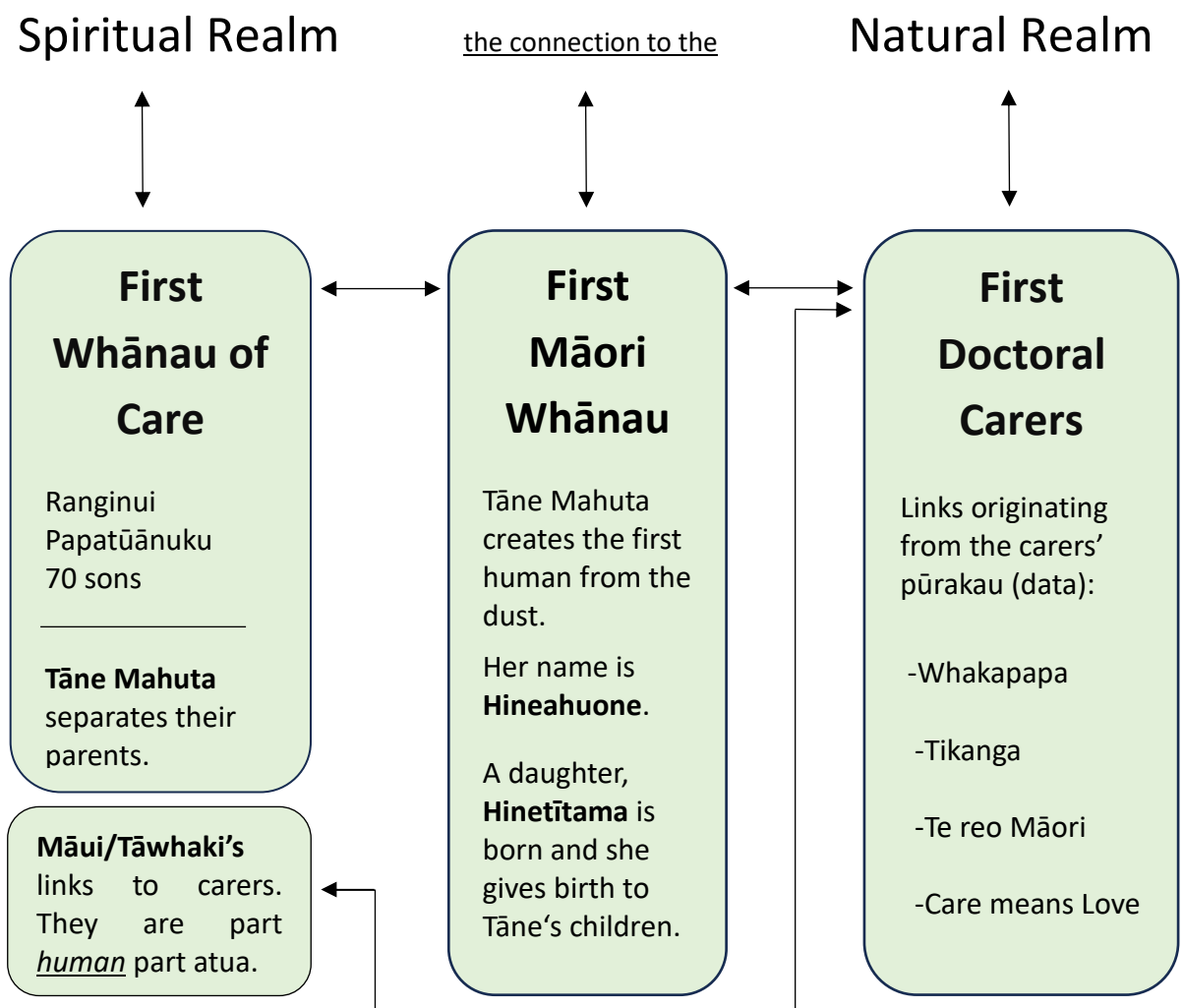


Figure Two: The connection between Cosmology and Carers

The direct link is generated by the carers' pūrākau, through their data beginning with the critical whakapapa connection revered by all my carers through to the te ao Māori protocols of tikanga which relate directly to the three kete of knowledge. The mana of te reo Māori which is the deep discussion in Chapter 5 and originating as the first language in cosmology was passed down through Tāne Mahuta. The holistic message throughout cosmology relates to *care means love*.

Ranginui and Papatūānuku

Three cosmology cycles¹⁵ weave together the stories of the atua domain that provide context for te ao Māori, te ao mārama, tikanga, mātauranga, whakapapa and my research, carers of elderly whānau. This section is the first cycle.

In the beginning, the world was void and black. Over millions of years, two of the first Māori gods appeared who were colossal. They were Ranginui, the male atua and Papatūānuku, the female atua. They clung tightly to each other, with Papatūānuku lying on her back and Ranginui on top. Their bodies appeared glued together because there was no visible gap between them, and only their love could squeeze into that space.

Over time, the atua parents produced seventy sons. With no other options available, the only choice for the parents was to squeeze all of their sons between their bodies. As a result, the conditions were cramped. The air stunk with the combined sweat and body odour from the entire whānau, the build-up of old and new tiko and the suffocating smell of mimi.

The living conditions worsened as the years passed, but the whānau had no choice but to endure. It is difficult to imagine being in an environment where the bodies of babies, toddlers, young boys, teenagers and grown-up men all lived sandwiched between their parents' bodies. Due to

¹⁵ I have consulted the works of Calman (2004, 2021), Ihimaera (2020), and Walker (2004) as the primary source for contemporary literature that captures the traditional oral pūrākau (stories) related to Māori cosmology.

limited headroom, the bodies of the older sons looked deformed because they had to remain crouched, lie on their sides, back or front, or sit or kneel. They looked squashed and appeared to be only half the average size for their age.

When the sons sensed their parents were about to adjust their bodies, somehow, they had to find another spot to avoid being crushed. There was pushing and shoving, cursing and yelling, and bodies getting all tangled and twisted. That is what it was like to quickly find a safe place until the next time movement occurred, and the children endured this for thousands of years.

One day Tāne Mahuta saw a streak of light near the left armpit of his father. He was a curious young man and went to investigate, but because of the tangled network of bodies he had to climb over, it took time for him to arrive at the light source. The brothers had never seen the light before because it was pitch black where they lived. They had no idea how each other looked.

When Tāne Mahuta reached the light, he popped his head out from between his parents, and he couldn't believe how clean and fresh the air was. The existence of unlimited open space was breathtaking. After coming from the haunga-piro place where he had lived all his life, he was stunned by this new experience and was quiet for a few moments while he took it all in to consider the potential of this unique phenomenon.

His excitement and inquisitive nature began to overwhelm him, and he instinctively crawled onto the back of Ranginui. As he did so, something magical started happening to his body. He was unfolding and unwinding, and a hissing noise accompanied it. Tāne Mahuta's body was changing. His arms, legs and the middle part of the body around the puku and chest began to stretch and become longer. With all the new space inside the body, the heart, ribs, and other organs started to expand.

The process was very slow, and during the entire time it took for his body to expand, Tāne Mahuta was writhing; he was in great pain and screaming throughout his ordeal. His agonising

cries were so loud that they echoed through the parent's bodies and the spaces that his brothers were occupying. Because the parents were shuddering, the brothers thought they were about to move, and the usual chaos of finding a new position began to occur until they realised their parents were sobbing and reacting to Tāne Mahuta's pain. The entire whānau were concerned and fearful, wondering what was happening to their brother and whether it could affect them. However, nobody had the boldness of Tāne Mahuta to go and investigate.

For the first time, Tāne Mahuta could stand up. He repeatedly screamed at the top of his voice in Māori, 'kei te tu ahau' (I am standing). He repeated the phrase, jumping up and down and waving his arms in the air until he sank to his knees, totally exhausted. He was breathing heavily for the first time and experiencing the impact of fresh air, cleansing and invigorating his body.

When Tāne Mahuta had quietened his wairua, he wanted to run back to his brothers and tell them the good news about the fresh air and its effect, but there was a problem. He could not imagine having to revert to his former shape and size. However, his mother's soft voice reminded him that he was an atua with powers, and he instantly understood and ran laughing back to his brothers.

The brothers underwent the necessary life-changing transformation and could look at each other for the first time with awe, wonder and unflattering brotherly humour. Being transformed and affected by their life-changing experience, the majority decided they did not want to return to the lifestyle they had been living for thousands and thousands of years. Without their realisation, the impact of light heralded the dawning of te ao mārama.

The mātauranga Māori of care originates in the lived experiences of cosmology's first family. The older boys would have cared for the babies, infants and younger boys, and the wider whānau care for each other. Tāne Mahuta's caring personality for his brothers' future wellbeing and welfare is one of many examples of the cosmological origins of Māori care. His caring instinct

led to organising the first hui in Māori history to discuss their future. His actions were controversial because he should have deferred to the eldest brother to make those decisions. He was, however, the anointed, and his parents had known that truth from the beginning of time.

Tāne Mahuta did not doubt that his task would be difficult, but he had a divine sense of the future. So the process commenced by convincing all his brothers that the way forward was to separate their parents. Some brothers agreed; others were unsure, and a few lacked the spirit for change. One atua had an extreme opinion: Tūmatauenga wanted to kill the parents for keeping them in the dark for so long. The other resistance came from Tāwhirimātea, who was both angry and argumentative about the separation and would not change his mind. During this debating period and before the parents' eventual separation, the seventieth baby boy, Rūaumoko, was suckling at the breast of Papatūānuku.

Tāne Mahuta was persuasive in his argument for the separation. He could see the endless possibilities for the future and proceeded to perform the karakia and formal protocols. By engaging his brothers in trying to separate their parents, he was distracting them from potentially changing their minds, although some did. While many brothers attempted the separation, they all failed. However, Tāne Mahuta's technique of lying on his back and pushing up with his legs succeeded. Ranginui floated skyward to become the sky father, and Tāwhirimātea, still furious at what happened, decided to follow his father up into the sky, where he lives to this day.

Papatūānuku became the earth mother, and while she could still see Ranginui, they were both sad, miserable and continually weeping. The impact of their sorrow generated a force that created mists, floods, tornadoes, and hurricanes, causing widespread devastation to the environment. The only option for the brothers was to turn their mum over onto her stomach. Rūaumoko was allowed to stay with their mother to ease her pain and distress. He would be a source of comfort, happiness and distraction from Ranginui. By turning Papatūānuku, half her body was in the underworld or Rarohenga, the realm of the spirits of dead people.

Now that earth, also known as Papatūānuku, had been prepared for habitation, the next crucial task for Tāne Mahuta was to create human beings to inhabit the earth, and he sought advice from his mother. He then forms an image of a woman on the ground and lies on it just like the sky father lay on the earth mother before the separation. He then blows his breath into the mouth and nose, and with his supernatural powers, he creates a woman, and she is called Hineahuone, the original human being. They become man and wife and give birth to a daughter whom they name Hinetītama. Later, when Hinetītama had grown up, she gave birth to Tāne Mahuta's children. On discovering that the father of her children was also her father, Hinetītama ran away to Rarohenga and changed her name to Hinenuitepō. She became the goddess of death, the ruler of the underworld. When Rūaumoko became a man, he married Hinenuitepō.

In the same way that Tāne Mahuta created the first woman Hineahuone, Tūmatauenga created the first man. The only difference in their methods was that Tūmatauenga did not lie on top of the figure on the earth nor blow into the mouth and nostrils; instead, he used his supernatural powers to give life to the human male who was called Tiki.

One more critical feature of mātauranga Māori to conclude this phase of the story of Māori cosmology is to name the six supreme gods¹⁶ of te ao Māori. Together with their mother, Papatūānuku, they would interact in the lives of humankind for eternity. However, Rūaumoko, the god of volcanoes and earthquakes, is not included because he lives in the underworld, Rarohenga. Given his anger issues with his brothers, he vents his fury with attacks from below while Tāwhirimātea continually strikes the earth because of his bitterness toward their parent's separation.

¹⁶ Referred to as the six departmental gods by Calman (2004), they are "Tangaroa, the god and progenitor of fish of all kinds; Rongomātāne or Rongomaraeroa, god of the kumara and all vegetables which are cultivated as food; Haumietiketike, god of the fernroot and all other food that grows wild; Tānemahuta, god of forests, birds, insects, and timber of all kinds; Tāwhirimātea, god of wind and storm; and Tūmatauenga, god of humankind and, not coincidentally, of war. These were the supreme gods of the Māori" (p. 10).

Analysis

In this analysis, I argue that the mātauranga Māori of care administered in the natural world by my participants originated in the personal history of the first family of care and the original ancestors in Māori cosmology, Ranginui, Papatūānuku and their 70 sons. My theory is the critical point of difference that adds a unique contribution to the scholarship of care and is supported by the themes.

Whakapapa provides the key link through themes one and two that connect the spiritual world to the natural world. It is a critical concept in te ao Māori and is deeply ingrained in my carers and their kaumātua. While whakapapa has been a vital strength in the kōrero of my carers in terms of ancestral connection, as outlined in Figure Two, the genealogy link goes even further back to the first ancestors and carers mentioned earlier. The link between cosmology and the natural world occurs at the point when Tāne Mahuta and Tumātauenga create the first female and male respectively. A further connection also included the knowledge systems in ngā kete Aronui, Tuauri and Tuatea (see Chapter 4), because as Best (1976) inferred, Ranginui, Papatūānuku and their sons were the original beneficiaries of ngā kete mātauranga.

A further connection relates to Theme Two, the 'Urban Village Concept' representing the contemporary environment and circumstances in which Māori exist and, according to the data, is attributed to the negative empowerment of colonisation and acculturation. A corresponding situation that occurred in cosmology was the effect of a beam of light on the pitch-black environment which Tāne Mahuta and his siblings had inhabited for aeons. The dramatic impact led to the separation of their parents with Papatūānuku being transformed into the land mass regarded by Māori as Mother Earth.

In both the separation of Papatūānuku and Ranginui from their original lifestyle by te ao mārama and that of Māori carers from the historical village concept, the comparison provides a strong

explanatory link with theme two 'Urban village concept'. The key word is 'separation' and refers to the transition from the old to the new way of life. Because of the impact of ngā kete Aronui, Tuauri and Tuatea (see Chapter 4), the changes were both positive and negative.

The link from cosmology through whakapapa to my carers created two unique phenomena. The first is the spiritual origination of *care means love* which entered the wairua and whakaaro of Maraea to impact this research. The second is that Papatūānuku or Mother Earth together with her six sons continue to provide spiritual support to my carers in the natural environment. From the analysis, the drivers that motivated the actions and activities of the first family were care and love which are reflected in the commitments of the carers throughout the two themes. The critical outcome is that the answer to the research question came directly from Māori cosmology which reaffirms the kaupapa of my research of two-eyed seeing. However, I have adapted Albert Marshall's philosophy (Bartlett et al., 2012) of seeing with one eye into the spiritual world and with the other eye into the natural world of care.

The Māui cycle

Sadly, Māui was not part of my education while growing up. Only in my latter years did I realise that he fished up the North Island of New Zealand. Fortunately, through this research, my knowledge has deepened, and I am discovering that he was clever, fearless and an adventurer. Being the youngest of five brothers, he was also naughty and mischievous. Māui is a demigod. He is part atua through his father, Makeatūtara, Tāne Mahuta's brother and part human through his mother, Taranga. His exceptional qualities also extend to his appearance and particularly his eyes which are understood to have been different. One resembled an eel and the other pounamu.

Māui's entry into the world was as extraordinary as his exploits throughout life. When his mother, Taranga, gave birth to Māui, he was premature, and she believed her baby was stillborn. She then cut the tikitiki (top knot or bun) from her head, used the hair to wrap Māui and then

tossed him into the sea. As is evident in this cycle, he was not dead and was eventually carried ashore by the waves. Māui's ancestor, Tamanui-ki-te-rangi, rescued him and became his carer. He encouraged the young boy to look for his whānau, and when Māui became a young man, he began the search.

Māui reunites with his mother, who lives with her four sons on earth. Although she was sceptical at first that Māui was her fifth son, he convinced her by reciting the history of his birth. To further legitimate his claim, he identified himself as Māui-tikitiki-a Taranga (Māui of the top knot of Taranga) and Māuipōtiki (the baby). He is invited to live with the whānau and shares the unique privilege of sleeping with their mother. However, when he awoke in the morning, his mother was gone and returned in the evenings. When he approached his brothers, they were disinterested in knowing the details because they had become accustomed to their mother's daily routine.

By skill, stealth and cunning, Māui disguised himself as a kereru (wood pigeon) and followed his mother. He discovered she spent time with her husband in Rarohenga, the underworld. Upon completing the formal introductions, Māui's father, Makeatūtara, fulfils the critical requirement of performing the tohi cleansing and purification ritual to remove the tapu and stigma of Māui's birth. Furthermore, the ceremony would acknowledge Māui as a descendant through his father's lineage. Sadly, there was an error with the ritual, and Makeatūtara instinctively knew it would anger the gods and cost his son's life. The impact would be the loss of the first human life; therefore, Māui would not achieve immortality for humankind.

Māui's next venture to further the interest and benefit of humanity involved his ancestor Muri-ranga-whenua, and her jawbone. There are several versions, with some referring to Muri-ranga-whenua as a grandfather or grandmother. I prefer the latter. It is more appropriate because there is a history of dynamic and powerful women in Māui and Tāwhaki's stories. For Māui, his kuia also inherited knowledge from the gods, which he wanted to pass on to humankind to build up

their mātauranga resources. Furthermore, there is a more vigorous interaction between kuia and their mokopuna, which, without his skills and talents, could end badly for Māui if he stepped over the line.

Māui's objective in acquiring the enchanted jawbone was critical. It would help him slow the sun down because it was speeding across the sky and impacting humanity with the rapid pace at which day and night were alternating. Māui located his ancestor, and as he came closer, she could smell him coming. However, she was very grumpy because her kai had not arrived and had she not been aware that it was her whānau Māui, she would have eaten him. Despite her predicament, her trickster mokopuna, who had taken charge of her food delivery, had no intention of feeding his kuia. Because of the lack of food, Muri-ranga-whenua's energy levels were weakened, and Māui could defeat his ancestor. Two notable events occurred as a consequence. The first was that the kuia knew it was her mokopuna, thus confirming his lineage. Second, she acknowledged the jawbone was part of his destiny. A graphic version of its removal describes the kuia grasping the jawbone and screaming and crying while she continuously wrenched at it before it separated from her skull.

Armed with his kuia's formidable weapon, Māui is ready for his next test to tame Te Rā, the sun. He enlists the help of his brothers and sister, who are sceptical and concerned about being burnt alive. However, Māui's plan to trap Te Rā and his persuasive manner won them over, and they began to plait flax while Māui created a particular type of net. What they produced was like nothing the siblings had ever seen before. They were unaware of the influence of their grandmother's jawbone, which contained the mātauranga of all the atua to support Māui to advance the causes that were his destiny. The mana of the jawbone, karakia, incantation and a perfect plan enabled the whānau to trap and subdue the sun, and Māui could then use the jawbone to beat Te Rā into submission. Because of his injuries, Te Rā could not move as fast; consequently, day and night changed to a pace that suited human existence.

The cheeky, trickster sides of Māui's personality would serve him well in this subsequent encounter with another female whānau member. She is Taranga's great ancestor Mahuika, the kaitiaki of ahi tapu (fires on earth). Taranga and Māui were in Rarohenga when news came that all the fires had gone out on earth. The matter was serious, and achieving success was imperative to Māui. When he arrived at his destination, Mahuika's kingdom resembled a fiery inferno; she was the personification of fire in human form.

Mahuika bombarded Māui with questions, and when he answered the final question correctly, she was delighted and confirmed him as her grandson Māui. Like Muri-ranga-whenua, Mahuika already knew who the visitor would be, and she invited Māui to walk through the flames toward her. After he explained the predicament on earth, Mahuika removed a fingernail for him, and it burst into flame.

Again, the parallel with Muri-ranga-whenua is that Mahuika reacted violently to the pain of detaching her fingernail and began screaming. However, the little trickster tossed the fingernail into a stream, returned to his ancestor and then repeated the deception twenty times. With only one toenail remaining, Mahuika realised what her mokopuna had done, and in her anger, she flung the remaining toenail as a fireball at Māui. He changed into a bird to rise above the flames but had to keep changing into different breeds that could fly and cope with higher altitudes. At one point, he looked back and was overwhelmed by his tupuna's power.

Mahuika's anger and grief destroyed forests and everything in the path of her wall of flames, and her relentless pursuit threatened to overcome him. He then called upon his uncles, the gods of storm and rain, who immediately responded by sending gales and sheets of water that fell like waterfalls from the sky. However, Mahuika's resilience because of her rage, torment and suffering made the eventual defeat seem like an eternity to overcome. The kuia's fire seeds became embedded in the kaikōmako and tōtara trees and, through friction, restored fire to the earth.

Because he is a demigod, Māui's enviable gifts and powers originate from the spiritual and earthly kingdoms, where he is a heroic figure. However, so are the less desirable traits in his character and personality. For example, a theme in his conquests regarding females suggests a dark and callous side to his nature. The pain and suffering he inflicts under the altruistic goal that it will benefit humanity indicate an ulterior motive to pit himself against these powerful women and win regardless of the cost to himself or his whānau. He caused his mother's distress, withholding food from his tupuna Muri-ranga-whenua and as with Mahuika, he would have achieved his objective with the first fingernail she offered. In all three instances, he subjected each woman to anguish and pain.

The significance of Māui's behaviour to cause pain to whānau is that it also exists in the spiritual population within Māori cosmology. It is also the reason why I refer to my carers as 24-hour informal saints. Despite their charitable and selfless undertaking, the demands of the daily grind of care can have a negative emotional impact that is difficult to suppress. Māui is one of many prime examples. It further demonstrates the enormous power of cosmology to understand carers' actions and, in my research, their duties of care toward their elderly whānau. Furthermore, mātauranga Māori originates with the atua and is, therefore, a pragmatic influence in the reality and being of Māori.

Māui's legacy that people easily relate to is Te Ika-A-Māui, the fish of Māui', The North Island of Aotearoa. His effort was an enormous feat, given the North Island is the 14th largest island out of 110 islands in the world, with an area of 111,583 square kilometres.

By the time Māui embarked on his epic journey, he had wives and children. However, on one occasion, the continual harassment from his whānau about the lack of food prompted the decision to go deep sea fishing to catch more fish which meant having to go with his brothers. Because his sibling relationship had not improved, he decided to trick them by using his supernatural powers to conceal himself in the bilges of the canoe, knowing they would refuse

his request to accompany them. He manifested himself when his brothers began to fish in deep water. Their immediate reaction was to return him to the shore, but Māui used his powers to increase the distance, and the brothers lost sight of the land on the horizon and became disorientated.

When Māui asked for bait, his brothers refused his request. However, the young demigod was not deterred and demonstrated his intelligence and resourcefulness by punching his nose to draw blood which he smeared over his ancestor's jawbone. Within minutes of tossing his line with the attached jawbone overboard, he felt the force of the fish's reaction to being caught, and despite the raging battle, his brothers avoided lending their support. Māui eventually brought Te Ika -A-Māui to the surface with the help of incantations, karakia, the special assistance of his uncle Tangaroa and the spiritual powers of the universe in Muri-ranga-whenua's jawbone. Māui's final act was to perform karakia and incantations to the powers and forces that supported him in fulfilling his destiny.

Māui's ultimate objective was to attempt the dangerous task of guaranteeing the immortality of humankind, and it involved another female, Hinenuitepō, the goddess of death and the underworld. This encounter had always been uppermost in the thoughts of Māui's father, and it caused him the greatest fear and anguish. It is a daily reminder of the error that occurred when he performed the tohi ritual over his son. The mistake would stir the anger of the gods and cause them to withdraw a portion of their spiritual protection over Māui. The consequence would forever be his son's achilles heel and the reason for his vulnerability.

Māui descends into Rarohenga and eventually locates Hinenuitepō asleep on her back with her knees bent and legs wide open. The plan is to enter the body through her vagina to remove the manawa containing the hau, which he would destroy and effectively conquer death for all eternity. Once he had obtained the heart, he would exit through the mouth, at which point his

entourage, which included the noisy tīwakawaka, could cheer and rejoice, but until then, they would have to remain very quiet.

Māui approaches the goddess naked and slowly enters her vagina. When only his lower body remains visible, the sight of his floundering legs becomes too much for the noisy tīwakawaka¹⁷, who bursts into laughter which immediately awakens Hinenuitepō. She becomes aware of the violation, closes her legs, and Māui is crushed and dies.

Despite his background of being discarded at birth and having no status because he was the youngest child, Māui became one of the greatest heroes in Māori mythology and a formidable contributor to mātauranga Māori. He demonstrated that perseverance, persistence and the will to succeed are role model qualities for tuākana, teina, and Māoridom. It is vital to consider the darker side of humanity's personality traits and the consequences if not held in check. For example, Māui was jealous because, on one occasion, Irawaru, his brother-in-law, caught more fish, and Māui turned him into a dog. When his sister Hinauri discovers the truth, she commits suicide by drowning.

Analysis

The three keywords in this pūrākau are whakapapa, tikanga and care means love which are linked to the kaupapa in the two themes. The first is the protocol of tikanga and an example relates to hair which according to the data, is not to be cut at night and must be buried in an appointed place on the property. Hair was an important component when Māui's mother thought he was stillborn. She cut the bun from her hair to wrap around her baby before casting him into

¹⁷ Also referred to as pīwakawaka, tīwakawaka or fīrairaka.

the sea. Given that the head of a Māori is tapu (sacred), hair would be impacted by that protocol and is a plausible explanation for the spiritual connection to my carers' innate sense of knowing.

The first instance of care is linked to Māui's ancestor Tamanui-ki-te-rangi who rescues him as a baby from the ocean. *Care means love* would have been significant in the relationship between the ancestor and his moko because grandparents, according to Ewa my participant would "do anything for [their] moko." Because Tamanui-ki-te-rangi understood the critical importance of whakapapa, he encouraged his moko to investigate his whānau and ancestral connections. As a young man, that challenge became a consuming preoccupation for Māui and he began to search for his mother, father, and his ancestors Muri-ranga-whenua and Mahuika. Maui has reaffirmed the critical importance of whakapapa to his mana and the concepts of 'belonging' and whānau.

Throughout Māui's adventures, there are numerous instances where the deep love of his ancestors toward him is evident. Two dramatic episodes were Muri-ranga-whenua removing her jawbone to give to her mokopuna. The other ancestor was Mahuika the goddess of fire. However, as a demi-god who was an atua through his father and part human through Taranga his mother, the ultimate love was Māui's commitment to seek immortality for humans which was unsuccessful and he died in the process.

The data from this research resonates with Māui's pūrākau to confirm the origin and connection from the spiritual realm that impacts the pūrākau of my carers in their responsibilities to love and care for their kaumātua.

The Tāwhaki cycle

Tāwhaki's qualities as a noble-looking young man, tall, strong, and exceptionally handsome, were the reasons for his countless liaisons. He was a hero who created lightning from his armpits; he could change into an older man and had the power of invisibility. He was also a

demigod who was part human through his grandfather Kaitangata and part atua through his grandmother Whaitiri.

Whaitiri was from the overworld (the sky and heavens of the gods), and she personified thunder. She was also addicted to eating human beings, which means kaitangata in te reo Māori. When she discovered a human with that name, she presumed it was because he was also a cannibal. Whaitiri then descended to earth and married him, only to learn she was wrong. Despite the unconventional nature of their marriage, they had three sons. The oldest was Punga, followed by Karihi, and the youngest was called Hema.

One day, Kaitangata discovered human remains, recognised they were his family and knew that Whaitiri had eaten them. He avenged their deaths by creating fish hooks from their bones, knowing that the fish he caught would be tapu and the outcome to whoever ate the fish would be severe. Kaitangata fed the tapu fish to Whaitiri and she eventually went blind.

Over time, Whaitiri became disillusioned with her marriage. She knew in her heart that it was ill-fated when Kaitangata showed his disgust at her practice of eating human flesh. It did not help matters to discover that he deliberately caused her blindness. Whaitiri also overheard Kaitangata say that her heart was cold as snow, and he always complained that their children were paru and piro.

When Whaitiri decided to return to her world, she told Hema he would have two sons and to name the oldest Tāwhaki and the younger brother, Karihi, and they would be the only two grandchildren that could visit her in the overworld. Whaitiri knew that Tāwhaki would be born with unique qualities. They would be necessary when climbing to the twelfth heaven, Te Toi-o-ngā-rangi, the world of the supreme god Io, to obtain ngā taonga, whose characteristics will be discussed in Chapter 4 concerning their impact and influence on my carers.

After the birth of their children, Hema and Urutonga planned to visit three villages called Paikea, Kewa, and Ihupuku. Unfortunately, en route to Ihupuku, they took a wrong turn and, without realising their error, arrived in the land of the fearsome Ponaturi. They saw a vast structure built near the sea and decided to investigate. Hema and Urutonga arrived just as the sun disappeared and were overwhelmed by thousands of Ponaturi emerging from the sea. The goblin-like marine creatures had gills and spent the day in the ocean but slept on land at night in their whare called Manawa-tāne. The Ponaturi were vulnerable to the sun's rays which would incinerate them within a short period.

When the Ponaturi saw the human strangers, they showed no mercy to Hema, who was killed and had his eyes gouged out to add to the collection of eyes that illuminated the inside of their whare. Similarly, his bones joined the thousands that hung from the rafters. The Ponaturi spared Urutonga's life. They gave her the vital task of being on guard during the night and waking the Ponaturi just before daybreak so they could safely escape back to the sea. Sadly, life for Urutonga was difficult as her captors constantly mistreated her.

Tāwhaki and his siblings grew up hearing stories of what the Ponaturi did to their parents. They also knew that tikanga required avenging their deaths and returning the bones to their ūkaipō (original homeland). Finally, the day arrived when Tāwhaki and Karihi set off.

It was midday when the brothers approached Manawa-Tāne and noticed a kuia sitting by the whare. As they drew nearer, the kuia stood up and began to karanga. She included her pepeha, her name and the gruesome details of their father's death. After the joyful reunion, Urutonga guided them into the whare to gather Hema's remains. They saw the bones and eyes of thousands of innocent victims, which made the task of finding their father overwhelming. However, the moment Tāwhaki started chanting, a set of bones began to rattle as if they were saying, "Over here", while a pair of eyes began to fill with tears. Urutonga's long wait was over, and she wanted to return immediately to their Ūkaipō before the Ponataru returned. However, Tāwhaki

had to explain to his mother the oath he made to destroy the Ponaturi, and she understood the tikanga.

Tāwhaki's plan was simple. Using his special powers, he and Karihi would become invisible and hide in the ceiling. Urutonga would continue her usual duties, and while the Ponaturi slept, the brothers would plug the gaps in the whare. They just had enough time to hide away in the ceiling before thousands of Ponaturi flooded Manawa-tāne. After the noise quietened and the sea creatures began to sleep, Tāwhaki and Karihi hurriedly started filling in all the gaps.

Throughout the night, a voice would call out if it was daybreak soon, to which Urutonga would reply, "kaore! Moe mai" (no, keep on sleeping). This ritual continued throughout the night until noon the following day when Urutonga flung open the door and windows while her sons frantically removed all the plugs from the cracks. The sun's rays streamed into Manawa-tāne and mercilessly incinerated the Ponaturi. Tāwhaki had fulfilled his solemn promise to his parents, and the whānau returned to their Ūkaipo.

Tāwhaki's success, as observed by his grandmother from the overworld, contained critical leadership skills. For example, he displayed the ability to make quick decisions: to be fearless and go into battle against thousands of Ponaturi while remaining calm and collected despite the overwhelming odds. Above all, Tāwhaki did not doubt the success of his strategy, which would enable his father's restless spirit to find eternal peace.

Some tribal traditions popularise Tāne as the ancestor who succeeded in retrieving ngā taonga. However, I will continue to credit Tāwhaki with this feat in my research. He is the Tainui culture hero who retrieved ngā taonga, and I am an uri of the Tainui waka.

Tāwhaki now focussed his attention on the challenge of climbing to the twelfth heaven to bring ngā taonga to earth, and Karihi agreed to accompany him. Their first challenge was to discover where or how they would begin their climb, and they journeyed beyond Te Wao Nui a Tāne and

into the sinister domain of darkness. Along their journey, they encountered a kuia sitting and counting twelve kūmara in front of her. The kuia is Whaitiri, their blind grandmother. She has been waiting for her two mokopuna and is aware of their presence.

The brothers are unaware this is their tūpuna and watch with amusement as she repeatedly checks that 12 kumara are still present. Eventually, her mokopuna slowly removed the kūmara, one at a time and Whaitiri, knowing that they were being affectionate and playful, participated by exaggerating the role of a frustrated kuia. Eventually, she reveals herself as Whaitiri, their grandmother, and confirms with lightning flashes and the deafening roar of thunder.

Tāwhaki felt overawed meeting his kuia, while Karihi stood aside and was more reserved. Tāwhaki immediately noticed that she was blind and gave his kuia a big hug to express his feelings. Without knowing why Tāwhaki mixed his saliva with the flesh of a kumara and lovingly applied it as a paste to Whaitiri's eyes. Whaitiri is so overwhelmed that she can see again and reaches out to hug her moko (grandson) while experiencing emotions that have been buried and virtually forgotten.

Whaitiri then insisted that her mokopuna spend time with her, and over the next few days, she taught them karakia and passed on her knowledge to keep them safe throughout their journey. The teachings became arduous, with constant repetition and practice to learn the karakia and incantations. Despite not being word perfect, the moment arrived when Whaitiri decided it was time for her moko to depart and guided them to the aka matua (main vine), the only vine with roots buried in the earth and the primary means of access to the twelfth heaven. The aka tāepa were the multitude of hanging vines. As her moko began their perilous journey upward, their grandmother started to karakia, and when they disappeared, her voice carried up the vine, and her aroha lifted their spirits.

Whaitiri's karakia invoked spiritual protection, but it only included Tāwhaki, which meant that Karihi relied solely on his mental and physical strength and abilities. He started to fall behind and tried to catch up by climbing onto an aka tāepa. Because the hanging vines are vulnerable to the fierce winds, Karihi loses his grip and falls to his death.

Tāwhaki mourned the loss of his sibling, confidant and protector. Karihi's death was not an accident but a carefully planned test that nobody could foretell what the impact and outcome would be on Tāwhaki because of the unpredictability of the human part of his makeup. In the meantime, Whaitiri swiftly ascended to the twelfth heaven to await the outcome while maintaining her karakia and chanting to help him with the trauma of Karihi's death. She knew that if he succeeded, it would strengthen him against the many challenges ahead, and Tāwhaki's human logic enabled him to refocus and return to his mission.

He finally arrives at the transition space between the eleventh and the twelfth heavens to undergo his final purification in the whare wānanga Tāwhiwhirangi. On receiving the final approval of Whaitiri and Rehua, Tāwhaki passes through Pūmotomoto, the entrance to Te Toi-o-ngā-rangi, where he is taken to Matangireia to meet Io to ask for ngā taonga.

The long-awaited moment finally arrived. Tāwhaki received ngā taonga, and his fame became immortalised in history. The baskets of knowledge and their contents are:

- Te kete Aronui related to peace, love, goodness, pursuing knowledge and humanities-related topics.
- Te kete Tuatea included whaiwhaiā or mākutū (spells and incantations to inflict harm), agriculture based on ancestral knowledge, conservation, technology, and the lessons from war and peace.

- Te kete Tuauri contained sacred knowledge such as ancient rites, karakia, tapu, tikanga, matakite (foretelling, prophecy), tohungatanga (skill, competency) and the tapu nature of knowledge.

The two sacred stones, or whatukura, are called Hukaatai (sea foam) and Rehutai (sea spray), representing the life force or vital essence of the combined wisdom of the three baskets of knowledge. When students graduated from the schools of learning, they touched their lips to the whatu to add mana to the knowledge acquired and to seal it in their minds.

Two women were critical in Tāwhaki's life. The first was Hinepiripiri, who, despite being engaged, ignored her family and lived with Tāwhaki. Her brothers decided to kill him after their fishing trip, and on their way home, Tāwhaki chose to clean and wash in the pool, and the brothers took advantage and attacked him and left him believing he was dead. When the brothers arrived home, Hinepiripiri inquired after Tāwhaki, and they shrugged their shoulders, replying they last saw him washing his hair.

Hinepiripiri became alarmed, searched for Tāwhaki and found him unconscious by the pool. She nurtured him to full recovery and eventually had a son. Hinepiripiri named him Wahieroa after the long piece of firewood she dragged in for the fire when she returned home with Tāwhaki. Wahieroa's name would remind their son of its meaning and his duty to avenge the attack upon his father. However, Tāwhaki decided to undertake the task of retribution by calling upon his atua ancestors, who created a great flood that destroyed his enemies.

Tāwhaki's fame had also extended beyond earth to the overworlds and, in particular, to a young lady called Hāpai¹⁸, who fell in love with him based on the stories she had heard. Hāpai visited

¹⁸ Hāpai is known by various names which include Tangotango, Maikuku-ma-kaka, Pōtangotango, and Parekoritawa.

Tāwhaki at night and lay with him while he slept. Unaware of who his bed partner was, Tāwhaki made love to her. While Hāpai's feelings threatened to overwhelm her to remain with Tāwhaki, she returned to heaven before sunrise. Hāpai continued with her liaison until she became pregnant and revealed herself to Tāwhaki. They lived together and eventually had a daughter called Arahuta. Hāpai would become Tāwhaki's second wife.

Sadly, Hapai's time on earth would be short-lived because of Tāwhaki's off-handed comment that their daughter was smelly and dirty. Despite his attempts to convince her to stay, Hāpai floated upward with their daughter. Before disappearing, she advised her husband that if he chose to follow her, he would need to ascend using the vines that connected the earth to the sky. She warned him to climb only the strongly plaited vines embedded in the earth's soil, not those hanging loosely. The sorrow was too much for Tāwhaki to bear, and it wasn't long after that he joined his wife.

When Tāwhaki arrived in Hāpai's world, he was amazed at how much it resembled earth. He changes his appearance to look like a gaunt, skinny older man, and his first encounter is with a group building a canoe. Tāwhaki is allowed to join, but they treat him like a servant to fetch, carry and obey their every command. He does not return to the village at the same time as the men, but when he does arrive, he recognises his wife and realises that the men he was with were Hāpai's brothers. The following morning, when the brothers returned to continue work on the canoe, they were surprised to find a beautifully crafted waka. This scenario repeated itself over three days.

Finally, the brothers decided to remain in the forest and secretly spy on who or what was responsible. Consequently, they expose Tāwhaki as the culprit and witness his transformation back to the handsome man with superpowers that their sister had often described. He remained in the sixth overworld, the territory of ngā atua, with his beloved whānau.

The family saga continues with Tāwhaki and Hinepīripi's son Wahieroa who marries Mā-tokarautāwhiri. Their son Rata is born after Wahieroa is killed and eaten by a kākarepō (ogre) called Matuku-takotako. Consequently, Rata grew up being reminded by his mother that he would avenge his father, and when he became a young man, he set off in his newly built canoe Niwareka with two taua (140 warriors). He kills the kākarepō and his companion only to discover that the Ponaturi had taken his father's bones. Therefore, he must travel further by sea to rescue them.

He confronts and kills the Ponaturi Tohunga, who were conducting a bone ceremony and retrieves his father's bones to return to their ūkaipō. With his ancestor's support, Rata arrived home in the morning as the Ponaturi were returning from the sea to discover the massacre of their tohunga. They identified Rata as the culprit because Wahieroa's bones were missing.

At nightfall, thousands of Ponaturi arrived at Rata's doorstep, and a seething mass began to scale the pa's fortifications. The sheer volume of numbers resulted in the death of 60 taua (4,200 Māori warriors). Despite being preoccupied with battle strategies to counter the overwhelming odds, Rata suddenly recalls the karakia the tohunga were chanting during the bone ceremony. He begins to chant, and immediately, his voice carries far and wide. It even booms out over the deafening roar of the battle and the screams of the dying.

The impact weakened the Ponaturi and invigorated Rata's men while the dead taua came back to life and rejoined the fight. Despite their sightless eyes, the dead fighters were invincible because it was impossible to kill them. As the battle continued to rage, the Ponaturi had lost track of time, and in their relentless pursuit to annihilate Rata, they failed to see Te Rā creeping up behind them. Some Ponaturi could return to the sea, but the majority perished, and they would never again pose a threat. Thus the dynasty of Kaitangata and Whaitiri ended with Tāwhaki's grandson, Rata.

Analysis

Like Māui, Tāwhaki was a demigod, being part human and atua through his grandparents and through that lineage, a direct line to my carers. Tāwhaki's pūrākau is represented by the keywords tikanga and mātauranga. The tikanga protocols of karakia and chant were critical when Tāwhaki and his whakapapa whānau undertook major events and tasks. The first was the protocol of returning their father to his ūkaipō, followed by the intense karakia that was performed throughout Tāwhaki's journey of retrieving the baskets of knowledge. The tikanga of karakia and chants, the spiritual protective phenomena was a strong link in the data and all of my kanohi ki te kanohi interviews with my carers.

Mātauranga, which is related to the three kete of knowledge and the two sacred stones, are the cornerstone of the knowledge systems inherited by my carers that impacted and resulted in the circumstances that occurred throughout the caregiving experience. The concept of 24 hours in Theme One is a burden related to a non-stop commitment throughout the life of the kaumātua. In the spiritual context, time is not measured in seconds, minutes or hours. Twenty-four hours to my carers could be thousands of years to an atua and the connection is the sense that duties and responsibilities span an endless continuum of time with no end date in sight. Tāwhaki climbing the twelve heavens put his health and life on the line to acquire the mātauranga of ngā kete for humankind. The connections in the data to cosmology are visible in *care means love*, care means commitment and care means whānau.

Conclusion

My in-depth probing of the mythical stories adopted the philosophy of Woodhouse (2019) to "look beyond the surface and into a perspective less obvious" (p. 14) and Braun and Clarke's (2006) latent theory. The outcome revealed the connection to whakapapa, tikanga, te reo Māori and Maraea's phrase *care means love* (refer to Figure Two) and confirmed my argument that

the four main characters, Papatūānuku, Tāne Mahuta, Māui, and Tāwhaki, are the original carers. The key to my theory is also related to ngā taonga. They represent the combined wisdom and mātauranga for te ao Māori and humankind and, therefore, to caregiving. For example, te kete Aronui contains peace, goodness, love, social relationships, and aroha, which resonated with my carers' kōrero.

Papatūānuku's role is vital to my research for several reasons. As the original birth mother and carer, she represents my nine female carers and the dominance of females as caregivers (Alpass et al., 2014). The male atua Ranginui, Tāne Mahuta, Māui and Tāwhaki represent my four male carers and acknowledge that caregiving is also the responsibility of males. Māori entrust Papatūānuku (the earth mother) with the care of a baby's whenua (afterbirth) when it is buried (Dell, 2017). The bond created is a unique connection and relationship to Papatūānuku's life force and her wairua.

Another essential link to Papatūānuku is through her tuarā because it provides the foundations for the tūrangawaewae that firmly ground Māori. The physical and spiritual linkages to Papatūānuku are the reasons why Māori are collective guardians of whenua and retain ownership of their taonga mō āke tonu atu (forever and ever).

Chapter 3, which is related to my carers' captivating narratives provides a holistic overview of *care means love*. Chapter 4 will create the framework for the principal discussion linking the spiritual and historical ancestry of care in Chapter 2 with my carers' kōrero in Chapter 3. Chapter 4 is a timely reminder of the mana of "Indigenous knowledge and its interconnectedness to the past, present and future" (Waitoki & Levy, 2016, Pp. 18-19).

Analysis

The data-driven evidence from Themes One and Two provided the direct correlation between cosmology and the experiences of my carers through the first family of care Ranginui, Papatūānuku and their 70 sons including the cultural heroes Māui and Tāwhaki. The keywords that were evident in the data that provided the critical links were whakapapa, tikanga, te reo Māori and *care means love*. The impact and effect are the reasons why King (2003), The Ministry of Justice (2001), Robert and Willis (1998), Walker (1990) and Marsden (2003), who represent a small subset of the literature in my research, reinforce the unique connection between te ao Māori and te ao cosmology (refer also to Figure Two).

The presence of tikanga aroha and tikanga love is clearly evident in the spiritual world to confirm Maraea's critical answer to the research question that *care means love*. I argue that the pūrākau in cosmology underpinned the value systems related to whānau, sacrifice, commitment, tikanga, and whakapapa in the pūrākau narratives of the natural realm of my carers.

It is important to briefly highlight the key connecting themes that link the spiritual and natural realms beginning with the clarity of the presence of the research question and its answer that are evident in cosmology through the selfless actions of the atua. Another is the critical whakapapa connection through the part human DNA of the demigods and finally through Tāne Mahuta who created the first human beings. However, the critical contribution that is the ultimate link which arguably defines the point of difference to this research is *care means love*.

Chapter 3

A Carer's Reality and Truth

Introduction

This chapter will bring back memories, happy, sad or both, and, in the process, allow a few tears of joy and sorrow to appear if you have cared for a member of the whānau and, more relevant to my research, an elderly whānau member. I bring to life the invisible voices of the care experience of my participants straight from their hearts, in their words and leaving no stone unturned.

I begin with the reasons for their commitment to care for an elderly whānau because I wanted to challenge my awareness to discern whether the carers had considered the silent and sobering reality that their invisible pact would only end when either person died. While it was not a question that I was prepared to ask because it did not feel tika (right/correct), I had pondered the notion as a carer. I recall it was unsettling and made me anxious as to who would care for mum in my absence. The matter was never discussed with whānau and there was no plan B. With the benefit of hindsight, I now realise it is a critical issue that needs to be addressed.

Deciding to become a carer

In their judgment to make a life-changing commitment to their whānau, the carers displayed no indecision that generally precedes a new life course direction. Shabrom, who lived in another city two hours away from his parents, announced at a family hui (meeting), “I’ll be coming down every weekend to look after mum and dad.”

It was clear to him that his “sister was being crushed and just shut down by the burden and responsibility of caring for the elderly.” Shabrom’s wairua inspires his statement, “I just felt from inside. I need to just change my life and come down and help my sister out.” He was acutely aware that the reality of “looking after one person is tough, but looking after two, and they have different personalities!” This revelation reinforced the extraordinary nature of his

sister's 24 hours 7 days per week commitment, and his claim that "I wasn't there for my parents, really, I was there for my sister" was reconsidered when he said, "I guess by default, I was also there for my parents, but that wasn't my priority purpose." However, when I asked whether he would have looked after his parents if his sister or other whānau had not been available, he remarked, "I probably would have."

Te Karaea's situation was similar to that of Shabrom. His elder sister, who was the sole carer for their mum, eventually issued "a plea for help so I had to arrange things [so] that I could make myself available...and I didn't even tell anyone." His statement is a reference to not consulting with his other siblings. However, while Te Karaea considered his options, the two younger sisters independently tried to care for mum in their homes. Unfortunately, personal circumstances hampered their efforts to sustain long-term care. As Te Karaea declared, "that's when I came down here to do it...nobody else was putting up their hand". The remaining siblings were two brothers.

Te Karaea's decision to care for his mum involved some crucial considerations. In his emotional summation, he commented that he "left my business, left my kids up there and my partner as well" and concluded that "we didn't want her in a home." In the meantime, Te Karaea's immediate whānau continues to endure their dad's separation. At the time of the interview, he recalls that "we had a chat this morning [and] we're both saying to ourselves, what's going to happen with us? It'll be too late for us" because all their plans are on hold with no imminent resolution in sight.

Te Arakau's mum had been very independent and lived in her own home. However, as her illness progressed, he would check periodically to see how she was coping, and with each visit, he would extend the invitation to move into his home. As a medical professional, he was able to perceive when her level of functionality was diminishing, and there came the point when he

asked her point-blank:

Are you sure you don't want to come and live with us, and when I asked that question, that's when she went down to her bedroom and picked up the suitcase she had already packed and brought it to the front door. She was ready.

(Te Arakau, 2019, 25:47)

Like all participants, Ewa's approach reflects the unselfish sentiment of caring for their elderly whānau. She explained that her siblings "had a quick meeting and it was decided; because I could [and] I saw no problem...that I would look after my Dad when mum passed."

Kātaraina adopted Ewa's attitude with her mum. She believed that the cultural link that was apparent in the kōrero of some of the carers and related to the fact that "you were sort of born to that aye, and you've seen it in the role models we had in our aunties...and my mother, she looked after our nanna."

Because Tahi's whānau had just built a new house, it provided the ideal environment with modern facilities for her mum. There were two particular instances she affectionately recalls, and the first was the "shower that we could walk in together. I'd have a chair she could sit down [and] I could wash her." The second concerned modifications "that would help mum get around the house a lot better" because she used a mobile walking frame. The memories flooded back, and Tahi spontaneously burst into raucous laughter as she recalled, "I've still got marks on my walls from it."

Transitioning from a wife to the added responsibility of full-time carer meant that Rōhiputiputi had to surrender her career to be at home because "he was fully dependent on seeing me there." She referred to the occasions when her health became negatively impacted, mainly when she stayed with her husband in the hospital.

Despite the sacrifices and challenges as her husband's health deteriorates, Rōhiputiputi's sense of honour for her husband is captured in simple acknowledgements that "he wasn't hard to take care of" or the fact that "he was a good patient." When asked if she had any regrets, she promptly responded, "No! I'd still do it the same way." One of her greatest assets was whānau in the form of the generous support of her children. Nori weaves the whānau concept in her response to my question about advising anyone contemplating care when she says, "I suppose you can be full of advice, but I'm thinking, you do it because they're whānau."

In Te Arakau's sentimental reflection, "Mum's beauty was that she always let you know that she loved you...that was a constant." He reflects the strong sentiments of mana, aroha and whānau, as does Shabrom's pride in his father's legacy "If every man could die the way he died, which is all of your children loving you, you have succeeded as a man." In Mihi's circumstances, it was the intervention of Shabrom that was crucial to her survival as a carer because she candidly admitted that my elderly whānau "could have broken me in spirit...because there were two of them and they had different needs."

Shabrom's response to his sister's dilemma came during my interview prompt regarding the option of Aged Residential Care Facilities (ARCF). He chuckles while saying, "my sister would have been in a facility of her own" had he not intervened. Despite the difficulties and the impact of caring for two elderly whānau, Mihi consoled herself with the sad reality that in death, "it was going to pass."

Analysis

When the decision to accept the role of carer was made, the positive responses by all participants were immediate, despite the enormous sacrifices involved. They did not falter in their commitment to honour their kaumātua and ensure that they would be cared for in a whānau environment as opposed to an aged care facility.

Carers would not be naïve in recognising the dark side or the unknown factors that will become evident over time. However, their practical and empirical knowledge associated with the negative impacts of care did not deter or configure in the decision-making process which was motivated by love and aroha. The assumption that their duties and responsibilities would end when their kaumātua died was a foregone conclusion however, as mentioned in the introduction, there was no plan B should the carer die first.

The carers were selfless and ‘saintly’ in their decision to make a life-changing adjustment and be on call 24 hours a day 7 days a week. However, the ‘cold face’ of care, while briefly alluded to, cannot be dismissed and is introduced in more detail in the following section to achieve a balanced account of the holistic caring experience.

Informal 24-hour saint

The fundamental issues that formed the basis of the caring inheritance relate directly to the care recipient’s health. Hōhepa’s grandfather had bowel cancer and suffered the indignity of wearing a catheter which he described as “the most horrible experience to see him endure.” In addition to the mimi (urine) content, Hōhepa also witnessed blood in the catheter, and the instrument would often leak, resulting in the liquid infusion staining the carpets. Despite his cleaning regime, the haunga (putrid smell) remained in the house. I noted that Hōhepa used the more derogatory and less dignified expression ‘haunga’ instead of odour to portray his grandfather’s cultural embarrassment and shame. It was the main reason why his kaumātua forbade visitors into the home.

Hōhepa also refers to an illness that in Māori he described as ‘mate hinengaro’, which Moorfield (2011) associated with mental illness or disorders. He believed the condition to be bipolar, although there was no medical corroboration. Hōhepa suggested that his grandfather’s affliction was related to te ao wairua and their tribal connections with the Ringatū church founded by the

prophet Te Kooti¹⁹. While Hōhepa’s views of the church suggest a sinister and superstitious undertone, according to Andersen (1942) and Newman (1986), such widespread misconceptions evolved from inaccuracies about the person and personality of Te Kooti himself. Moreover, both authors point out that the church’s teachings and principles originated from the bible.

Despite Hōhepa’s personal view of the influence of the Ringatū church, he admits that “the stress factor started” due to his grandfather’s ongoing lack of sleep because of his mate hinengaro. Listening to him constantly moving throughout the house day or night and even disappearing outside led Hōhepa to “call in the family,” but sadly, “they couldn’t do anything [and] we knew we couldn’t put him into a home.” Hōhepa, therefore, had no other option but to continue with his care responsibilities and, in so doing, epitomised the caring experience of an informal 24-hour saint.

Te Upoko’s husband also wore a catheter throughout his illness, and while she considered it was “good in some ways but, every night, you had to wash out the bags and everything else. I felt sorry for him, and he often got infections.” Te Upoko’s critical recall and attention to detail regarding her husband’s medical condition are astonishing, given she was well into her mid-eighties at the interview. For example, she precisely recalls the medical term carotid endarterectomy surgery, which her husband underwent because his arteries “were clogged. So, what they did was open them up and scrape them.” He also had cardiovascular dementia and eventually died of cancer after a long illness.

However, the precursor to her husband’s care was the more intense and emotionally draining experience of caring for her mother. She had challenging health complications that would have

¹⁹ The Māori prophet Te Kooti was born in 1814 (Murray, 2018; Newman, 1986) of the Ngāti Maru and Rongowhakaata Iwi (Murray, 2018) and he established the Ringatū Church in 1867 during his incarceration in the Chatham Islands (Andersen, 1942; Murray, 2018).

tested the faith of any saint. Te Upoko's mum became blind at 50 years old despite several operations; she experienced two strokes by the age of 52; and had suffered from diabetes for many years, which the doctor had failed to diagnose because he was instead treating her for a heart condition. As Te Upoko sadly recounted, "her kidneys had been affected as well as her eyes, so she was quite a sick lady." Consequently, she changed from "the most amazing grandmother and mother" to someone who believed "that she was the only one that existed in the world and everything had to be done for her, and everyone else was trying to make her life a misery."

Te Upoko quietly chuckles when she recalls the doctor visiting her mum at home. During the conversation, she listened in horror as her mother said, "you know, doctor, I don't get fed here...No! Don't get fed here at all, and they won't give me any food." Te Upoko recounts that "I felt like smacking her bottom." The doctor winked to let her know he understood and sympathised, but it made no difference; she momentarily felt annoyed.

If her mother became aware she was reading a book despite the weather being a rainy day, Te Upoko would be scolded with the comment, "when I was your age, I had things to do [on] wet days." On another occasion, if Te Upoko wanted to hang the clothes on the line, her mum would regale her with, "oh goodness gracious, those clothes will be there when I am dead and gone! Why can't you just sit here and be with me!" Therefore, Te Upoko's reaction when her mum spent a day with her dad was one of "ooh, that one day off; you [felt] guilty about it."

Remorse is always a quiet presence in the lives of my participants. It surfaced when Te Upoko provided a brief glimpse of what her mother had to go through. She recalls one of the most humiliating moments when "I had her in the bathroom and...tiko²⁰ was running down her legs,

²⁰ "To have a bowel motion" (Moorfield, 2011, p. 209).

and she was crying.” Te Upoko’s mum was a big lady, and the constant soiling of clothes led her to exclaim, “thank God I had an automatic washing machine because it never stopped.”

Sadly, Te Upoko’s expression became despondent after recalling her mother’s death. She reflected on how “I use to feel guilty and think, you know, sometimes you were really hard on your mother in some ways because just imagine if you were blind.” However, despite the hardships of care, the fond memories of a deeper relationship with her mother remain forever intact. It is captured in her misty-eyed demeanour and expression, “oh yes, I loved my mum. She was so good.”

Harata’s dad was already blind when she became his carer. Throughout the five years before his death, he had five toes amputated, suffered two strokes and developed duodenal cancer. Despite these seemingly adverse setbacks, Harata’s memories are full of admiration for her dad to the point where she mentions him as ‘easy’ on eleven occasions throughout her interview. Expressions such as “he was so easy to look after, which is very unusual apparently”, and her punchline, “he was quite amazing!” Further reflections again reinforce her admiration that “he was just so easy to get along with” and poignantly concludes with the afterthought, “it’s a labour of love. That’s all I can say really.”

However, Harata becomes thoughtful when she considers another layer of her care experience with the phrase, “you have to give up part of your life because I remember the first time I came here; it was like being in a prison.” Harata becomes somewhat nostalgic when she refers to her family and friends having their own lives, but in her case, “ours sort of got a bit sad too because, in the end, it was just me and dad and even the family, they got too busy in the end.” To break

the routine and monotony, she adds that when the formal care assistant came in, “I use to run away in the afternoons...and play the pokies²¹ just to have a bit of a normal life.”

A comment Harata makes related to the care recipient’s gratitude is also reflected in the experiences of my carers. Harata recalls that she and the formal care assistant “never ever really got any praise from my father, but my sister would come down on the weekend, and its thank you this and thank you that,” which she discovered was common. When I further prompted Harata about this situation, she appeared somewhat embarrassed and reacted with a dismissive shrug of the shoulders “I know he loved me, and that’s the difference. It didn’t matter; he didn’t have to tell me thank you. I didn’t need that to keep me going.”

Ewa’s father suffered an extensive stroke at 54 years followed by multiple strokes. He was cared for by their mum until she passed 13 years later, and Ewa volunteered to assume the role of carer. By that stage, her six-foot-plus dad used a wheelchair and had developed Alzheimers. According to Ewa, it was a silent blessing because “he didn’t realise that mum had passed away, and that helped him to keep on going, to do the normal things.”

With each recollection of her care experience, Ewa always preceded the moment with a big grin and a heartfelt outburst of laughter. She is exhibiting moments in care captured within the *hindsight and humour lens*. They provided Ewa with positive expressions to the human face of care and love that the daily mechanical grind of care would dominate 24 hours, seven days a week. Ewa gives an example related to the earlier discussion by Te Upoko and Harata regarding the recipient’s gratitude. Ewa begins by referring to all kaumātua as “these bloomin’ old codgers²².” She becomes animated as she launches into “ Yea, yea, yea when it’s your own they

²¹ Pokies is a term used in Australia and New Zealand for slot machines which are predominantly found in casinos, bars and hotels.

²² An old codger refers to an elderly man who is either difficult, funny or grumpy (Merriam-Webster, 1828).

wanna fight you...but when somebody else comes in, oh, sweet as pie” and roars with laughter.

She then specifically targets her dad with “yea, you blinkin’ old goat.”

Ewa refers to her dad as “feisty” and recounts a particularly aggressive moment when:

He hit me, you know. Just automatically. I was putting him [into] bed, and he went poof like that to me, and I automatically hit him back. He looked at me, I looked at him, I cried, he cried, and I went rushing out, then I cried and cried. Then I came back about 5 minutes later and said, I am sorry, dad, and he was cognisant then, and he said, I am sorry too, and then we carried on as usual.

(Ewa, 2019, 20:17)

In a similar vein to the misgivings expressed by Te Upoko toward her mum, Ewa simply says, “Oh poor dad and I think to myself, you know, I do have regrets in that I think gee, I could have been better...[I] could have been a bit more kinder, not growl him so much you know or argue with him.”

Kātaraina’s mother had a stroke, which was the main reason “I moved in after that.” However, her mother’s Alzheimers impacted their safety firstly because she constantly wandered off at every opportunity. Secondly, she would habitually turn the stove on and leave it unattended.

Kātaraina’s sister offered to help, but that was short-lived. She “got sick of her mum, so I didn’t have that support.” The pressure began to affect Kātaraina because she was studying, working part-time and worrying about her sick husband. She admitted, “I thought I was gonna...hit her or something.”

While Tahi’s mother had also developed Alzheimers, she was physically mobile and independent. The problem was that “She always tried to discipline my children. My two older boys would just go with it, but my youngest boy [retaliated], ‘you’re not my mother’.” Instinctively, Tahi knew that the issue was more significant than merely disciplining children,

and she reveals why in her following comment:

One day I could hear something was happening in the passageway. I got up and walked into the passage, and mum was there with my young son, and she was about to slap him, and my son's reaction [he] had held his hand back and was about to punch her. He was still young at that stage. He would have been about ten, and he was a big boy. He would have hurt his nana. Then I realised that it wasn't going to work. That I needed, for mum's sake and my son's sake... to do something.

(Tahi, 2019, 19:03)

Sadly, this scenario precipitated Tahi's heart-wrenching decision to discuss the matter of aged residential care with her mum, and it filters through in the following kōrero:

The saddest day was actually making the decision, and I had to do it with mum's okay. We'd talked about it, and she knew that it got difficult for her to live with me. So she decided she would go into a rest home, and I said to her, you can pick it. We will go around all the rest homes and look at them, and you make your own decision.

(Tahi, 2020, 24:28)

What is unique in this situation is that Tahi made her mum aware that "it was an open-door policy" and she could return home anytime. Tahi wanted to reassure her mum of the special bond between a mother, daughter and the whānau. She reinforced this principle by saying that when mum became ill, "I took her home because I knew my level of care experience was superior to theirs, and she got better quickly and especially [being] around us."

Tahi also added that her mum would decide how long to stay with her whānau or, even if she wanted to remain permanently, but added that "she would miss her friends, then she'd want to go back so we'd take her." Because of Tahi's privileged financial position, her mum enjoyed the highest quality of care. For example, she could choose wherever she wanted to live, and Tahi fulfilled all her mum's criteria, including an ensuite, close to the shops, and easy access to walking with her friends.

Te Karaea's mum is another care recipient with Alzheimers. Nonetheless, despite her illness, she was able to walk to visit her daughter regularly because she "[lived] just down the end of the road." His mum's agility, physical independence and mobility enabled Te Karaea to take her out "walking most days when the weather is good."

The other health problems that impacted his mum were high and low blood pressure and recurring urinary tract infection (UTI). The issue with UTI is primarily related to Te Karaea's reluctance to intervene with his mum's personal care because he admits, "I don't think I could wash my mum now because she wouldn't want me to. Whenever she [soils] herself, she is embarrassed and weeping." Hence, his main concern is to create a calming environment and provide preparatory assistance to enable her to clean or shower herself. It is this approach that currently resolves the issue of the extent of his input in mum's personal care.

Te Karaea's current approach enables his mum to maintain a sense of dignity and mana, although he is quite frank in admitting that "I can certainly do all that kind of stuff; it won't put me off doing it. It's just what it [means] for mum to have me doing it." However, Te Karaea freely admits that whānau have been difficult and points to their expectations of what he should be doing, which contributed more to his stress levels throughout the care journey.

He becomes despondent when he declares, "a few months ago, I nearly slapped my mum. I was just so angry." He immediately arranged for a whānau member to urgently come and look after mum while he took time out for four hours. He added, "I went away that weekend...because it was a battle." Te Karaea is now acutely aware of how that incident impacted him. He claims "that [it]made me realise a lot of things", and with that realisation, the dawning recognition that "I think I [had] to go through that to know." He boosts his confidence when he affirms, "I'll be better as well. I want to be better! I want to be better!"

Alzheimers has featured consistently throughout my carers' experience, and Nori's dad is no exception. Moreover, in describing the positive elements in her dad's life, Nori proudly points out that "he does everything for himself, but there are those moments where you recognise that he's getting older." While her dad receives formal support services during lunchtime, it is because he is energetic and physically independent that enables Nori to balance her career and the dominant focus of her care-centred responsibilities.

Nori's exasperation at some of her dad's exploits is more related to the concept of 'bugs on the windscreen of life', which are minor, irritating incidences that become all-consuming. A classic example is her dad continually turning off the security sensor light in the garage every night despite a label covering the internal switch, which clearly reads, 'do not switch off the light'.

The frustration of arriving home at night and navigating her way through the dark "it's like, oh, hōhā." Fortunately, Nori can take stock of her reactionary behaviour by reminding herself to "stop it, Nori. It's not the end of the world", but regrettably, her attempt at patience does not last very long.

Maraea was studying at University and very close to completing her degree when she received a call from a whānau member who bluntly said, "Maraea, you'd better come home." When she arrived home and saw her eighty-four-year-old dad, she knew he "was not himself" and decided to bring him to live with her in Auckland. With an earthy chuckle, Maraea declared that "it took me six hours to drive a two-hour journey because he kept wanting to jump out of the car and go home." The theme of the extension of time also applied to the doctor's prognosis that her dad "was going to live for two years if we were lucky" but instead, he exceeded all medical expectations and lived for seven years.

Maraea's dad is another addition to the list of whānau with Alzheimers. The specific diagnosis was sundowning²³, and the effect of its onset on her dad late in the afternoon was when he started "to be very confused, very anxious, and life was hell...till when he eventually went to sleep, if he did go to sleep." Her dad reverted to his time in the army and she described how he transformed into battle mode because he was "protecting his men...and that's where we went from 4 o'clock to whenever he went to sleep every day for seven years."

Tempers flared, relationships out the window" as she endeavoured to calm him down and try to make him understand that "the soldiers aren't coming tonight." Māraea's reality of the nature of the care experience defines the title of this section when she explodes with, "we can't be nice! Nice! Nice, 24 hours a day to somebody"²⁴.

While there were many good moments, she admitted that "it [was] very exhausting, very exhausting, yea." Consequently, the demands imposed by her role as a carer began to take their toll leading to Maraean's decision to discontinue her university studies despite being almost at the point of completion. Fortunately, it was the intervention of a whānau member who said:

If you withdraw from your doctorate, you'll never forgive yourself, your father, your sister or your mother²⁵...So I thought, well okay, I've got to finish it at some stage, so instead of taking the two years to finish the doctorate, it went on for five. I was quite happy to do that because the doctorate was my sanity...it was that space where there was no madness, only beauty.

(Maraea, 2019, 11:13)

Unlike her colleagues in care, Rōhiptiuti was not forthcoming regarding the nature of her husband's illness in her storytelling experience, and I had a strong 'sense' not to engage her on

²³ Catic (2020) describes sundowning as the "worsening of neuropsychiatric symptoms of dementia in the late afternoon or early evening" (p. 30).

²⁴ Exclamation marks have been added to better convey Maraean's dramatic emotional emphasis and excitement.

²⁵ Maraean's mother had already passed away but her inclusion is part of the Māori spiritual philosophy that they are always present. Refer to Nori's kōrerō regarding *tiaki wairua* or spiritual care for her dad (Chapter 1, Methodological Framework) for a deeper understanding of this concept.

that point. It was sufficient to understand from her discourse that her caring journey was, at times, challenging, particularly during the latter stages of her husband's illness.

Te Arakau described his mother's health as being plagued by "a whole raft, an entire litany of health issues throughout her life...from hysterectomies through [to] heart attacks." He proudly described her as "just like a survivor as opposed to a victim...so she survived them very, very well." However, despite her positive, well-meaning health regimes, her most critical health issue was the onset of terminal lung cancer. Notwithstanding the incremental burdens of emotional and physical stress as his mother's condition deteriorated, Te Arakau can still muster a chuckle as he recalls humorous moments with his mum. One such occasion, which seems even more hilarious now as he muses, occurred when:

She tried to get out of bed in the middle of the night without waking me because she was trying to be considerate, and instead, I hear this big crash and a bang, and I come in and find out she's got her head buried in the wardrobe. She sort of made a wrong turn in the dark...she tried to negotiate a doorway and instead found a closet.

(Te Arakau, 2019, 47:04)

However, Te Arakau is always concerned with the issue of "How am I going to perform professionally" because of the emotional and physical stress when one's sleep becomes compromised because "you're constantly being woken at least a couple of times in the night and it's not for your own bladder, it's somebody else." Te Arakau epitomises *care means love* when he claims that it is always "trying to get through to the next day with a smile on your face." It's a testimony to Te Arakau's skill at masking his burdens.

Mihi begins a description of her mum's health condition with the introduction, "mother had full control of her faculties until her passing!" The reality was not as optimistic. In addition to poor hearing, her mother had "a chronic heart condition; she had an arthritic hip, and she was badly asthmatic, and so these all combined to make her life a misery in winter and trying to get her through was a challenge."

However, the most complex and confronting trauma in the caring experience was when her ninety-year-old mum “fell down and broke her neck.” When she came out of the hospital, “her body was so seized up with no exercise that she couldn’t work anything...which made her last year miserable.”

There were times when her mum would cry because she was “lonely for her mother. Yea, she told me she cried for her mother in the night to take her, and in the day, she cried to live.” Mihi begins to chuckle as she recalls saying to her mum, “make up your mind e ma, then you will be at peace. And then, finally, I said eh! Just go. Oh dear, and that was the last time she was conscious.”

By contrast, Mihi’s father had mini strokes without any whānau members being aware, and she recounts how “he developed a form of Parkinson’s disease which freezes them instead of giving them the shakes.” The effect was that “it slowed down mental faculties; it slowed down physical capacity and mobility”, and Mihi concluded with a humorous one-liner that “he didn’t lose his marbles;²⁶ they were just slow to roll.”

When Mihi took her father back to his marae, she immediately noticed the sadness in the marae whanau’s reactions “because they didn’t realise the physical changes in him.” The fact that he hardly spoke was difficult on the whānau, but he did say “thank you.” The powerful metaphor in the whakatauki, “Ahakoa he iti, he pounamu be it ever so small, it is as precious as the jade” (Pere, 1991, p. 14), captures the true value of that rare moment.

Rōhiputiputi’s challenges in the hospital doubled in the case of Mihi. Her brother Shabrom proved to be a vital lifeline to Mihi, especially as their parents’ health began to decline. She recounts how “he’d come if my parents were both in hospital and because he’s got a medical

²⁶ This is a colloquial reference to ‘losing one’s mind’ or becoming cognitively impaired.

background, he was my go-to to help me to understand.” Mihi is referencing the complexities related to the health issues affecting their parents. While Shabrom focussed on their father, Mihi attended to their mother, who “refused to have any Pākehā come near her and even [with] a Māori, she wasn’t that comfortable.”

During his time in the hospital, Shabrom advanced his practical caring skills because “the people in the hospital showed me how to do the jobs. Do them safely for me and my dad.” He reflects on the unique scenario of simultaneously having both parents in the hospital as fascinating because “I’d be with my dad in one part and my sister would be in another, and my parents wouldn’t see each other the whole time.”

Analysis

This section takes its title from the first theme 24-Hour Informal Saint and fully reflects the emotional and physical fatigue that accompanies the highs and lows of an intense interpersonal, inter-whānau relationship and co-existence. The gruelling nature of care does not necessarily diminish the inner strength of carers to act in more loving and caring ways while acknowledging the ‘nitty gritty’ of the care experience. For example, the pent-up anxiety that was evident when my participants reported that they almost slapped their kaumātua or in the rare instance when they actually did so, was accompanied by deep remorse. This scenario represents an emotional thread that is a reaction to a 24-hour continuum of care.

Two value systems are occurring simultaneously in the care environment. The first is attributed to the carers' selflessness and kindness. The value is their love, nurturing, and aroha for their kaumātua, and the personal sense of satisfaction in what they were doing. The altruistic character trait originates from te kete Aronui which symbolises *care means love* in the inter-relationships occurring within cosmologies First Family of Care (Ranginui, Papatūānuku and their whānau) and throughout the exploits of Māui and Tāwhaki (refer to cosmology in Chapter 2).

The second value expressed by the participants is the reality of the dark side of care that progressively diminishes their positive energies with an overwhelming sense of burden. In the case of Rōhiputiputi, it is the negative impact on her health because of the demands of her husband who always needed her to be present. Despite this scenario, the contradiction that clearly emerges is that carers would willingly do it all over again. Rōhiputiputi's quality trait is the mark of a saint, however, the carers' environment precludes being a saint 24 hours a day 7 days a week. The problems and issues that impact carers originate from te kete Tuatea which represents the kino or hara that influences humanity.

The most confronting dynamic that has an aggressive impact on the care environment is the serious health issues of their kaumātua, which range from Alzheimers to blindness, to being incapacitated, having a broken neck, multiple strokes, mobility issues and Parkinsons disease. The scene that I have partially described is succinctly expressed by Te Arakau when he refers to "a whole raft, an entire litany of health issues." Sadly, in some instances, whānau were not able to assist which meant that the carer had to 'soldier on' by themselves as in the case with Hōhepa and Kātaraina.

A final observation that arises from the data is the subject of males undertaking the personal cares for their female kaumātua and vice versa. While there is a consensus that it was not an issue, there was no feedback, nor did I ask, whether the kaumātua was consulted. I sensed an underlying kaupapa that care and how it was administered, was part of the carers' power of attorney or tikanga. However, it is understandable given the limited resources available on an 'as needs basis' and the absence of whānau support, that the carer as a bricoleur would resort to the tikanga of the urban village and adopt a pragmatic approach in the decision-making process.

The connection between the natural world of my carers and cosmology is through whakapapa which is critical in the kōrero of my carers and a key cultural protocol in te ao Māori. The atua and central figure that is directly responsible for the linkage is Tāne Mahuta, the son of the

original family of Care. He created the first Māori human whānau beginning with Hineahuone followed by their daughter Hinetītama and her children. Māui and Tāwhaki are directly linked to the genealogy chain because they are part atua and more importantly, part human and their exploits and motives also underpin the negative and positive events occurring in the care environment.

The main concept that has emerged, to sum up this section is that given their experiences, the carers would not hesitate to do it all over again. Their declaration comes from the heart and is the element of value that relates directly to *what is the value of care to the carer*.

How do whānau support the carer?

Two strategies determined who the whānau carers would be. The dominant group were carers who automatically assumed the role and whom I will refer to as self-appointed and anointed. They included Kātaraina, Tahī, Rōhiputiputi, Te Arakau, Nori, Maraea, Te Upoko, Hōhepa, Te Karaea, Mihi and Shabrom. The two exceptions were Harata, whose dad asked for her help and Ewa, who nominated herself at a family hui.

The support the carers received from whānau was generally positive, enthusiastic and selfless. There were whānau who were fully supportive and willing to take directions from the carer according to their needs and circumstances or offer various forms of support. There were the minority groups who were either full of advice or critical with their opinions but never pitched in to help and those who deliberately made themselves absent.

Rōhiputiputi gratefully acknowledged that she had “a big whānau. I’ve got five children, and they all step up and help when they need to”, and her use of the term ‘need to’ relates to her unspoken power to invite them in when required. The other participant is Tahī, who confidently affirmed that “if I made a decision...I knew that I had their backing”, and in this context, she is referring to her brothers and sisters’ unquestioning support.

In a somewhat different context, Te Karaea illustrates his experience with the simple example of requesting his sisters to buy undergarments for their mum, which remained largely ignored. However, during a meeting with his sisters, he explained how exasperated he felt because “they were unhappy with a few of the things that I had been doing, and one of them was buying her knickers.” All he could think of was, “go and do it then but do it. Somebody do it!” He concludes by saying, “yea, it was hard.”

Mihi introduces the topic of the support she received from whānau with the phrase, “And I was blessed.” She then talks excitedly about how “my siblings [overseas]...they routinely either provide money on visits or clothing” while an older sibling “gave a value of money fortnightly and she hasn’t stopped” although their dad had passed away three years ago. Her aroha reaches out to her brother Shabrom. He travelled intercity every weekend and stayed for extended periods as the caring circumstances became critical despite pursuing a full-time career.

Mihi becomes overwhelmed, knowing that “Shabrom heard me. My brother heard me.” Mihi’s comment is a direct contrast to her frustration with other whānau. She claimed, “I couldn’t understand why my sisters never came when they lived in the city. What’s wrong with them; why couldn’t they come and help? I needed relief.”

Again, she lovingly refers to Shabrom and the fact that he used “his own money and every time he came, he provided or cooked the food. He made sure we had petrol in the car [and] food in the cupboards.” Mihi’s final thoughts were, “even though I was the front face, it’s the people behind, aye. That’s the hāpai o muri.”²⁷

Maraea is full of admiration for her whānau, her dad’s sisters, colleagues and the wider circle of friends who inputted into her care experience. Maraea refers to their combined contribution

²⁷ Hāpai o muri means the support from behind as in her phrase “it’s the people behind aye.”

as “equal partners in caring for my father – absolutely” and concludes with the impact it had on her university studies when she proudly recalled that because “we all cared for him, I graduated.”

Maraea firmly believed that her dad’s life was extended for another five years more than the doctor’s two-year prediction, because of the impact, effect, and dedication of the corporate whanaungatanga of care. Maraea sums up her pride with the multi-layered contributions of care by claiming, “I think that says something about the care that *we* gave my father.” Her emphasis on the single word ‘we’ represents the appropriate value of her care experience – inclusivity, aroha, whānau, love and manaaki.

When I asked Maraea whether she would have chosen different strategies, her response was a crisp “No!” Her qualifying comment regarding the value of the support she received is that “they worked.” It was the vital underpinning that enabled her to care for and support her dad fully, and out of that philosophy emerged her theme that *care means love* because she repeats the admission that even though:

It’s hard work; painful, and one of the reasons why it was painful was because unlike raising children [which] you raise...for life, you care for your father because he is dying. And so, it’s almost a hopelessness. Sort of a happy hopelessness too.

(Maraea, 2019, 44:23)

A fitting tribute to conclude this section of Māraea’s caring experience was the day she graduated with her PhD. As she recalls, “my dad he was sitting there, and I turned to dad, do you know what’s going on here and he said not really, but I know you’ve got a special degree.” Maraea has a deep sense of peace when she says that despite “all that loss of memory, he had no idea what it was, but he knew it was different...that graduation day [was] so special.”

Nori’s whānau experiences left her feeling somewhat unsettled on more occasions than she cared to remember. However, one incident at a whanau reunion was memorable because it lacked camaraderie. She prefaces her introduction with, “whānau think they know!” The scene

is a conversation with a sister to whom she is expressing the reality of her caring experience and indicating that there were instances when she would get a little cross with their dad. At that precise moment, her sister reacted angrily and rebuked her. Nori declared, “I was so furious! I thought I wouldn’t mind if you were part of the solution, but you’re not.”

Nori reconnects with the emotions of that encounter underpinned by a sense of victimisation and betrayal. Nori’s sense of disbelief that her sister was “telling me don’t do this and don’t do that when [she] can’t even turn up on a regular basis...[she’s] not even there to help once a week, once a fortnight even once a month!” To add insult to injury, Nori said that her sister “stuck her finger right in my face” to reinforce the power of her rebuke. Nori explained “I was crying...I was so mad I never stayed for our whānau reunion. That’s how angry I was at her. She didn’t get it.”

Sadly, Nori admits that she and her sister had a close relationship before the incident. While they still communicate, Nori is aware of her sister’s filtering processes and just how much she reveals regarding their dad’s condition and the impact on the care experience:

I still see now that she doesn’t get it because I’ll be telling her about stuff that dad does, but it’s not because I’m moaning to her; I want her to know the sorts of things that he’s doing now that he never use to do and I can see her lips getting thin and I’m thinking oooh! [I’m] wasting my time.

(Nori, 2019, 1:25:37)

Te Karaea announces that his brothers are not part of the caring experience for their mum. He recounts an occasion when he wanted to make a respite visit to the North and rings his brother, who lives there, to see if he could come down and spend time with their mum. His brother’s response was, “Oh, I’ve just got a new contract”, and as Te Karaea frustratingly remarked, “he always comes up with an excuse.”

Fortunately, Te Karaea was able to visit the north, and while there, he tried calling his brother to catch up, but there was no reply. He then visited his brother’s home and was confronted with

more excuses. His brother told him why he did not answer his mobile because he thought, “I was ringing him up to hassle him to come and look after mum again.”

The realisation for Te Karaea was that “I knew from now on I won’t involve him with mum” because he didn’t want to cause a rift in their relationship. He is philosophical about his brother’s response and accepts that “he’s just not available for mum. He’s just not there, and it’s not his fault. It’s just where he’s at.” Their eldest sister, who lives approximately 240km away, is the biggest supporter, while the two sisters nearby and in the same city “are struggling with their health as well, so it’s very difficult for them.”

Te Karaea spoke about taking his mother to have medical tests to enable his whānau to finally accept that their mum’s health was failing and that she had Alzheimers. Before that, he recalls his sisters engaging with their mum and then becoming “so hōhā” with her that they would begin to scold her. Te Karaea becomes animated when he responds, “to me, they’ve got no right to do that. They don’t know what it is like for her, so it kind of upsets her.” He also refers to trying to enlist the help of his sisters to shower their mum. It is out of respect for her that he does not undertake the task. He believes she is not cleaning herself properly, which is why she is prone to infection. He is, therefore, adamant that:

They should be doing it because mum would feel comfortable with them...but you know, they come down here, and I say can you give mum a shower, but they just do what I do, they go in there, close the door and come out again. No guys, you have to go in there and clean mum, you know. Oh no, she’ll be okay. My sisters are quite staunch²⁸. Can’t get them to do something.

(Te Karaea, 2019, 23:45)

In the holistic management and care of their mum, Te Karaea remarks that “whānau have been the hardest to deal with in the whole thing”, but despite his misgivings, concerns and

²⁸ Staunch means to be just ‘plain stubborn’. Other characteristics are unswerving, resolute and unwavering.

frustrations, he remains full of aroha when he concludes, “yea, that’s just where they’re at. They’re good people.”

Ewa’s access to whānau support was the antithesis of Te Karaea’s experience because it involved the full participation of five of her brothers (another brother lived overseas). As she explained, all her whānau knew “it would be hard for me, and they would just support me” in whatever she wanted. Their availability, the fact that “they were there” at a moment’s notice, reflected in her comment, “they were pretty good. Very good.”

Te Arakau is “the youngest of five boys” and undertook to self-appoint and self-anoint himself as their mum’s carer. His leadership and organisational skills were crucial, particularly during the last six months, as the severity of their mother’s illness began to take its toll. As he told me, “that’s where it needed to be quite intensive 24-hour care, and at that stage, then, basically, the front door is unlocked, and everybody is coming in and doing things.” Te Arakau further describes how “it all just merges together, and it’s quite blurred because we’re still trying to function and deal with it emotionally as well...while recognising the end etc., is nigh but without trying to focus on that.”

As he reflected, it was clear that the support of his whānau was crucial to his care experience and that “we needed a proper roster to start looking after mum because I was still working full time and I was also here with her when I [was] not working.” Te Arakau’s final comment is a testimony that reflects the title of the earlier section, *Informal 24-hour Saint* when he says:

Yea, it does sort of go on because you [are] feeling drained, quite drained by it all, and you start learning to operate on very little energy, very little sleep, very little time-out. You just operate at that level...and you do lose track of time [as] it does seem to be a long time.

(Te Arakau, 2019, 1:10:19)

Analysis

Whānau assistance within the context of theme two ‘urban village concept’, is solely dependant upon the individual’s decision whether to provide support. Regrettably, the contemporary circumstances of Māori lack the cultural underpinnings of tikanga, whānau, hapu, iwi, manaakitanga and whakawhanaungatanga that were the norm in the historical marae-village context.

In the absence of whānau support, the only other alternative would be to transfer their kaumātua into an aged care facility however, the message in the data was clear, that wasn’t an option. Nonetheless, there were two instances where aged care facilities became a reality because of pressing circumstances. I did not ask whether other whānau members were consulted however, there was a sense of guilt and regret in the voices of the carers. If their circumstances had been different, their tone and āhua strongly suggested they would have continued to care for their kaumātua.

Support from whānau and friends was critical. For example, Maraea’s dad lived longer than the doctor predicted. Mihi and Te Arakau’s whānau provided a lifeline that enabled them to cope with the increasing demands of their care responsibilities. Rōhiputiputi’s approach to her circumstances was almost self-sacrificing. Despite her children living nearby and being willing and prepared to assist, Rōhiputiputi decided to instead relinquish her career and on one occasion compromised her health to fulfil her husband’s dependency upon her.

It is clear from the data the intensity of the carer’s commitment to their kaumātua and the sacrifices they were prepared to make by putting their health on the line. The critical value that is evident in this section is the effectiveness of the support structures that were introduced by whānau. The impact enabled carers to maintain the wellbeing of their kaumātua by remaining in the home environment.

The great paydays of caring

This final section represents the heartfelt emotions of my carers as their recollections give full meaning and depth to the central theme and topic of this chapter *care means love*. For example, when I asked Te Arakau what he valued most during his care experience, he affirmed by saying, “I think actually, it probably is just the time...you recognise how privileged you’ve been to have that time to share.” This sentiment is equally poignant for Nori as she shrugs her shoulders and grins, “you know, while we have our moments...I am really grateful for this time that I have with my father²⁹.” The acknowledgement for Harata in caring for her dad is that “I was the blessed one out of the whole lot of us together.”

Tahi’s expression of care and love is related to inclusivity which she emphasises using the word ‘us’:

Mum would go everywhere with me, and I had to buy a vehicle that [had] that extra seat so that mum always went everywhere with us. If we went to Auckland, mum would come with us. When we went to Australia to [whānau’s] wedding, mum was with us. She flew with us everywhere. Wherever I went, mum went.

(Tahi, 2019, 23:24)

Te Karaea’s recollections³⁰ are punctuated with prolonged expressions of sobs and tears as he captures precious moments, such as, “I don’t think I will have [regrets]. Even though it’s been hard...it’s changed me. I don’t think anything could have changed me the way this has.” He becomes philosophical about his care experience and says, “it’s been lovely. The time we’ve had has been lovely. We go walking [and] I love my mum on my arm.”

His emotions become overwhelming because his mother is always present in the adjoining lounge. When she came over to me on one occasion to ask if I would like a drink, I spontaneously

²⁹ The present tense ‘I have’ is deliberate because Nori’s dad is still alive while writing this chapter as at September 2020.

³⁰ Like Nori, Te Karaea’s mum is the only other living elderly whānau, hence the present tense context.

reached out to hold her hand because she reminded me of my mother, and the scene appeared to trigger a response in Te Karaea, who started sobbing again.

As his mum returns to the lounge, Te Karaea embraces his brothers and sisters in his aroha when he tells me, “We all care for our [parent]; we all do.” It is a fitting tribute that achieves a sense of harmony in his attitude toward his whānau and further enriches his caring experience.

For Mihi, “just sitting beside my parents became a treasure because I was having what no one else had, and that was a real payday for me. To feel their wairua, to talk, to listen”, at which point, she commenced sobbing. As Mihi calmed herself, she began to reminisce:

One of the hardest things I coped with when my parents passed was the physical contact because I counted one day, I kissed my father ninety times...I just enjoyed it so much. Showering him with love, making sure I was touching them, holding them. Yea, holding their hands, having my arms around them, kneeling at my mother’s feet and putting my arms around her when she was crying.

(Mihi, 2019, 51:43)

The tears flow again as she remembers when “I went to the hospital, and I walked in, and my father’s face lit up with pure joy – oh far out...and he just held out his arms to me. Man, that was so cool.” A memorable recollection for Mihi was the letter her mum wrote, which she found after both parents had died. She was overwhelmed with the contents because “they saw what I was doing.” Her mother acknowledged all their daughter had done for them, and at that point, Mihi was all smiles as she concluded with, “God, I am really lucky. I am lucky as can be.”

Further acknowledgement of Mihi’s superhuman efforts in caring for two elderly and frail parents came from her doctor. Mihi uses the word *blessed* to explain that “we were *blessed* to have a doctor who wouldn’t charge us, and I am still lucky I am not being charged”, despite her dad dying in 2016.

The doctor’s humanity represents a unique response that acknowledges and endorses the vital linkage that weaves throughout this chapter – *care means love*. As a general practitioner, the

doctor would be aware of the financial circumstances experienced by some of her clients and more so when caring for two elderly parents. In Māori custom, her actions would represent a koha, recognising the outgoings and expenses of care and the carer's heroism.

Analysis

The analytical discussion for this section is reflected in the final analysis for the overall chapter at the end of the conclusion.

Conclusion

The theme in this chapter reflects the overarching message *care means love* which originated from Maraea's interview. It provided the framework to explore the carers' narratives for insights into plausible answers that would translate Maraea's insightful contribution to my research. The outcome of this chapter has revealed that Maraea's instinct was correct – *care does mean love*, and the carers' narratives are rich and emotional in expressing love in a challenging environment.

My research has provided an invaluable opportunity for reflection. It revealed that when my participant's caregiving responsibilities ended and they moved on with their lives, there was a sense that they never had the chance to talk about their care experience. When I interviewed my participants, it was like a key opening the 'floodgates' to suppressed and invisible voices. Finally, they could pour their hearts out and vent their oppressed anxieties, pain, frustrations, stress, and anger and, in the process, shed some tears.

Despite the physical and emotional strain, what I found unique was that the many layers of care revealed that care and love were interchangeable. Furthermore, my carers verbally confirmed they loved their whānau, the care recipient, which I suspect may have been assumed rather than expressed. How many whānau members spontaneously say 'I love you, mum or I love you, dad'

other than as a ‘love you’ add-on when saying goodbye on the phone or in a text? I sensed this was an extraordinary moment in their lives, and it provided a critical response to the research question, *what is the value of care to the carer?*

The concept of Love and *katakata* (laughter) became a revelation through the ‘hindsight and humour’ lens. Had it not been for my research, they would have remained in the shadow of the practical realities of care involving personalised service on a 24-hour, seven-days-a-week basis.

The final step in concluding Part C is to reveal the linkages between *tiaki wairua* or spiritual care in Chapter 2 with my carers’ *pūrākau* in Chapter 3 that will form the basis for the narrative in Chapter 4, *The Timelessness of Care*. To this end, I will draw on the philosophies from an edited book that resonates with my research called *Te Manu Kai i Te Mātauranga: Indigenous Psychology in Aotearoa/New Zealand* (Waitoki & Levy, 2016).

The book is a collection of the cultural practices of several Māori psychologists who introduce *mātauranga Māori*, *pūrākau* and Māori cosmology into a paradigm called indigenous psychology. The psychologists’ book sections provide insights and approaches to applying indigenous psychology to a central story that illuminates the *Kaupapa* “Māori have the answers in their communities to heal their own” (Waitoki & Levy, 2016, p. 16). Examples of book sections have been included below.

Ironically, Waitoki’s (2016) title in her book section in Chapter 16, *Ngā Kete Mātauranga: A Curriculum for an Indigenous Psychology*, could have been written for caregiving. In Chapter 12, the book section by Moeke-Maxwell (2016) refers to the “three kete of knowledge as a helpful framework” (p. 215). Although our areas of speciality represent different forms of caring, we are united in our research by *mātauranga Māori* and our extensive cultural and indigenous knowledge base to move our gaze away from the western science lens.

Analysis

Chapter 3 contains a montage of stories about the reality and truth of caring for kaumātua. The data source for those stories originated from two overarching themes – 24-hour Informal Saint and Urban Village Concept. The key question that arises asks what those stories reveal that relates to the research question, *What is the Value of Care to the Carer?*

I argue that the real value inherent in the carer's pūrakau is represented not only by the challenges of care but more importantly, by tikanga love, tikanga aroha and the mana they felt for their kaumātua. The data merged the positive characteristics of care into the single expression *care means love* to provide an original and compelling counter-defensive contribution to the prevailing notion that care means burden, to positively impact present and future Māori carers.

Chapter 4

The Timelessness of Care

Introduction

The creation story involving Ranginui, Papatūānuku, and their whānau, the exploits of Māui and Tāwhaki, and the three kete of knowledge and the two sacred stones are critical to my research. While the atua represented the framework, the three kete of knowledge and the two sacred stones symbolised the original knowledge source and together, they acted as the pou that anchored the origins of the care experience in cosmology.

The theory that builds the content for this pūrākau begins with Io, the supreme atua who existed before all creation and is described as follows by the Rev Māori Marsden:

“Nothing existed before Io, for he alone was pre-existent as Io-matua-kore, ‘the parentless’, as Io-matua, ‘the first parent’, as Io-mau, ‘the precursor’, as Io-pūkenga, ‘the first cause’, as Io-taketake, ‘the foundation of all things’...Io dwelt tranquilly in the void of Te Korekore³¹.

(Marsden, 2003, p. 16)

Io had the vision to create a populated earth, the heavens, universes and supernatural phenomena. This stage is referred to in the footnote below as the realm of becoming. The next phase would be the realm of being, te ao Mārama, for which he created the three kete of knowledge, a master plan representing extensive knowledge systems required for his creations to function and co-exist.

Io began with the construction of the twelve heavens, with the earth at the bottom inhabited by Papatūānuku and her descendants and the highest heaven occupied by Io, which he named Te Toi-o-ngā-rangi. Supernatural beings and atua inhabited the remaining heavens. It was in the twelfth heaven that Io kept the three kete of knowledge.

³¹ There are three states of being which Marsden (2003) describes, “Te Korekore is the realm of potential being, Te Pō is the realm of becoming and Te Ao Mārama is the realm of being’ (p. 175).

Over thousands, if not millions of years, the contents of ngā taonga became a source of knowledge. Therefore, when Tāwhaki retrieved ngā taonga, it represented not only historical knowledge but also new knowledge. It is the reason why mātauranga Māori relates to an eternal spiral of knowledge growth that supports the argument by Durie (2012) that “Mātauranga Māori is an always evolving underlying body of knowledge” (p. 23). The author is responding to the misconception that it is static knowledge because of its ancient origins. Royal’s (2005) response in arguing that creation stories “speaks [sic] meaningfully to contemporary experience” (p. 1) validates the approach that I have taken with my research to add to the scholarship of new knowledge regarding indigenous care.

I share the moemoeā of Waitoki and Levy (2016) in their indigenous approach to psychology by valuing mātauranga Māori and cosmology to better understand and treat the mamae (the deep hurts and crippling wounds) of Māori. The same sentiments of care and love resound in the voices of academics in the edited book *Ngā Kete Mātauranga: Māori Scholars at the Research Interface* (Ruru & Nikora, 2021). Jacinta Ruru pays homage to one of the three baskets of knowledge, te kete Aronui, that not only influenced the concept of their book but contributed to inspiring the vision that the first part of the title of the book represented, *Ngā Kete Mātauranga*.

There are four sections to this chapter. The first three provide a detailed summary of ngā taonga: te kete Aronui, te kete Tuatea and te kete Tuauri. The final section brings together the origins of caregiving in cosmology and the stories of my carers in Chapter 3 to create narratives guided by the question, How do Papatūānuku, Tāne Mahuta, Māui and Tāwhaki genuinely relate to the events occurring in the carers’ world?

Te Kete Aronui

While there are several interpretations of the meanings of each basket, my two sources will be Moorfield's (2006, 2011) *Te Aka Māori Dictionary* and an online resource and Best³² (1976). Moorfield's overview describes te kete Aronui as a "Basket of knowledge of aroha, peace and the arts and crafts which benefit the Earth and all living things" (Moorfield, 2011, p. 69).

From Best's (1976) definition, I would add "love, sympathy, compassion" (p. 103) to reinforce my analysis of the difference between aroha and love in Part A, Introduction because of the way my research interacts with those two terms as different cultural expressions. The phrases I coined were tikanga-aroha and tikanga-love.

Moorfield's online dictionary describes te kete Aronui as the humanities basket and includes environmental knowledge and rituals (Moorfield, 2006). In contrast, the definitions in te reo Māori by Te Taura Whiri i te reo Māori (The Māori Language Commission) capture the main ideas but are not as detailed as Best (1976) and Moorfield (2006, 2011).

Analysis

All three kete of knowledge are context specific. The attributes in te kete Aronui link to Theme Two and the values that are inherent in tikanga aroha, tikanga love and my carer's heart felt comments such as time together, the privilege to share and no regrets. It is the original source of the value systems that have been analysed in Chapters 2 and 3 which explore the selfless motives and actions of the atua in cosmology and their impact upon my carers.

³² I have not included the title of Best's book in the text because of its length. The title is *Māori religion and mythology: being an account of the cosmogony, anthropogeny, religious beliefs and rites, magic and folk-lore of the Māori folk of New Zealand Part I* (Best, 1976)

Te kete Aronui is the inspiration that framed the research question *what is the value of care to the carer* and its accompanying response that *care means love*. My argument relates to te kete Aronui's spiritual connection to my research which is critical because it is the source of all knowledge that generates positive outcomes.

Te Kete Tuauri

Moorfield (2011) refers to te kete Tuauri as the “basket of knowledge of karakia (ritual chants) connected with earth and sky and the control of all things performed by the offspring of Papatūānuku” (Moorfield, 2011, p. 69). Best (1976) refers to the entire whānau of Ranginui, Papatūānuku and their sons as representing the original practices and source of what he terms “ritual chants” (p. 103). The Te Aka online resource adds tohunga (priest, healer) and the worlds that indigenous people believe in but cannot see, hear, smell or touch.

Analysis

Theme Two is impacted more by te kete Tuauri through tikanga and more particularly, the protocols related to karakia within Te Ao Māori. Theme Two embraces the philosophy of Albert Marshall's two-eyed seeing model that privileges both te ao Māori and te ao Pākehā, and the importance of karakia not only in Māori settings such as the marae or at the beginning of a hui but also when the gathering is a Pākehā and Māori collaboration. As highlighted in Chapters 2 and 3, te kete Tuauri originated in cosmology and is a significant protocol in the contemporary realm of te ao Māori.

Te Kete Tuatea

Widely acknowledged concerning the practices of evil or wickedness, Moorfield (2011) refers to te kete Tuatea as “the basket of knowledge of evil, including war” (Moorfield, 2011, p. 69).

Best (1976) reflects the same sentiments as Moorfield but further adds that the practices and activities of Ranginui, Papatūānuku and their whānau represent the original source of “evil acts, dissensions, strife among men and gods” (Best, 1976, p. 103). Moorfield’s (2006) online dictionary introduces mākutu (casting spells) and whaiwhaiā (spells inflicting pain and death).

Analysis

Te kete Tuatea has far-reaching implications which is evident in Themes One and Two. The principles of hara or evil were introduced by Ranginui, Papatūānuku and their whanau together with Māui and Tāwhaki. Earlier analysis has tracked the linkages to my carers which in Theme One is represented by the sub-themes the dark side of care, 24-hour care and putting their lives on hold. Theme Two is related to the influence of colonisation and the impact upon Māori which is a dominant component in Chapter 5 and to a lesser degree, in Chapter 6.

Themes One and Two represent the two opposing forces influencing care. The first is related to the deficit models that dominated the literature I reviewed on caregiving. At the time, the unfortunate title was informal caregiving which I always considered inappropriate because of the negative connotations associated with the term ‘informal’. I believed that it was not fully representative of the concept of full-time care. Because of this historical approach to research, the gap that I discovered would change the prevailing narrative of care from burden to love. Therefore, to counter the influence of te kete Tuatea, *care means love* became the focus of my research narrative and it was underpinned by te kete Aronui and Tuauri.

What is critical to my research is that cosmology represented all three kete. However, as the narrative has revealed, despite the hara or evil that existed in the spiritual realm, it was care predicated by love that was the driving force in the lives of the key atua in cosmology such as Papatūānuku, Tāne Mahuta, Māui and Tāwhaki. They positively impacted the world of my carers and this research.

Cosmology frames the reality of the care experience

The intervention of cosmology in the reality of my carers was introduced in Chapter 2 and explained in the narrative related to Figure Two. This final section explores the deeper meanings and experiences in care to reveal the linkages to cosmology. I weave together the pūrākau in Chapters 2 and 3 to create the contextual narrative to reinforce the critical presence and significance of te ao Wairua in te ao Māori. It is the ontological reality of *knowing* and *being* that is the point of difference in my research and indigeneity, to western ideology.

The challenges that confronted my carers throughout their kōrero in Chapter 3 are linked to te kete Tuatea, which Best (1976) referred to as disagreements, discord and conflict that my carers encountered with their siblings, relatives, and care recipients. For Te Karaea, it was the fact that his sisters expressed their concern at a whānau meeting that they were unimpressed he was buying their mother's underwear despite Te Karaea asking them to do so on several occasions. Similarly, the frustration experienced by Kātaraina when her sister gave up helping with their mother's care after only a short time and Nori, whose sister rebuked her without understanding the reality of the ageing process on their father and the impact on the care environment.

As they progressed through their journey, the carers began to understand and create new potential opportunities and ways of seeing and doing, particularly in their interaction with care recipients, whānau and service providers. So too, when the light pierced Tāne Mahuta's pitch-black environment, he imagined unlimited possibilities for a new future because of his caring heart and love for his whānau. His compassion forged a link to Maraea and inspired her with *care means love*, which became the overarching theme for my research.

To put his plan into motion to realise his vision, Tāne Māhuta organised the first hui, obtained a majority decision and proceeded to separate their parents despite the opposition and mixed reaction from some of his brothers. Because Tāne Māhuta was not the eldest, his decisions

violated the tuakana-teina protocol (senior-junior relationship) of deferring to the senior male. My carers make all the decisions for the welfare and wellbeing of their elderly whānau. Several are not tuakana, particularly Te Arakau, who is the teina amongst his all-male siblings but has achieved the status of a leader and primary decision-maker.

In my research, Tāne is the new logo for tiaki mātauranga (knowledge of care). He has moved the focus of care away from a deficit model approach. He represents the bricoleur prototype that uses ingenuity and creativity as a substitute for the absence of resources to achieve solutions (Lévi-Strauss, 1966). I explore, in detail, the bricoleur theory in Chapter 5.

Papatūānuku personifies the original female carer from the time of her creation and responsibility to Ranginui, extending over millions of years, to later caring for their sons. Papatūānuku's dramatic change in her life course was not only the permanent separation from Ranginui but being turned to lie on her stomach and never being able to see him again. Despite her heartbreak, she consoles herself with the next phase in her caring role as the earth mother who will provide care, love, and support for her immediate whānau (her six sons the departmental gods), future whānui (humanity) and the many other life forms that would exist and evolve on earth. Sadly, Papatūānuku's separation has parallel features with two of my carers. Because of health and safety issues with their kaumātua, an aged residential care facility became the last resort. However, despite the fractured nature of care, like Papatūānuku, whānau support, aroha, manaakitanga, and *care means love* were still critical components in the relationship.

Throughout my interviews, I sensed a shared acceptance that the caring obligations ended when the carer or their whānau passed away. However, the presumption was always that the elderly whānau would die first. There was no discussion of a backup plan should the carer be the first to die. Mihi's kōrero captures this obligation when her mum tries to encourage her daughter to live her own life and not commit to her self-sacrificing pledge. Mihi's empathy is boundless when telling both parents that "as far as I'm concerned, I want you to live life the way you want

to, when you want to, where you want to, how you want to until you die.” In the quirky style that is her signature sense of humour, Mihi adds “When you die, I can do what the hang I like, so I don’t mind waiting for that.” A final emotional reflection that further honours the mana of her parents is the phrase, “I just wanted to make their days what they wanted. I wanted them to go out with dignity, with happy hearts, just not wanting for anything.”

As a carer, death was an overwhelming reality to the caregiving duties, and I had no idea where that innate sense of closure originated. Because of my research, I could draw conclusions from cosmology, and the logical point of reference was that it represented a legacy from Māui because he failed to achieve immortality for humans. However, for a more accountable theory, I focused on the original female carer and giver of life, Papatūānuku. I concluded that Io, the supreme atua, who had ultimate control over life and death, was responsible for the destinies of Papatūānuku and the caregiving lifespan of my carers and care recipients.

A critical feature in Māui’s story is whakapapa and his determined effort to ensure the acknowledgement of his linkages and connections, given his abandonment at birth. When he reunites with his mother, she is satisfied with his story and confirms him as her son. Māui meets his father by secretly following his mother when she visits her husband in Rarohenga, and the tohi ceremony establishes his whakapapa connection. Māui’s encounter with Muri-rangawhenua confirms his linkage to her, and Mahuika accepts him as her grandson.

Knowing your whakapapa to establish who you are is vital to the Māori culture, and my carers took pride in acknowledging their iwi and hapu connections. Before I interviewed Te Arakau, he opened the proceedings by commencing with a karakia followed by a mihi whakatau. He then presented a very extensive pepeha that was impressive in connecting his whakapapa’s intricate webs and linkages. Te Arakau’s cultural instincts originate from the connection between the Māori culture and Māui. The following quote by O’Regan (1987) sums up the

significance to Māori of their whakapapa:

The Whakapapa that ties me to my tupuna is also the structure that orders my history and that of my people. It is the conduit that carries their spiritual force – their wairua – to me in the present and by which I pass it forward to future generations. It carries the ultimate expression of who I am. Without it I am simply an ethnic statistic.

(O'Regan, 1987, p. 142)

There is a profound reality in O'Regan's statement in which his whakapapa in the natural realm only extends back in time to a known tupuna. My research can now confirm that the source of the spiritual force that the author acknowledges with respect and mana extends beyond the realm of human thought and understanding because the whakapapa link is to cosmology through Tāne Mahuta.

Hōhepa was the only person who followed Te Arakau's example of a detailed introduction before the interview commenced. At the same time, other carers took great pride in identifying cultural linkages during the interviews. For example, when I asked Ewa if she was born in Auckland, her response was, "Oh, born in Auckland...bred in Auckland but see, up North is home." To a non-indigenous researcher, Ewa's statement would contain nothing of significance. However, it is a subtle indicator to Māori because it confirms her whakapapa and tūrangawaewae connections to the northern region of the North Island.

Ewa's iwi affiliations were revealed during the interview when she confirmed that "on Dad's side, Te Rarawa/Ngāti Whātua ki Kaipara, on mum's side, Ngāpuhi" although her mum also affiliated to an Iwi on the east coast. It was clear the pride that Ewa displayed when recounting details of her whakapapa and the clear distinction between where she was born compared to the importance of where her identity and sense of belonging originated. I am confident if Ewa were told of her link to Māui, she would throw her arms in the air and acknowledge him with love and aroha by saying, "ngā mihi aroha ki a koe te rangatira." The translation of Ewa's response would be a compassionate acknowledgement to a chief.

Like Tāne Māhuta and Tāwhaki, the skills of a bricoleur were also inherent in Māui, and he used them to full effect. In the case of my carers, the term ‘jack’ of all trades and creating something out of nothing were the diverse skill set they required because a limited imagination would compromise their elderly whānau’s care and health. It is why Maraea overturned the prognosis on her father’s life expectancy from two to seven years.

The irony is that the extension to her dad’s life gave Maraea the time to fully appreciate the concept that inspired the theme ‘24-Hour Informal Saint’. It reflected the reality that you can’t be a fulltime saint throughout the care experience. The trials and tribulations of care push the boundaries of tolerance and sufferance and reflect the human design’s flawed nature, which originates with Māui when Makeatūtara failed his son with a compromised tohi ceremony.

When caring for my mum, one of the strategies I employed, particularly if we were required to attend an interview with government departments regarding the provision of services, was to dress formally to give the impression that we had just stepped out of a Vogue magazine. The objective was to command attention and respect and, hopefully, instant results, which worked. We were categorised as *worthy of immediate attention* simply because we didn’t fit the mould or the ‘look’ of people for whom bureaucracy had institutionally created negative invisible labels. Mother and I short-circuited the marginalised expectation of endless milling around in the waiting area. Brown (2018) refers to “coping mechanisms” (p. iii) which are the multitude of skills inside te kete Aronui accessed by a bricoleur to survive navigating the highways and byways of the health system.

When Rōhiputiputi and Mihi admitted their whānau into the hospital, they stayed with them. Even Mihi’s family doctor understood her dilemma because she said, “when my doctor found out that I refused to leave my parent’s side, she was thrilled because she said the elderly are not listened to...you go up there and advocate.”

Rōhiputiputi was sleeping on a mattress on the floor while undertaking the caring duties of a full-time nurse. Because her husband had a private room, staff would occasionally overlook him. Despite the hardships, the loyalty and commitment of Rōhiputiputi and Mihi to their whānau were critical. They were advocates and de facto nurses who created the whānau home environment in a medical institution for the welfare and wellbeing of their elderly whānau.

The impact of care on the hospital experiences of Rōhiputiputi and Mihi directly links to the selfless act of Muriranga-whenua, Māui's ancestor, who gave her jawbone to him. According to the description by Ihimaera, "she reached into her mouth, gripped the jawbone and, tears streaming, ripped it from her skull with her own hands" (Ihimaera, 2020, p. 196). I feel the author's description does not adequately portray the reality of the physical nature of Muriranga-whenua's undertaking. It is difficult not to be stirred by images of Muriranga-whenua screaming and writhing with blood spewing from her mouth throughout this harrowing process. What she is gifting to Māui is a taonga imbued with thousands of years of accumulated wisdom and power that would be critical to his future achievements. Muriranga-whenua accepted her obligation to her mokopuna and the deformity that would have an enduring impact on her physical and mental wellbeing.

Muriranga-whenua's story acknowledges the pain and suffering experienced by Rōhiputiputi and Mihi and is also widely representative of the holistic caregiving experience. Muriranga-whenua's motive is the source for the timelessness of *care means love* because it overrides the impact of the sacrifices and pain on the carers to remain steadfast for their whānau. As Harata reflected, she occasionally took time out when the formal carer visited to do something 'normal', which would be time spent on the slot machines. Te Arakau's care is nearing the end and provides a glimpse into his state of being. Nothing had changed as far as *care means love* was concerned. However, the struggles and pressures began to take their toll as the days and nights became blurred and the end of his mother's time drew closer.

I referred earlier to Māui's bricoleur skills originating from te kete Aronui. A particular example that linked to my carers appeared in Walker's (1990) description of Māui as "an arch-trickster who had [a] penchant for deceiving his elders" (p. 15). Ewa was a case in point. I believe her stories would out-rank those of Māui because they were practical, and humorous and sat at the core of the skill of a true bricoleur thinker. Like most of my carers' whānau, Ewa's dad had also developed Alzheimer's, which she referred to as a silent blessing. He had no recollection that his wife had died, and life had not changed as far as he was concerned. Ewa's decision not to remind him of her passing avoided the potential conflicts that would arise. For example, if her father asked, "Where is my missus" he would use an aggressive tone. When he repeated the phrase, he was beginning to get angry and would include an expletive, at which point the whānau would retreat to a safe distance. After convincing him that her mother had gone to housie (bingo), her father would eventually calm down with no recall of the recent events.

Despite being a wheelchair user, her 1.85m tall father could be very intimidating in a confrontational situation. In her second incident, Ewa displayed the ultimate skill of tricking her dad when she involved a third party. When Ewa drove her father to the respite care facility, she would reverse into the car park so that he would not see the buildings. However, when he eventually realises where he is, "he would kick up a fuss, and I would ask the nurses to come out. Just like that, he'd change and go." There was no sign of the earlier confrontational behaviour that Ewa had to endure. She chuckles and roars with laughter as she then lovingly targets her dad with her favourite expression, "Yeah, you blinkin' old goat".

In identifying the examples of the whakapapa of care within the Tāwhaki cycle, I will initially focus on the impact of the ponaturi because of the effect their presence had in explaining the deep mamae that occurred throughout the care experiences. A summary of the relevant section begins with the first appearance of the ponaturi who killed Hema, and his son Tāwhaki carried out the utu process accompanied by Karihi. The ponaturi reappears as associates in the death of

Tāwhaki's son Wahieroa. It is Wahieroa's son Rata who, in seeking revenge, concludes the Tāwhaki cycle.

The first point I make is to identify the evil and warlike characteristics of the ponaturi that originate from te kete Tuatea through the atua Tangaroa³³. The emotional impact is evident in Urutonga's karanga to her sons Tāwhaki and Karihi. She expresses the mamae and anguish at the gruesome death that their father, Urutonga, suffered. Her mistreatment by the ponaturi and suffering in silence during the long, lonely days and nights of her enslavement. She releases the raw bottled-up emotions as she embraces her sons for the first time in more than ten years. Tāwhaki and Karihi's last act, to exact revenge, would achieve a sense of closure. However, her great-grandson Rata would undertake final closure against the evil ponaturi.

For Mihi, the evil and destructive presence of the ponaturi is related to the decline in her father's health. The extent to which it had occurred was reflected in the response from her dad's marae whānau when she took him back to his tūrangawaewae. It was not only the living but those who had passed who were there to see a brother, son, father, grandfather, uncle, and friend. The holistic world of Māori, deeply embedded in the cultural environment of the whānau marae, was also there to see her dad. There were no words; just the tangitangi within the wairua; the tears, thoughts of a bygone era and the expectation of what was to come.

When her father uttered his only solitary communication while they were there, which was 'thank you', the wairuatanga of the moment weighed heavily in the air and on the hearts – ahakoa he iti, he pounamu. Like Urutonga's burden, Mihi had lived with her dad's deterioration for a long time, and to share on their ūkaipō what she had been going through without using

³³ I am referring here to Tangaroa as being the source of the gift of evil from te kete Tuatea that he imparts to the ponaturi. It is based on the logic by Best (1976) that Ranginui and his whānau were the original practitioners of the contents of all ngā kete.

words was the same sense of relief that Urutonga experienced. The ponaturi, the hara (sin, violation against the body), would be avenged in death.

The presence of the ponaturi was the evil embedded in an altercation between a grandmother and her grandson. Tahī's heart-wrenching moment of clarity was the hard decision that only the separation of her mum from the whānau would resolve the dilemma. As I noted earlier, Tahī was only one of two carers to admit her whānau into an aged residential care facility. Making that decision was her saddest day.

To avenge the ponaturi because of the burden of a decision that continually weighed heavily on her heart, Tahī literally 'held the door open' so that her mum could return at any time. When her mother became sick, she took her home to care for her until she was ready to return to the Aged Care Centre. Tahī's commitment to her mum's care maintained the bond between mother and daughter and the whānau – ahi kā, keeping the fires burning³⁴.

Being a silent observer of suffering is heartbreaking as carers, and the accompanying sense of hopelessness, which is an expression Maraea uses in her quote in Chapter 3, can almost become overwhelming. For Te Arakau, it is a daily reality as cancer eats away at his mother's remaining days with her whānau. He looks wistful as he talks about his love and aroha for his mother while watching her struggling with the pain and not being aware he is present. When she focuses and is aware he is with her, the outlook changes and he realises his mother's immediate reaction is to mask the pain and protect her son from feeling the mamae. Te Arakau's mother has instinctively reached out to him and, in the process, revealed that the theme of *care means love* works both ways.

³⁴ Ahi Kā generally refers to keeping the fires of occupation burning which is the Māori system of maintaining title to land (Moorfield, 2011). I use it as a metaphor to reinforce the linkages of love and aroha.

There is a profound connection between the mothers of Tāwhaki and Te Arakau, who both performed the karanga. In the case of Urutonga, the karanga identified her whakapapa and conveyed the death to her sons of their father (see Chapter 2). Te Arakau's mother, in Chapter 5, gives the same sense of sadness and grief during the welcome home of the tūpāpaku of a whānau member. However, unlike Tāwhaki and Karihi, Te Arakau is only a young boy who witnesses the karanga for the first time and reacts with fear. Furthermore, he is oblivious that his observation of the karanga is part of his education and a connection to origins deep within Māori cosmology.

In the above stories, the karanga acknowledges the sadness of death and originates from te kete Tuauri (ritual chants and a belief in the unseen). It also relates to two male whānau who have died and the crucial protocol of being returned to their ūkaipō. Te Arakau, Tāwhaki and Karihi's critical bond relates to their love for their mothers and demonstrates their commitment to providing care and support.

I conclude with a summary highlighting the unique caring qualities that drew attention to the mana of Tāwhaki. He was confident, a quick decision maker and fearless in accepting the enormous responsibilities and expectations placed on his shoulders. These character traits were reminiscent of the approaches made by my carers in their decisions to care for their whānau. Te Karaea arranged to leave his family and move to another city to care for his mother to avoid admitting her into an aged care facility. He would have been fully aware that his decision related to the earlier philosophy that the care relationship would end at the grave.

Similarly, Shabrom commuted between cities every weekend and for extended periods while juggling a career and whānau. Maraea was nearing the end of her university studies when she immediately decided to withdraw from her degree programme to focus on caring for her dad. At the same time, Rōhiputiputi sacrificed her teaching career to care for her husband because he wanted her with him every day.

The analysis commentary for this section is included at the end of the conclusion.

Conclusion

Three critical themes evolved out of Chapter 4 that have enriched the scholarship of caregiving. The first relates to presenting ngā taonga. They represented the source of all knowledge created by Io, which the atua introduced to Māori cosmology through Ranginui, Papatūānuku and their whānau. The second theme theorised that caregiving originated in cosmology. The third theme revealed the unique relationship between care in cosmology and care in the natural world of humanity, which explained the reasons for my carers' actions and decisions and accounted for their innate sense of knowing and being as Māori carers.

I drew inspiration from the work of Waitoki and Levy (2016) and, particularly, their vision to “challenge the notion that we must reside solely within the western space and forgo our Indigenous knowledge base.” (p. 14). Consequently, Chapters 2, 3, and 4 focus solely on the pursuit of indigenous knowledge to enrich the kōrerō of Carers of Elderly Whānau through their connection to Io, Ranginui and his whānau.

Chapters 5 and 6 explore different scenarios that impact my carers and introduce the extensive knowledge base in te kete Aronui, te kete Tuauri and te kete Tuatea to provide explanations to better understand why these events occur in the natural realm. For example, Chapter 5 discusses the impact of the 21st Century on my carers, particularly the legacies of colonisation. The same approach of linking to cosmology in Chapter 6 relates to culturally safe practices for Māori in hospitals.

Analysis

Chapter 4 represents the analytic probing of the data to reveal the deeper messages contained within the invisible voices of my carers' pūrākau that informed the development of Themes One

and Two. Chapter 4 created the point of difference to my research by affirming my argument regarding the natural and seamless interactive kaupapa between cosmology and te ao Māori to create the underpinning foundations for the pūrakau of my carers.

The presence of cosmology in Theme One is represented by ngā kete mātauranga and particularly te kete Aronui which embraces the commitment, sacrifices and positive memories while Tuatea reflects the data's reference to the dark side of care. Theme Two is representative of the knowledge systems within all three kete. The title Urban Village Concept contains the data sources that relate to the dramatic change from the historical Māori village model to the urban village concept. The parallel link that impacted the first family in cosmology occurred when te ao mārama created the momentum for change by separating Ranginui and Papatūānuku. The subthemes – we don't live in villages and operating in te ao Pākehā – represent the impact of change and its consequences.

The overriding message throughout the analysis and linking processes between the spiritual and natural realms that symbolised the heart of this research and its core value was tikanga-aroha and tikanga-love, which was captured in the data as *care means love*. It is the korowai that binds together te ao Māori and cosmology and is my contribution to the scholarship of care.

PART D

Ngā Kete: The Voices of Reality

Chapter 5

Māori Care and the real Kōrero

Introduction

The focus of my thesis is Māori care and the future well-being of our kaumātua. For this reason, the title of Chapter 5 creates an opportunity to consider the influences on care that link back to the Māori pūrākau in cosmology to explore the original knowledge systems that give meaning to my research topic and the answer to the research question, *care means love*.

I will draw on the three kete of knowledge that Tāwhaki risked his life to bring down to earth for humans. I will explore each of the kete of knowledge, te kete Aronui, te kete Tuauri and te kete Tuatea, to seek answers to the question of why Māori care survives in contemporary Aotearoa New Zealand, despite historical and present-day adversities. I will be guided by the wisdom from ngā kete that tikanga-love and tikanga-aroha exist side by side with the kino in the world and the reality that it can be tough but, for Māori, there are answers through te kete Tuauri. In this regard, I consider that the utu in cosmology that results in singular or multiple deaths differs from that we experience today.

Chapter 4 introduced te kete Tuatea and the violations committed by Tāne Mahuta regarding the tuakana and teina protocol, Māui's failure to achieve immortality and the impact of the ponaturi as a metaphor for evil. How do these pūrākau correspond to instances and experiences of care? While they are brief, I continue to argue that these kōrero illustrate how cosmology frames the Māori experience of care. Thus Chapter 5 is an in-depth commentary that focuses on the Tāwhaki cycle and the three kete of knowledge to try and understand why certain behaviours and practices occur within the Māori care experience.

Hara and ngā kete

In this section, I focus on the Tāwhaki cycle to understand the holistic contents of ngā kete portrayed through the characters and their narratives. These are the influential sources of

knowledge passed down through time. The kōrero from my carers that follows will offer parallel examples that can trace their origins back to the cause and effect in cosmology.

The most potent images reflecting the kino of the Kete Tuatea refer to the ponaturi and the evil they inflicted against Tāwhaki's family. The first was his father's violent murder, the bones joining others suspended inside the whare, and the eyes used to illuminate the interior. The equally vivid retaliation by Tāwhaki and Karihi provided the necessary balance. The second and final hara was against Tāwhaki's son Wahieroa by the ponaturi, and their destruction by Rata, Tāwhaki's grandson, in a gruesome battle.

In both instances, the presence of the tikanga value of 'utu' described in Table One was a critical cultural response. The context of reciprocity in cosmology is linked to te kete Tuauri and represents resolution enforced through the tikanga of utu. In cosmology, the reality of utu represented humanity's good and evil face because there was a positive outcome, but at the cost of lives being sacrificed. In contemporary New Zealand, the resolution process occurs in several different ways, with the dominant approach being recourse through the justice system.

However, the relative effectiveness of contemporary utu does not fully compensate for the hara inflicted compared to the degree of finality in historical and cosmological utu. To my carers, utu or reciprocity relates to giving back because of the care they received and the role models of care for kaumātua they observed. There is, however, the influence of te kete Tuatea, when kaumātua retaliated, which in Ewa's circumstances was being hit by her father while she was putting him to bed.

Another knowledge source available to Tāwhaki and Karihi originated from te kete Tuauri that was linked to "Their sister Pūpūmainono [who] was skilled in karakia and magic arts" (Calman, 2021, p. 134). She taught her brothers a chant that would enable them to crush and defeat the ponaturi. From the kete Aronui, the link included the full range of feelings associated with love,

aroa, and the physical and emotional bonds between Urutonga and her two sons. Furthermore, the same feelings linked the sons' wairua to their father through the obligation to return his bones to their ūkaipō to release his spirit.

Tāwhaki's romantic exploits were rivalled only by Tāne Mahuta, and on one occasion, his pursuit of Hinepīpīri, who was engaged to be married (Calman, 2021), almost cost him his life. The hara, originating from te kete Tuatea, was embedded in the manawa of his brothers-in-law, who tried but failed to kill Tāwhaki. Hinepīpīri rescued and nurtured him through his ordeal to full recovery. Hinepīpīri gave birth to a son, naming him Wahieroa after the massive log she dragged from the forest to keep the fire burning while caring for Tāwhaki.

This story has several themes that relate to te kete Aronui. The most revealing was the intense love for Tāwhaki demonstrated by Hinepīpīri through her caring and nurturing duties, which she also passed on to Wahieroa. Although his parents instilled in him the commitment to carry out the tikanga of utu, Tāwhaki decided to undertake the responsibility against his brothers-in-law. His first recourse features the kete Tuauri when he "called on his sacred ancestors to come to his aid" (Calman, 2021, p. 134). His request would have taken the form of rituals, karakia and chants. The response to Tāwhaki's karakia was that "They sent floods, with thunder and lightning, which spared his pā but inundated the earth and killed all his enemies. The flood was named Te Hurihanga-i-Mataaho" (Calman, 2021, p. 134).

There are several instances when a lack of understanding of the critical importance of the knowledge system of te kete Tuauri could have ended in total failure. One such incident was Rata's attempt to build a canoe by going into the forest and chopping down a tree to start the building process the next day. When he returned, the tree stood as if it had been untouched. On his third attempt, he hid to observe why the phenomenon was occurring. To his astonishment, Tāne Mahuta's forest guardians appeared and began to perform an invocation. The moment they finished; supernatural forces began the process of total restoration. By this time, Rata had

become angry and confronted Tāne Mahuta's children, who reminded him that he had not sought Tāne's permission and asked, "Where are your ceremonies of propitiation?" (Ihimaera, 2020, p. 292). Rata followed the necessary protocols and returned to discover the hakuturi had built the perfect waka. Ihimaera (2020) points out the moral of the story: humility, karakia and respect for the environment and its inhabitants.

Tāwhaki and Karihi now prepare for their incredible journey to secure the three kete of knowledge and the two sacred stones from the twelfth heaven, Te Toi-o-ngā-rangi. Their first task is to spend time with their sister Pūpūmainono who understands the vast knowledge systems of te kete Tuauri. She prepares her brothers for their journey with special karakia, incantations and rituals that will enable them to walk across the ocean and climb the main vine that will pass through the eleven heavens before the final ascent to the twelfth heaven (Calman, 2004, 2021).

Whaitiri is the next key person who will assist Tāwhaki and Karihi, and when they locate her, she teaches them to memorise the necessary chants and karakia to succeed. Ihimaera (2020) described the gathering of the atua gods, such as Tāne Mahuta, to mark the auspicious nature of the occasion. Even as the boys began to climb up the vine, Whaitiri's karakia could be heard following them until they were out of earshot. This preparatory stage of the journey of Tāwhaki and Karihi into the supernatural domains above the earth required the entire knowledge systems from the kete Tuauri to achieve success. The reason is that the kete Tuatea was following them like a shadow because any false move or incorrect karakia could spell danger or disaster.

There were always little traps along the way for the kete Tuatea to attack. For example, Karihi fell behind Tāwhaki and jumped across to another vine to make up time. Unfortunately, it was a hanging vine not anchored to the earth, resulting in Karihi becoming a victim of the raging winds. He lost his grip and fell to his death. The impact upon Tāwhaki was another opportunity for the kete Tuatea to prey on his vulnerability. The only way to resolve the dilemma was through te kete Tuauri and the prayers and karakia he was taught, which would strengthen his

character, determination and resolve to succeed. Of the many more obstacles that lay in wait for Tāwhaki that the kete Tuatea influenced, a notable example was Whiro's jealous rage (Tāne Mahuta's brother). He believed it was his destiny, not Tāwhaki, to secure the three kete. Consequently, he sent "plagues of insects, reptiles and carrion birds to attack Tāwhaki" (Ihimaera, 2020, p. 280).

I briefly introduce the final stage of Tāwhaki's arrival at the twelfth heaven, which is the purification process he had to fulfil before being taken to meet Io and receive the three kete and two sacred stones. This ceremony represented several critical highlights that showcased the journey and achievements of Tāwhaki. He succeeded against impossible odds and, in doing so, confirmed to Io and his advisers that their decision to anoint Tāwhaki at birth for this task was justified. Io used the tikanga protocol of utu or reciprocity to acknowledge his gratitude and appreciation by personally entrusting Tāwhaki with the two sacred stones.

A critical reflection is that all three kete profoundly impacted Tāwhaki's journey, and each played a crucial role in strengthening his determination and conviction to succeed. The kete Tuatea challenged him to fail, while the kete Tuauri provided the necessary tools to overcome adversity. The kete Aronui anointed his wairua with the love it channelled from the supernatural and natural worlds – his atua and human whānau. Throughout his ordeal, the power to make decisions rested solely with Tāwhaki, which was sacrosanct.

The question arises as to the significance of the three kete to my carers and the care experience. The answer lies in Tāwhaki's purification ceremony and its holistic message. To my research, Tāwhaki represented agency, power, adversity, resolving adversity, and *care means love*. The key was recognising that because the kete were supernatural phenomena, they could be personalised to my carers' wairua, circumstances and cultural beliefs and serve to support, encourage and provide answers. It is the reality of Io's gifts to my carers – te kete Aronui, te kete Tuauri and te kete Tuatea.

Analysis

Three important words capture the motives associated with the exploits of Tāwhaki and his whānau that connect to Themes One and Two, and they are utu, tikanga and care means love. The link is even more poignant because of Tāwhaki's status as a demigod and his whakapapa connection to my carers through his human grandfather Kaitangata and Whaitiri his atua grandmother. It is that direct link to his human ancestry that is a key factor in Tāwhaki's relationship to the carers' voices that are evident in their data.

Throughout Themes One and Two, Tāwhaki's pūrakau story represents the strong value of care which is the motivating driver in his quest to seek utu for the hara perpetrated against his whānau. Utu is also inherent in tikanga which in a paraphrased definition represents 'law and order'. The combination of utu and tikanga creates an underlying cultural pull within my carers that acts as an innate sense of awareness regarding the responsibilities to safeguard the future health and well-being of their kaumātua.

Utu (giving back) and tika (doing what's right) are linked to mana which Kataraina observed through her mother and aunties as role models of care. Her perception of their motivation was a natural consequence of culture and the Māori village concept of whakawhanaungatanga. Kataraina would be unaware of the links to tikanga and the spiritual realm which is reflected in her comment "You were sort of born to that aye."

The data linkages to Tāwhaki in Theme One relate to the intense physical demands highlighted through the carer's duties and responsibilities. The corresponding incidences in Tāwhaki's experiences included the complicated and demanding task of carrying out the utu process and putting his life on the line to obtain the three kete and two stones from the twelfth heaven. In Theme Two, the evidence of the support structures that were critical in Maraea's situation links to those that were available to Tāwhaki that enabled him to undertake his duties. The title of

Theme Two ‘Urban Village Concept’, is derived from the carer’s pūrākau that despite their contemporary circumstances, the cultural elements of manaakitanga, whakawhanaungatanga, tikanga, whakapapa, mātai tuarangai and the atua gods are still present in te ao Māori to provide the critical link between the natural and spiritual worlds.

The single quality that is enshrined in the data that is reflected in the motives of Tāwhaki and his whānau and my carers, is the extent they will go in the interest of care which in my research is synonymous with love – *care means love*.

The mana of te reo Māori

This section moves from the hara in Tāwhaki’s experiences in cosmology to my carers in the 21st century. I aim to explore the objective of colonisation as the conduit for hara using te reo Māori as the specific tool in the imperial conquest. I examine the colonial strategy, my carers’ responses, the disconnect with their culture and the repetitive cycle occurring in the rangatahi or younger generation. The absence of te reo Māori and its wairua as the dominant form of communication throughout the care experience separated the carers from the richness of their cultural heritage in te ao Māori.

The topic of colonisation as it relates to te ao Māori has received extensive coverage from Māori and non-Māori (Barnes & McCreanor, 2019; Karetu, 1990; R. Mahuika, 2008; Pihama, 2011; L. T. Smith, 2005). For example, Benton (1981) noted the historical ideology that the English language equated to economic success for Māori, while Spolsky (2003) added that the early period after the 1840 signing of the Treaty of Waitangi heralded a government objective to create an English society in New Zealand. Simon et al. (1998) shared a similar view. The authors referred to the inclusion of the government’s assimilation policy in the Native Schools Code of 1880 to use education as the instrument of choice to convert “Māori to British ways of thinking and doing” (p. 72).

Tocker (2014) and Benton (1981) cite the coercive effect upon Māori parents in believing that there was little benefit for the future prospects of their children by being immersed in te reo Māori. The impact of acculturation or impingement of the dominant culture (Berry & Sam, 1997; Sussman, 2000) is an underlying issue of contention, particularly in the korero of Tahi, Maraea, Te Arakau and Te Karaea.

In his 1888 report to parliament, James Pope, the Organising Inspector of schools, denigrates the Māori language for its technical and linguistic characteristics, claiming that it severely compromises the ability of Māori to speak English (Benton, 1981). In 1900, as James Pope nears retirement, he reflects on the immense value placed on the English language to provide a seemingly “new and more desirable mode of life” (Simon et al., 2001, p. 185) for the Māori people. More than 100 years later, the impact of Pope’s reflection on his government’s vision would have devastating consequences on the relationship between te reo Māori and sectors of the Māori community.

When I asked my participants whether the care recipient could speak te reo Māori, a common theme in their responses occurred throughout the interviews, mainly when their answer was ‘no’. A negative reply triggered a default-mechanism-type reaction to reaffirm their cultural connectedness by asserting that other members, such as siblings, grandparents, aunties or uncles, spoke te reo Māori. It was difficult not to avoid the impression of an underlying sense of embarrassment. Therefore, the linkage to this cultural taonga was essential to their mana and cultural identity. For example, Harata stated that her part Māori dad could only understand the language while her mother and grandmother, from Te Tai Tokerau, could speak te reo Māori.

Similarly, Tahi’s mum could understand, whereas her father, grandparents, and brother-in-law spoke te reo Māori. Tahi recalls the philosophy of her grandfather’s era that he “did not want us to speak Māori, and he always said you have to go the Pākehā way to make it in the world.” Tahi’s concluding comment was very reflexive when she said it was “Sad because it’s not true.”

In momentarily expressing her loss, Tahi reveals an underlying feeling of blame toward her grandparent. While the statement appears laid-back, her sadness and melancholy suggest tension within her ontological realities.

The first tension occurs because Tahi speaks from a position of success and privilege in the Pākehā world during an era with more significant advantages and benefits than her forebears. The second reality is that her upbringing and success contrast markedly with her grandfather's birth. Therefore, the issue of being raised in either a Māori-oriented or Pākehā setting is irrelevant. Her grandfather's generation and decisions made on behalf of their children's future would still attract censure, approval, or a mixture of both. However, the relevant point is that Tahi's opinion, her ontological reality when she made her statement on that specific date, is the fundamental perspective and truth for this research. Tahi's loss outweighs any discussion on the merits of the policy that her grandfather and his generation pursued.

A classic replication of Tahi's grandfather's pervading attitude is Te Arakau's mum. As a youngster growing up in a modest central Auckland suburb, Te Arakau recalls the deceased body of their relative being brought back to the house next door before eventually being taken to Te Tai Tokerau for the tangi. At one stage, he hears "this karanga wail going out...and I'm thinking, what's that for God's sake? It's scary as!" He goes outside to investigate only to discover that his mother is doing a ritual karanga³⁵ to formally welcome the deceased's body onto the property. He had never realised until that point that his Māori mother could speak te reo Māori and later discovered that "she was beaten as a child for speaking Māori."

³⁵ The karanga is a welcome call performed by kuia (elderly women). It heralds the right of passage onto a Marae. Part of the karanga format includes paying tribute to the dead (Moorfield, 2011). It is appropriate in the setting used by Te Arakau's mum.

From 1922 to 1942, a collection of statements by Māori pupils who attended Native schools reported that te reo Māori was banned, and the punishment was either the strap, the cane or being struck with a stick (Simon et al., 1998). Metge (2013) also mentioned that her “mother’s generation suffered from ‘The strap’ at the local Native School, a huge deterrent on the acculturation of the next generation into Te Ao Māori” (p. 21). An interesting point by Simon et al. (1998) referred to the fact that there was no formal instruction to punish children who spoke te reo Māori. This unwritten code would remain in place beyond the Native School era.

I continue with Te Arakau’s story because it provides additional and interesting contextual insights. For example, his father is a Pākehā; Te Arakau attended an all-male boarding school for Māori; his academic achievements were exceptional, which precipitated a successful career in medicine. However, Te Arakau was in no doubt that his mother guided her children’s future pathway toward the Pākehā culture because “mum was always the leader. She was the matriarch of the family, and everybody did what she wanted.”

According to Te Arakau, his mother questioned how “investing a whole lot of energy into te reo Māori, into tikanga practices, was going to serve them well going forward because it had never serviced her well.” Being married to a Pākehā may have influenced his mother’s philosophy because, as Te Arakau amusingly revealed, “we grew up thoroughly modern pākehā.” The irony was that his mother happily taught aspects of the Māori culture at the local primary school. Despite Te Arakau’s success, I sensed an unspoken burden associated with decisions that created a separation from the day-to-day reality of who he might have been, which Fitzgerald (1974) referred to as a “Māori in a Māori context, e.g., on the *marae*” (p. 210).

Nori refers to her eighty-seven-year-old dad as a fluent te reo Māori speaker. However, she was unsure concerning his whānau history whether “they were brought up speaking te reo Māori because his sisters, his siblings don’t speak te reo Māori. So whether his is learned...I am not

sure, but most certainly all his aunties could.” In Te Upoko’s whānau, she said her mother “never spoke to us, but she was a native speaker. All my aunties and uncles were native speakers.”

Carers had identified and expressed their sense of dignity and mana in their connection with te reo Māori through their whakapapa. That association was a vital link, mainly when te reo Pākehā was the only form of communication in their immediate whānau. Although Te Karaea did not speak te reo Māori, he recalled the time when he located and established his business in an upper-middle-class Pākehā suburb. He admits to struggling to pronounce “Māori” correctly, opting to use the Pākehā inflexion to fit in. However, it came to the point when he said, “I remember the time I decided to answer my phone *kia ora*...and that was a big thing for me to do every day or welcome people into the shop with *kia ora*. So that was kind of a big thing for me then.” Maraea captures the wairua of te reo Māori toward the conclusion of her interview (italics for emphasis):

For me, so long as the Reo is spoken beautifully, richly, philosophical, deeply, culturally, that is all of our responsibility. Because without that richness, *without that reo, we are not Māori*. But I am not sure that richness will be passed on because we learn it in an institution mostly. We learn alongside the dominant language [*English*], which is pounding down on us all the time...the language [*te reo Māori*] and the people go together.

(Maraea, 2019, 50:29)

This section reveals fundamental yet contentious realities regarding the presence of two language worldviews, te reo Māori and te reo Pākehā. Their influence and effect have a polarising impact on the carers. Moreover, I argue that the underlying tension in the carers’ narratives relates to imperialism’s enduring power and presence through te reo Pākehā still existing as the dominant language. The historical reality is that the imperial objective had the

potential to drive te reo Māori to extinction however, it failed to sabotage the resilience of te ao Māori.

Despite only two of my thirteen carers being fluent te reo Māori speakers, the mana of te reo was embedded in the wairua of all my carers. They spoke about their taonga with passion, dignity and pride. It was evident when they traced their connections through their whakapapa to the native speakers in their immediate whānau, such as parents, aunties, uncles and grandparents. Their whakapapa link to te reo Māori absolved them from the guilt of not being a fluent native speaker.

Because of their disconnect with te ao Māori, my carers were unaware that their innate feelings toward their taonga related to their whakapapa connection to cosmology, to Io and the supernatural phenomenon, ngā kete mātauranga. For example, te kete Aronui responds to predicaments and, in my carers' case, embraces their shame and embarrassment with aroha and love. It is the link that eased their conscience. Te kete Tuauri provides support through karakia and restoring their wairua and is the link to hope. The negative strength that te kete Tuatea brings is that it challenges my carers' vulnerability. It is a constant reminder that keeps prodding their conscience regarding their inadequacies and is the link to reality. Therefore ngā taonga is a critical combination that maintains the connection between cosmology and my carers. It is the fundamental point of difference when compared to te reo Pākehā, which is devoid of any such connection.

Through their pūrākau, the impact upon my carers and their generation of the loss of te reo Māori in favour of te reo Pākehā in their daily lives is undeniable. Unfortunately, those familiar historical narratives are a repetitive cycle. They are a haunting reminder of the deep mamae expressed by rangatahi, the younger generation in the 21st century who are tagged with the derogatory label 'plastic Māori' (Elder, 2020; Fusitu'a, 2018) because they cannot speak te reo

Māori. Being taunted several times by the plastic label stigma caused a participant to feel compromised because her Pākehā-Chinese father firmly believed that Mandarin would have more relevance. To add further insult, they were labelled “fake or less Māori” (Fusitu’a, 2018, para. 1). Elder (2020) refers to derogatory phrases “as internalised colonisation” (p. 39) and, as a medical professional, knowingly labels them as a virus, an infection.

In her article, *Māori youth labelled ‘plastic’: ‘I’m not Māori enough, but I’m not white’* Fusitu’a (2018) expressed the frustration, guilt and shame of a participant who only spoke te reo Pākehā. The response in the form of a question was, “Where do I fit because if I say I’m Māori, I’m not Māori enough, but I’m not white, so if anything, it just makes me sad” (Fusitu’a, 2018, para. 6).

Karetu (1990) identifies another group brought up in a Pākehā environment by adopted parents. While they may look Māori, regrettably, “that is where their Māoriness ends” (Karetu, 1990, para. 15). For Gillon (2016), her postgraduate studies highlighted the ongoing impact of acculturation. She was sensitive to her lack of fluency in te reo Māori and being “a light-skinned Māori” (p. 80).

Edwards' (2010) research with kaumātua documents parallel expressions of anguish and anxiety with my carers and rangatahi resulting from a lack of competency in te reo Māori. His participants' comments were varied. They included an inability to impart cultural and linguistic knowledge in te reo Māori, a traditional role of kaumātua. Participants expressed disappointment at not being proactive in learning te reo Māori by taking lessons and, consequently, sidestepped their leadership roles and responsibilities. Described by Stephens (2002) as the “lost generation, least able to cope with that burden of expectation” (p. 334), they place enormous responsibility on those older Māori who are fluent in te reo Māori and the broader knowledge of the Māori culture (Durie et al., 1997; Edwards, 2010).

Analysis

Te reo Māori is a critical taonga in the data and was presented by the carers through emotional narratives that were a blend of pride, sadness and regret. The presence of te reo Māori is very strong in the carers' pūrākau in Theme Two and in the sub-theme 'operating in te ao Pākehā'. It demonstrates the resilience of te reo Māori in the 21st century. From a historical perspective, I argue that the link between te reo Māori and cosmology occurred because it was the first language of choice that was spoken in the spiritual realm. Te reo Māori, together with whakapapa and tikanga, and the influence of nga kete mātauranga, formed the critical foundations for te ao Māori.

The second link is between *care means love* and te reo Māori both of which have their origins with Tāne Mahuta. Because of Tāne's altruistic motives for the separation of his parents (see Chapter 2), he created the spiritual context for the origination of *care means love*. That emotive connection was then carried forward by Tāne Mahuta as the first father to humankind through Hineahuone (the first human) and their daughter Hinetītama. The critical word that binds te reo Māori and *care means love* in the spiritual world and their natural progression into the natural world when Tāne Mahuta created his human whānau is whakapapa. This is the key that links back to my carers and the research question 'What is the value of care to the carers' and the response, *care means love*.

The dark voices of care

Te kete Tuatea plays a critical role in this section and connects through the voices of my carers regarding the issue of kaumātua abuse. Kātaraina is aware of elder abuse among Māori through her involvement in the community. As she claimed, "a lot of that is around the money that the parents are getting." In her interaction with elderly whānau, it was not difficult to discern from her comment, "they are getting [*sic*] all their money taken off them," that she was concerned.

She tells the story of a kaumātua who has a young wife, and on one occasion, when Kātaraina visited the whānau, only the kaumātua was home, and he complained to her that he was hungry. Because it was 2 pm, she confirmed by asking, “Haven’t you had a feed today,” and he was frank in his reply that “we’ve got no food in the cupboard.” Kātaraina found his wife at a social services agency and described her as “having a big feed.” I gained the impression that this was a familiar pattern because Kātaraina was abrupt when she said, “So you’re down here filling your face” while her husband was starving. Kātaraina admitted that the kaumātua’s wife managed the pension, which was spent within a few days. She described the couple’s house as being paru and infested with lice, and the cost to a community agency to hire a cleaning contractor was \$1,600.

The saddest revelation was when Kātaraina referred to whānau “drawing the money out. There was no food in the house; all gang connected [and] they were also smoking ‘P’³⁶ in the house.” Because some of the kaumātua in these situations had early stages of dementia, Kātaraina could monitor their bank accounts and knew who would be making the withdrawals. She later admitted that gangs would appear on pension day to collect money owed by so-called ‘whānau carers’.

When I broached the topic of kaumātua abuse, Rōhiputiputi replied, “Yes. I see them taking their parents’ pension.” Her voice begins to rise as she launches into the disclaimer, “Oh my goodness, I have never had it happen to me, but I think, oh! Why do they do that? How can they do that.” She then becomes philosophical by saying, “Well, they are forced into it, I suppose, or they are brought up without boundaries.” When I suggested aged care facilities, Rōhiputiputi saw them as a practical answer to abuse, claiming that “at least they [will] get clean sheets and ...get a kai. At home, they won’t. They’ll get abused.”

³⁶ The official name is Methamphetamine.

It was the love for their mokopuna that Ewa associated with kaumātua abuse. As she fondly remarked, grandparents would “do anything for the moko”, and consequently, they became “unrecognised babysitters.” However, the issue of abuse occurs when the moko are with the grandparents from “breakfast through to tea...and they’re pulling out the money from their own pension to feed the children.”

Hōhepa’s tone was sad when he stated, “I believe there is a lot of kaumātua abuse...and I don’t even know if families realise they’re doing it necessarily.” He added that there were “anecdotal stories of mokopuna ripping off their grandparents.” Sadly, the grandparents tolerate the situation because of whānau love and aroha. I understood Hōhepa’s reaction to the topic of abuse because his tūpuna raised him in a loving environment, which instilled in him the kaupapa that he would care for them when they grew old and needed support.

There was no hesitation in Harata’s reply when she said, “Yeah, elderly abuse, it exists.” Harata’s experience occurred within her family. Her deceased stepmother’s niece stole \$1,500, and the theft happened on the day her power of attorney over Harata’s dad was cancelled. Harata had her prosecuted to teach her a lesson because she was a caregiver. Harata’s passing comment was, “If she could do that to my father, who she thought she loved, then what’s she doing to other people that aren’t even related.”

Mihi’s awareness of kaumātua abuse originated through her work environment when she said, “Oh yeah, you got to hear the horror stories I hear from here.” Mihi’s account is related to power and the children trying to make all the decisions for their elderly whānau. Mihi’s approach and philosophy in caring for her parents reflect her opinion that “whānau need to be educated in giving them their rangatiratanga, te mana o te hā ne. As long as they’ve got breath, they can do what they like.” Mihi refers to three instances in which “the kaumātua does [*sic*] not have their

card³⁷” and “they have to justify why they want the money.” Mihi looks deflated when she says, “So heartbreaking. Just the rudeness of it.”

According to Mihi, kaumātua and “their love allows the abuse” and are the root cause of this hara. Mihi’s final story involves a kaumātua who is “shunted off to live by himself”, but when the daughter’s partner gets into trouble, she invites her father home to live. Mihi describes his joy despite being aware that his daughter is only after his card. As a consequence of his decision, Mihi sounded exasperated when she related how he forfeited the accommodation that took a lot of effort to secure. Mihi then sounded hōhā as she said he would “be with his whānau and be used.”

Mihi’s experience with a sibling and her mokopuna gives her a more profound sense in her wairua of the reality of whānau abuse which stems from the capacity and capability of te kete Tuatea. Perhaps if she were aware of this connection, she might then link to te kete Tuauri for hope and te kete Aronui to give her peace of mind through the hara experiences. Understanding ngā kete could positively impact her work environment related to Kaumātua wellbeing.

Knowing about their links to cosmology to understand the origin of hara through te kete Tuatea is essential. If carers understood that their behaviour resulted from deep-seated patterns in the linkages between te ao Māori and cosmology, they would be better able to understand themselves. For example, less than half of my carers adversely reacted momentarily against their elderly whānau as a consequence of the stress in their respective care situations. They ranged from two carers who felt like giving a smack: one carer voicing a frustration-loaded phrase and another who also responded with a punch. I could not help but feel sympathetic toward my carers for their deep remorse when they shared the details in Chapter 3.

³⁷ The card in this context refers to an eftpos card or a debit card used to make cash withdrawals from eftpos machines.

According to Waldegrave (2015), his study revealed that older Māori were abused more than non-Māori and were 2.5 times more likely to be forced to act against their will and be victimised by theft. Māori were rated the highest “for being called names, being put down or made to feel bad” (Waldegrave, 2015, pp. 8–9). While abuse, neglect and poor care exist, the structural underpinnings of colonisation are partly responsible. Therefore, the presence of cosmology in my research provides another lens to interpret the lived experience of carers in contemporary society.

Analysis

Despite my carers’ knowledge and awareness of external abuse, te kete Tuatea lurks in the shadows in Themes One and Two. Theme One ‘24 Hour Informal Saint’ by virtue of the nature of the environment, has the potential for adverse reactions towards kaumātua and vice versa, which has occurred amongst my carers. Fortunately, the influence of te kete Aronui and the reality of *care means love* overrides the hara and accompanying remorse.

The direct link between cosmology and my carers is through Māui whose devious actions were on a par with abusive behaviour particularly toward his female ancestors. An example is Māui withholding Muri-ranga-whenua’s food to weaken her energy levels to achieve his objective of acquiring her jawbone. However, despite that connection, the true value of the care experience is the dominating kaupapa of tikanga aroha and tikanga love and this is highlighted in the data and earlier analyses.

Cultural protocols exploited

The theme related to cultural protocols in this section provides a unique perspective into the policies of colonisation’s powerful bureaucratic machinery that exploits the critical protocols in te ao Māori for capitalistic gain. I will anchor this challenging concept in a discussion that links

to the three baskets of knowledge and is guided by the wisdom of Tahi my participant, to recognise the value of my carers and the support they deserve.

A brief recap of the baskets of knowledge is therefore important. They are the framework for the three dynamic positive, negative and neutral paradigms that impact humanity. For this section, I choose love and compassion from te kete Aronui. Te kete Tuauri will represent the spiritual āhua of humankind, and te kete Tuatea is the evil or hara. They all act in specific ways to challenge, moderate and achieve a balanced outlook for humanity. The use of ‘exploited’ in the title in conjunction with ‘Cultural protocols’ tends to incline toward te kete Tuatea. However, as the outcome reveals, all three kete were critical participants.

The key message in Tahi’s philosophy was to “encourage people to have their whānau at home, but all the wrap-around services should go with it as well.” She qualified her position by saying, “If you look at it, it won’t cost the state as much as a rest home” and recommended that it should be encouraged. The irony is that because of mitigating circumstances, Tahi had to move her mother into an aged residential care facility. She was meticulous in her research to find the best accommodation that suited her mum’s requirements so Tahi would be familiar with the costs involved.

One of the most opportunistic scenarios is the passive income that accrues to the government because the broader family of carers look after their whānau at home. In 2013, the value was estimated at \$10.8 billion by Grimmond (2014). The benefit to carers as a percentage of the value of the passive income is minimal. My argument is that Māori become a pawn in a system because of their cultural protocols and innate cultural and spiritual responsibilities to care for their kaumātua at home. The impact upon Māori is to accept their marginalised position of being unpaid and working 24 hours, seven days a week.

While aged residential accommodation subsidised by the government is available, my carers have repeatedly stated it was not an option. The ideal scenario therefore would be recognition on a par with formal carers who are protected under various employment statutes. While that option may be just as costly as a government-subsidised care facility³⁸, introducing Tahi's description of "all the wrap-around services" suggests an equitable kaupapa for collaboration with the state. It will replace the dependency on existing Western methods and systems of a one-size-fits-all paradigm.

The Māori philosophy of caring for the elderly at home is complex because it focuses on binding connections driven by cultural conventions. Williams (1998) advanced the idea that te ao Māori, the environment and the supernatural worlds were bound together by relationships. Maintaining the intricate connections between those worlds was the sole function of whakapapa which the author described using the word "glue" (Williams, 1998, p. 12) to reinforce the complex bonding process.

Whakapapa was also acknowledged for its mana in a quote by O'Regan (1987) in Chapter 4. The cultural pride expressed by O'Regan relates to the whakapapa-whānau and its fundamental characteristic, the lineage to a common ancestor (Cunningham et al., 2005; M. Durie, 2003; Henare, 1988; Irwin et al., 2011; Lawson-Te Aho, 2010; Ministry of Justice, 2001; Poata-Smith, 2013). Despite the complexities of whakapapa-whānau, kin connections and ancestral claims are verifiable through DNA testing (M. Durie, 2003).

The whānau unit is part of a three-way kin relationship with hapū and iwi (Cunningham et al., 2005; Gilchrist, 2017; Henare, 1988; Irwin et al., 2011; Poata-Smith, 2013). However, a contemporary addition identified by the Ministry of Justice (2001) and Henare (1988) is the

³⁸ Residential Care include rest homes, long-stay hospitals, and dementia and psycho-geriatric units (Ministry of Health, 2020).

inclusion of Te Waka, the largest kin group. The Ministry of Justice (2001) describes Te Waka as the “federation of tribes based on the ancestral canoes of the various migrations” (p. 35).

Unlike the individualistic Western concept of family (Cunningham et al., 2005; Irwin et al., 2011), the whakapapa-whānau kin-based relationship model is diverse and complex (Gilchrist, 2017; Poata-Smith, 2013) and symbolises the nucleus and essence of Māoridom (Irwin et al., 2011). Poata-Smith (2013) provides a sense of the depth of the intricate web of kin configurations involving whānau, iwi and hapū by describing the phenomenon as “complex constellations of lineages woven together by intermarriage, political alliance, and by migration and resettlement” (Poata-Smith, 2013, p. 51). It is the reason why contemporary Māori, according to Lawson-Te Aho (2010), are the “living expression of whakapapa whether they know the details of who they are or not” (p. 27).

The final protocol that is critical is tikanga. Dawes et al. (2020) use the metaphor of a spider web to illustrate the interconnective network and principles. Tikanga is situated at the grid’s core and is responsible for maintaining whanaungatanga, the vital connections and relationships. Matiu and Mutu (2003) regard whanaungatanga as a primordial Māori kaupapa³⁹ that binds and knits together, te ao Māori.

These are the Māori cultural mores, practices and value systems deeply grounded in Māori social structures (Moorfield, 2011). They are the forces that determine home care for kaumātua and are the rationale for Māori being noticeably absent in aged residential care facilities (Human Rights Commission, 2012). Ironically, they are the same forces that benefit the suppression and exploitation of Māori carers by the state.

³⁹ Kaupapa “Māori ideology” (Moorefield, 2011, p. 65)

As part of their coping mechanism (Brown, 2018), Māori use their innate entrepreneurial bricoleur skills and talents. Sanford (2014) believes that “the entrepreneurial spirit is a core human trait...wherever personal agency and will are present” (p. 7). According to the author, entrepreneurs are not community or group-specific but exist throughout the vast scope of humankind. They are an intensely passionate group of people (Cardon et al., 2009) which is a trait that Obschonka et al. (2019) describe as galvanising the core elements of “proactivity, creativity, risk-taking, aspiration, resilience, and persistence” (p. 1) to achieve goals, objectives and successful resolutions.

According to Baker and Nelson (2005), Levi-Strauss did not define bricolage. However, scholarly foresight developed from Levi-Strauss’ work has inspired notions such as “making do with what is at hand” (T. Baker & Nelson, 2005, p. 329). In their study of 29 under-resourced firms, the authors observed how those entities adopted the bricolage notion to succeed. The outcomes of the survey led Baker and Nelson (2005) to the following conclusion:

The notion that companies engaging in bricolage refuse to enact the limitations imposed by dominant definitions of resource environments suggesting that, for understanding entrepreneurial behavior, a constructivist approach to resource environments is more fruitful than objectivist views.

(T. Baker & Nelson, 2005, p. 329)

The authors have defined a reference that expresses my carers’ methodological approach to successfully managing their roles within the entrepreneurial bricolage framework.

Using a qualitative metaphor to gauge the prevailing sense of bricolage is Schwandt’s (2007) interpretation of Denzin and Lincoln’s (1994) observation of referring to the bricoleur as a qualitative researcher. A summary of their bricolage would be the “various fragments of inherited methodologies, methods, [and] empirical materials” (Schwandt, 2007, p. 25). Lincoln (2001) adds further voice to the interpretation of Levi-Strauss’ notion of bricolage within qualitative research as “the handyman’s, jack-of-all-trades’, use of what materials and tools are

available” (p. 693). A term that resonates with my research is Lee’s (2008) decolonised rebranding of a qualitative bricoleur researcher, which she describes as an “Indigenous bricoleur” (p. 44). Lee’s description fine-tunes the paradigm to capture the heart of a kaupapa Māori approach.

My first task was to divide the concepts in this section into the three kete. The overarching definition for te kete Aronui set earlier was love and compassion relating to carers and their elderly whānau. This broadly represented skills such as those of a bricoleur and embraced practical and cultural knowledge. Te kete Tuauri became the kete of ‘hope’. It was linked to the supernatural protocols in the Māori culture, including blessings, karakia, and tikanga and Tahi’s philosophy which is the hope of the future. Hara and te kete Tuatea are inextricably linked however, I regard it as the kete of ‘power’. It attracts the colonial forces of marginalisation and discrimination that continually challenge the resilience of te ao Māori.

Two critical themes emerged from the holistic perspective in this section and they were influenced by the keywords culture, colonialism and value. The first was hope. Tahi’s kōrero defined it as “all the wrap-around services” which would dignify the carers, their elderly kaumātua and the care experience. Tahi’s expression was a canvas to recreate the carers’ space with a kaupapa Māori approach and an opportunity to ask important questions such as:

- What do we need?
- How can we best manage this space?
- What critical features will support and enhance Māori carers and their elderly whānau?
- What services will be culturally appropriate?
- How can we make it work?

Unfortunately, my research does not have the capacity or time to explore this exciting scenario that will draw from the positive energies of the state, the health system and te ao Māori

(M. Durie, 2004). Nonetheless, it provides a window of opportunity for further research and investigation.

The second was related to value and particularly the research question *what is the value of care to the carer?* Initially, \$10.8 billion represented both value and the anguish and despair associated with cultural manipulation for financial gain, marginalisation, abuse of power, and unfair and unjust treatment by the state. However, Tahi's phrase moved the focus away from money and linked it back to the heart and core of my study, which related value to the perception of my carers which was *care means love*.

To realign value as a cultural measure of worth, which is critical to this research in terms of the research question, the following list was compiled:

- Value is not a figure because it would limit horizons and goals - \$10.8 billion?
- Carers of elderly whānau
- Love, aroha,
- Te Ao Māori
- Te kete Aronui, te kete Tuauri and te kete Tuatea
- Mātai tuarangi
- My supervisors
- My research and me
- How do you put a value on Io, the supreme atua

In the context of my research, the concept of value is determined within the culture of te ao Māori through my carers and their experiences. In turn, their response is guided and shaped by the primary function of addressing the research question *what is the value of care to the carer?*

Analysis

This section provides a unique insight into a perspective in which Māori cultural protocols are the silent voices that are used by the bureaucratic instruments of colonial power to disadvantage, exploit and marginalise my carers. The connections to cosmology involve the three kete of knowledge, while the link to *care means love* is the commitment made by my carers to continue their vigil to care for their kaumātua 24 hours a day seven days a week. This is despite the \$10.8 billion passive income that accrues to the government by profiting from my carers' cultural obligations and responsibilities that they sense and feel in their wairua.

The subtheme 'Operating in te ao Pākehā' in Theme Two is the data source for the carers' pūrākau that relates to discrimination and connects to cosmology through tikanga and whakapapa. This scenario represents the face of the contemporary village environment in which Māori are influenced by the dual worlds of te ao Māori and te ao Pākehā. It is a significant period in the historical and modern relationship and impact of te ao Pākehā.

The enduring realities that impact care

There is a familiarity with the pūrākau in this section because it provided the springboard for launching the exploitation of cultural protocols. I chose to talk about 'hope' first because it gave a sense of urgency to the realities of care existing in the 21st century, which I will now highlight.

This section is a gritty exploration of how marginalisation is achieved by utilising the invisible Western systems that frame the rules for maintaining the status quo. The dominant influence is te kete Tuatea, whose aim is to compromise my carers' ability to provide for their elderly whānau.

The first set of exploitative measures associated with te kete Tuatea is that UNDRIP (United Nations Declaration on the Rights of Indigenous People) is not binding on the government and

is ineffective. The Acts⁴⁰ of Parliament that advocate, promote, affirm, and protect society's human rights exclude carers. The absence of rights for carers is confirmed in the research by Goodhead and McDonald (2007). The authors revealed that while "There are several laws and policies in New Zealand relevant to caregivers" (Goodhead & McDonald, 2007, p. 35), they do not confirm or address caregivers' legal rights.

Carers are a shadow workforce (Bookman & Harrington, 2007; Dell'Anno, 2007; Wong-Cornall et al., 2017). It is a category that attracts many connotations because of its perceived association with activities that are illegal or against the law. Dell'Anno (2007) also refers to the shadow economy, shadow activities, and the hidden economy, while the Organisation for Economic Co-operation and Development (OECD⁴¹) introduces the term "non-observed economy" (Dell'Anno, 2007, p. 255).

The OECD model recognises three categories for economic statistical analysis. The most relevant of those three groups to my research is *informal production* because it includes "home workers" (Dell'Anno, 2007, p. 256) or Waring's (1988) expression, "home-based work activities" (p. 27). The critical point is that the OECD officially categorises my carers and the broader community of informal carers as economic production units. The irony associated with a production unit reveals two key points. The first relates to Dell'Anno's (2007) argument that the shadow economy excludes any entitlements to the mandatory rights and benefits in the formal economy. The second is that the value generated by the carers' labour is absorbed back into the economy. My argument relates the value of production units to the carers' duties and

⁴⁰ Statutes within this category and appropriate to this section are the Human Rights Act 1993, the New Zealand Bill of Rights Act 1990, the Treaty of Waitangi Act 1975, the Ombudsmen Act 1975 and various Tribunals and Commissions constituted to administer these pieces of legislation.

⁴¹ The Organisation for Economic Co-operation and Development was established in 1961 and is responsible for creating policies that encourage the global economic and social-wellbeing of people (OECD website (2018) retrieved from <https://www.oecd.org/about/>).

their entrepreneurial bricoleur skills, which contribute to the substantial savings that accrue to the government.

The sector of the population that engages in the shadow economy earns a living, albeit tax-free, and their spending indirectly contributes to the growth of the formal economy. The unique features that set my carers apart from the majority of the population generating tax-free income in the shadow workforce are three-fold. In the first instance, carers achieve no personal financial gain. Second, state institutions formally recognise the earning capacity and status of carers, and finally, the efforts of carers support the national healthcare systems. Carers are both an anomaly and an enigma within the fabric of an economic resource.

Given that caregivers are recognised and acknowledged as the invisible backbone of healthcare systems (Applebaum, 2015; Barbic et al., 2014; Levine et al., 2010; Noelker, 2001; Ornstein-Sloan, 2016; Reinhard et al., 2015), it comes as no surprise when measured against the extent and diversity of the nature of their responsibilities. The list compiled by Applebaum (2015) refers to carers as:

Playing the role of partner/parent/child/friend, and physician, nurse, social worker, lawyer, and patient navigator. Without a doubt, the presence of a caregiver who is dressed in invisible armor, ready to advocate (fight) on behalf of patients, negotiate our complicated healthcare system, and attempt clear and productive communication with medical, administrative and legal professionals is...essential to the wellbeing of patients today.

(Applebaum, 2015, p. 415)

There is an immoral irony that the rights of formal caregivers are protected but not those the government maintains as a shadow workforce. According to Nickitas (2017), carers are the equivalent of trained healthcare professionals. Carers remain in the shadows and on the fringes of society, maintaining their 24-hour-a-day, seven-days-a-week commitment until either the carer or their whānau die. There is no retirement package.

Analysis

This section occurs in the data related to Themes One and Two and is linked to cosmology through the kete Tuatea which represents the oppressive actions of the state. The message is symbolic of the negative circumstances that impacted Tāwhaki in his caring duties and responsibilities toward his whānau and during his quest to retrieve ngā taonga for humanity.

The response of my carers to the colonial policy of minimal support is not to give up. They instead use their bricoleur skills to ensure that *care means love* for their kaumātua is not diminished by the state's recognition of carers as a 'shadow workforce' with no legal rights and no acknowledgement or remuneration for their important contribution to the economy.

Conclusion

Chapter 5 is a gritty kōrero that links to cosmology and, mainly, the Tāwhaki cycle and ngā kete mātauranga as a framework to understand and interpret the lived experience of Māori carers in today's society. It is a unique approach to exploring and understanding the hara that impacts my carers through the structural underpinnings of colonisation. By connecting to cosmology, and Māori pūrakau, the culture hero Tāwhaki represented a role model whose qualities reflected those of my carers. I described him earlier as symbolising agency, power, adversity, resolving adversity, and above all, Māraea's insightful phrase that changed the āhua of my research, *care means love*.

Tāwhaki represents resilience despite the adversities outlined in this chapter. He is also a champion who personifies the successes in the stories of my carers. In combination with the vast knowledge systems in ngā kete mātauranga working in parallel with each other, Tāwhaki and ngā kete provide the innate sense of knowing and being that keeps my carers anchored in their culture. It is the point of difference that is absent in Western thought and systems.

Despite the ongoing legacies of colonisation, Tahi's passing comment inspires hope. It is an opportunity for further research to investigate more equitable pathways to initiate support systems for carers, or as Tahi described, "all the wrap-around services". It is a positive option to push back against the subtle Western mechanisms of oppression.

Analysis

The data reveals an awareness by carers of the *hara* that is committed by *whānau* against their *kaumātua* in the community. However, in the *kōrero* of some of my carers, *hara* in the form of a slap or smack was administered out of sheer frustration in isolated once-only instances. The carers' admission was always accompanied by deep feelings of regret and sadness. From a positive perspective, *care means love* throughout the carers' *pūrākau* was always the dominant overriding philosophy and it was evident when they referred to the *mana*, respect and love they felt for their *kaumātua* and the honour of serving.

The *hara* associated with colonial policies designed to acculturate, exploit, and marginalise my carers was the dominant argument in Chapter 5 which continues to maintain the status quo in the 21st century. The data refers specifically to the *kōrero* regarding discrimination which Maraea defined as "Institutional racism based on race...It's pure arrogance". Maraea also referred to the importance of education and made the following claim "The more you understand the paperwork, the more you understand...[it] is about exclusion. And once you understand those aspects of government services, you are not likely to be bashing your head up against a brick wall"

Chapter 5 links to both Themes One and Two through the subthemes 'The Dark side of Care' and 'Operating in te ao Pākehā'. However, the value concept in the carers' *pūrākau* as defined by the research question *what is the value of care to the carer*, is *care means love*. The linkages through *whakapapa*, *tikanga*, and *utu* to cosmology relate to Tāwhaki and his exploits

concerning protecting the interest and wellbeing of his whānau and undertaking the tikanga of utu. All three kete of knowledge are linked to this chapter although the influence of te kete Tuatea is more evident.

Chapter 6

Invisible Carers in Hospitals

Introduction

The title of this final chapter is a bittersweet realisation of the impact and presence of the word *invisible* on my research. 'Invisible' completes a circle that originated with the words 'invisible voices' in the topic of my thesis, *Carers of Elderly Whānau their Invisible Voices*. It was then interwoven throughout my research in a joint effort with all my carers to bring another perspective of visibility to the world of care and concludes with *invisible* defacto nurses in hospitals. Coproducing this research with my carers has been life-changing, educational and an honour.

The objective of this chapter is to consider culturally safe practices for Māori whānau in hospitals which were noticeably absent in Mihi and Rōhiputiputi's account of the time they spent caring for their whānau. This thesis will enable carers and their whānau to understand that the experience of Mihi and Rōhiputiputi is unacceptable and hospitals and their staff must be culturally respectful and sensitive.

An outline of this chapter will include the influence of cosmology. I provide a general overview of the broad concepts of nursing to create a narrative highlighting the comparable experiences of my carers. Discussing culture care in hospitals will form the main topic. I draw upon the nursing theories of academic nurses from the two world views of te ao Māori and te ao Pākehā to underpin the basis for what Simon (2006) theorised as a culturally appropriate healthcare environment for Māori.

The connection to cosmology

When Io created ngā kete Mātauranga, he designed the three knowledge systems to be used together for the benefit of humanity by achieving balanced outcomes. When Māui failed to gain eternal life for humans, it was because his father was unsuccessful in anointing his son with the

full tohi ceremony (see Chapter 2). The impact on humanity was to create ongoing imbalances between good and evil.

The qualities associated with the humanities kete Aronui are empathy, compassion, tikanga-aroha and tikanga-love, which are representative of the narratives of my carers in Chapter 3, and *care means love*. They are also the philosophies in the supporting theories of nursing academics Ramsden, Watson and Leininger and the requirement for culturally safe and sensitive care.

Te kete Tuauri embodies hope, resolving issues, favourable outcomes, and karakia and embeds the wairua of my carers with an innate sense of knowing and understanding that has no logical explanation in Western science. Performing a karakia before each interview with my participants would not spontaneously occur in a Pākehā interview or meeting. To my carers and I, it was something we did without realising our connection to te kete Tuauri and cosmology. Te kete Tuauri was the driving force that gave hope to Mihi and Rōhiputiputi to protect their whānau.

Te kete Tuatea, while famous for representing humanity's evil and dark side, gains its strength from the evil associated with the abuse of power. For example, te kete Tuatea gathered its total force to bear on the discriminatory Western systems in hospitals. The effect was to make the lives of Mihi, Rōhiputiputi and Hōhepa very uncomfortable. Despite feeling disillusioned at the impact on their kaumātua and themselves, they resisted the hostile forces of te kete Tuatea to protect the welfare and wellbeing of their kaumātua.

Knowing the connections between te ao Māori and ngā taonga would have enabled my carers to understand themselves better, their environment and why they are motivated to do what they do to strive for equity and equality. There is a sense of peace in an awareness of the 'unseen'.

Analysis

The revelation in the challenging notion that the spiritual context is where care began, originates from my argument that the events occurring in the natural world have their original point of reference in cosmology – refer to Figure Two in Chapter 2. This current section provides the critical linkages to cosmology through the three kete of knowledge that explain the origination of *care means love* and *hara*.

The relationship to the spiritual realm provides clarity to interpret the carers' actions and reactions and the impact of external circumstances and events.

The Link between a nurse and a carer

One of the vital links to health services when caring for my mum was the hospital, with the most time spent interacting with nurses. It was also the only period in my life that I frequently visited the hospital because of my mum's health requirements. As a result, I always felt a close affinity with nurses, given that I was a carer undertaking similar duties for the restoration of health and well-being from the perspective of *care means love*. My task is to not only explore the link between carers and nurses but also to take into account the observations and experiences of my carers as defacto nurses in a hospital.

There are two parts to this response that I will examine. The first is a brief overview of the skillset and general qualifications of a non-specialist nurse obtained from the resources of the Nursing Council of New Zealand (hereinafter referred to as 'Nursing Council'). A carer's profile is included in the same manner as for nurses for comparative purposes. The second level is the interaction between the nurse and the patient. I will explore the New Zealand context of cultural safety or *kawa whakaruruhau*, the ideology of the Nursing Council and consider the philosophies

of nursing theorists New Zealander Dr Irihāpeti Ramsden, and Americans Dr Madeleine Leininger and Dr Jean Watson.

I believe Watson's *kōrero* resonates with *care means love* because she exposes the all-cure and no-care metaphor that stigmatises the medical profession, including nurses. It is a complex issue, and for my research, I will focus on the nurse as a highly skilled practitioner and the first point of contact when my carers enter the hospital ward with their *kaumātua* and how that may translate into the role of a carer. The following description of a nurse is from Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand's website:

Nurses use nursing knowledge and nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practise in a range of settings in partnership with individuals, families, *whānau* and communities. Nurses may practise in a variety of clinical contexts depending on their educational preparation and scope of practice experience.

Nursing Council Website (accessed 2022)

The outline describes a broad overview of the responsibilities of nurses, whom they may potentially interact with and the range of speciality work options related to education and experience. As an example of the skill level required of a nurse practitioner, there is a prerequisite that they would have “advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge” (Nursing Council of New Zealand, 2017, p. 1). A comprehensive list includes the following:

Assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence, and admitting and discharging from hospital and other healthcare services/settings.

(Nursing Council of New Zealand, 2017, p. 1)

The available qualifications include the Bachelor of Nursing and Bachelor of Health Science degrees from the University of Auckland, which advance to a Master of Nursing and Doctor of Philosophy degree. Several technical institutions offer the New Zealand Diploma in Enrolled Nursing. To compare the degree and breadth of the responsibilities and duties undertaken by carers with those of nurses, I refer to the extensive list by Applebaum (2015) on page 161 in Chapter 5.

It is noteworthy to draw attention to several of my carers as graduates with Doctor of Philosophy Degrees, a First Class Honours Masters Degree, a Masters Degree in Psychology, Bachelors degrees and diplomas. It was not my intention to deliberately recruit participants who were academically qualified to participate in my research nor to suggest that carers required a qualification. However, while my carers may be considered a limitation to my thesis because of their academic and professional status, I argue that they bring another perspective to the scholarship of care. This is evident particularly when interacting with bureaucratic and government agencies and services to understand their skill in confronting the potential trauma of discrimination and marginalisation. The final addition to the carers' repertoire is the one-on-one care given to their elderly whānau 24 hours a day, seven days a week, that would end at the grave.

While the nursing fraternity is highly regulated, there are no checks and balances in the care environment. In terms of safety, it is a crucial support that should be made available by the state. Besides the safety issue and the clinical laboratory duties of nurses, my carers are equally as formidable and capable in what they do however, in terms of Applebaum's (2015) list, their bricolage extends well beyond the stringent medical focus of nurses.

Analysis

The keywords in this section are nursing, carers, and duties. While nursing is a focused medical professional approach to caring, health and well-being, for my carers, it is the total holistic worldview of care. This section links to the sub-theme ‘operating in te ao Pākehā’ in Theme Two which portrays the success that my carers have achieved in the contemporary village environment through the bricolage talents that they employ and the professional skills and extensive qualifications that are integral to their caring repertoire.

My carers bring a perspective to the scholarship of care related to education that introduces the concepts of control, power, and confidence in achieving maximum results when negotiating with government bureaucracy, medical and health agencies and services. The critical focus always relates to the research question ‘what is the value of care to the carer’ and the answer is Māraea’s contribution to the scholarship of care which is *care means love*.

The unpaid hospital carer

My first unpaid carer was Rōhiputiputi, and I reflect on a comment she made in Chapter 4 regarding the impact of hospital care on her health. I asked if she would elaborate, which she did as follows;

Yes. They were the hard times because I was expected to go in and be with him. And then, while I was with him, there was no sign of the nurses. It was always a busy time, and that’s where I had problems with my health because I was full-time nursing in the hospital as well. Yes, because he had his own room, you know, and they’d forget about him.

(Rōhiputiputi, 2019, 43:21)

Rōhiputiputi clearly remembers that “they’d pull a mattress out for me, and I had to sleep on the floor.” She commented on the lack of staff and that “the nurses were so overworked”, which

meant that only she could supply the more attentive care that her husband enjoyed at home, especially being available to take him to the toilet.

Mihi's narrative is about engaging with two hospital wards and their positive and negative wairua. Because Mihi, her mum and dad were regular inpatients at the acute ward in the Old People's Rehab, her face lit up as she recounted how the staff "fell in love with them." By contrast, the ward treating her mum for a broken neck was "dismissive of kaumātua and Māori in general."

It didn't help when the nurse assumed that Mihi would assist, given she was to stay in the hospital with her mum. Mihi said she flatly refused, saying, "No, you're paid to do that. Your meals aren't worth it." She told me, "You get a free meal if you do the cares. There is no thank you...so I was happy to get out of that ward because I didn't like the tone." She concluded that the indigenous cultures from overseas, which she did not identify, were more respectful than Pākehā and Māori.

Mihi's experiences reminded me of one specific scenario when my mother was in the hospital about three weeks before she died, which I would like to share briefly. Mother's cancer was taking its toll, and my efforts to get her to the bathroom failed miserably on one occasion. She soiled herself and left a trail in her wake. During the cleaning process in the toilet, a hospital employee walked in, made a quick reconnoitre and announced, "Welcome to my world."

My response was, "No, welcome to my world 24 hours a day, seven days a week. At least you get to go home, enjoy four weeks of annual leave and a salary." The employee responded with an indignant shrug of the shoulders, raised her nose in the air and promptly left. At that moment, the employee acknowledged me as an unofficial, unpaid, invisible, temporary hospital aide – there was not even a thank you. I have certainly walked in my carers' shoes with a licence to empathise and cry with them.

Mihi's reference to inappropriate cultural behaviour continues a theme of frustration and exhaustion with the Western 'all-cure and no care' model in hospitals that sometimes threatened to overwhelm her. She remarked that "there were some Māori who were too familiar, and I was listening to one, and when she finished, I said, excuse me, *kia mohio koe he kaumātua ne!*"⁴² Not only that, it's my mother, and I am watching."

She then proceeds to crucify the antics of another staff member. For example, Mihi commences her narrative with, "So! When this stupid boy [surgeon], who thinks he's clever, says to Pa... did you do poo-poops today," she abruptly reacts by expressing to me, "How rude of him to speak to an old man like that, aye!" Then with great pride, she recalls her father's reply, "If you are asking me have I evacuated my bowels, then yes sir, I have", to which the surgeon remarked, "Oh, your father is verbose." There was no mistaking Mihi's tone when she said, "My father is not wordy; his language could be arcane, his turn of phrase could be archaic, but as you can notice, it is formal and correct." The surgeon merely replied, "Oh," and Mihi responded to me, "Then my heart said, oh bugger off!"

Mihi and Hōhepa encountered an unusual but similar scenario while their whānau were in the hospital. In Mihi's situation, she said:

Half the reason why I attended my father up at the hospital as well [was] because he'd *kōrero i te reo*. So he reverted to *te reo*. That was his comfort language, so we'd have to translate or just do it for him, and I heard that is apparently common.
(Mihi, 2019, 1:00:15)

Hōhepa remembers his grandfather's tirade in *te reo Māori* when "at one stage he was yelling at these nurses and saying *oh ka parati koe i au*. He was saying he would throw them out the

⁴² "*kia mohio koe he kaumātua ne!*" Within the context in which the statement was made, the translation would be a pointed reminder by the speaker that this is a *kaumātua* and should be accorded all the cultural respect and dignity of a Māori *kuia* (elderly female).

window...splatter them on the ground.” He also threatened to pull out all the tubes, and Hōhepa understands he may have succeeded. Unlike Mihi’s situation, a Māori nurse in the ward was fluent in te reo Māori and could advocate on his grandfather’s behalf. Given that this scenario occurred over forty years ago, Hōhepa believed that his grandfather would have suffered cultural indignities and wondered whether the hospital system was more politically correct in the modern era.

I will respond to Hōhepa’s comment regarding contemporary cultural insensitivity because I witnessed a dilemma with my mother on one occasion when she soiled the bed. The attendants were an Indian male nurse and a Pākehā female nurse, and they did not offer alternative options such as female Māori staff. Furthermore, I did not see Māori nurses in the ward, so it was a hopeless situation. I was grateful that perhaps my mother’s Alzheimers may have masked the cultural shame of her experience because she did not resist the presence of non-Māori personnel. However, I recall now that my mother focused her eyes on me throughout the cleaning process. With the benefit of hindsight, perhaps she understood our dilemma and didn’t outwardly complain. That was in 2016.

As far as I can recall and given Māori protocols, Mum had never been seen naked by anyone other than our dad and perhaps female whānau. That dynamic changed when I became her carer. As her condition declined, I undertook all her care responsibilities, from cleaning her in the toilet to showering and sponging her body as an alternative option. The transition was seamless because we had developed a rapport, a camaraderie over many years.

The link to cosmology is apparent to me as a consequence of my research, and it relates to Papatūānuku and Ranginui nurturing their sons between their bodies. Recalling that they were in a tight embrace, the sons would have developed an understanding of their parents’ activities, such as love-making and sexual intercourse. Furthermore, they would be familiar with their parents’ sexual organs because of their existence in an enclosed habitat, with dad lying on top

of mum and the entire family being naked. The sons would have formed a close and dynamic rapport with both parents that would have developed over a considerable time.

Ihimaera (2020) provides a brief insight when he describes an incident in which “quite by accident, another brother, Uepoto, was washed beyond the parents’ clasp in the mimi, or urine of his mother...he was able to wade back upstream” (p. 53). This scenario suggests the familiarity of the family with every aspect of their environment. While cosmology provides a valid explanation for my intervention in the total care of Mum, it did not validate the inclusion of an Indian male nurse nor a Pākehā female nurse.

The hospital care performed by Rōhiputiputi, Mihi and Shabrom for their whānau was significant for several reasons. It provided the opportunity to observe first-hand the hospital’s expectations of their input and participation. Despite being unpaid, the only acknowledgement for being on hand 24 hours a day was a free meal and a mattress on the floor. An insight was also gained into the effect on all three carers. Despite the taunting presence of te kete Tuatea, the carers’ commitment to their whānau reinforced the message that it was all about *care means love*. That was the value that rewarded my carers for being de-factor nurses. Whānau providing care in the hospital was a unique and dynamic observational tool that did not form part of the storytelling experience of the remaining participants. However, given the influences of te kete Aronui and Tuauri to achieve success, I do not doubt that the remaining ten participants would have acted in the same manner for their elderly whānau.

Analysis

The impact of the two thematic themes is evident in this section. The first theme ‘24 Hours Informal Saint’ links the commitment to staying in the hospital with their kaumātua and experiencing the sub-theme ‘the dark side of care’ in the medical environment. For Rōhiputiputi it is being a full-time defacto nurse in a private room that the nursing staff had forgotten about.

Theme Two, ‘Urban Village Concept’ reflects the contemporary setting of te ao Pākehā within which Māori carers operate and the full range of hara that are the silent voices of the bureaucratic machinery of colonial power.

The connection to cosmology is not only through the three kete of knowledge but also the pūrākau of the first family of care, Māui and Tāwhaki that revolved around *care means love* which provided the key to unlocking the research question *what is the value of care to the carer*.

Kawa whakaruruhau: Culturally safe practices in hospitals

The realities for my carers and myself, while our whānau were in the hospital, reveal the urgency for culturally appropriate and safe practices for Māori patients. This section aims to create awareness for future carers of the issues they may confront when admitting their kaumātua into the hospital. Introducing the connection to cosmology earlier in this chapter through the three baskets of knowledge is important because they guide Māori to better understand themselves as carers in the two worldview systems of te ao Māori and te ao Pākehā.

Irihāpeti Ramsden (1993) described herself as the architect of the notion and principles of ‘cultural safety’. The following description of the aims and goals of educating nurses on the principles of cultural safety were identified by Ramsden (1993) as follows:

1. To educate registered nurses to examine their own cultural realities and the attitudes they bring to each new person they encounter in their practice.
2. To educate registered nurses to be open minded and flexible in their attitudes toward people from differing cultures to whom nurses offer and deliver service.
3. To educate registered nurses not to blame the victims of historical and social processes for their current plight.
4. To produce a workforce of well educated, self aware registered nurses who are culturally safe to practice.

(Ramsden, 1993, p. 7)

By the time Ramsden accepted the Nursing Council's proposal to create guidelines for cultural safety in the nursing syllabus in 1992, cultural safety had become a familiar expression in the nursing fraternity (Ramsden, 1993).

In 2011, the Nursing Council updated their 2005 document and focussed on three important areas relating to the protection of public safety "in Nursing Education and Practice" (Nursing Council of New Zealand, 2011, p. 1). The first guideline was Cultural Safety, which the Nursing Council specifically defined to incorporate not only ethnic groups but also "Age or generation; gender; sexual orientation; occupation and socioeconomic status...religious or spiritual belief; and disability" (Nursing Council of New Zealand, 2011, p. 5). The second was focussed exclusively on a Māori perspective of cultural safety under the title of Kawa Whakaruruhau and the final guideline related to incorporating the Treaty of Waitangi principles (Nursing Council of New Zealand, 2011). The conclusion by the Nursing Council acknowledged that while kawa whakaruruhau is pivotal in the training and education of nurses, it needs to be a strength in the clinical and practical settings (Nursing Council of New Zealand, 2011).

Dr Irihāpeti Ramsden died in 2003 and despite the altruistic intentions in the Nursing Council's (2011) document, according to Wilson ((2021), cultural safety had become quiescent to the detriment of sustaining and perpetuating the historical inequities in Māori health. Despite Ramsden's passion, hard work and cultural legacy, Wilson (2021) argued that "the historical and futuristic changes Ramsden alluded to have not been sufficiently radical to evoke change" (p. 29).

It is therefore imperative that the Nursing Council implement the legacy of Dr Ramsden to address and eliminate the ongoing historical injustices as described by my carers and myself in the earlier section *The unpaid hospital carer*. There is an ironic injustice in that the principle of *care means love* which compels carers to become invisible in hospitals for the sake of their kaumātua is described as counter-productive to change because as Thomas et al. (2022)

described in their study, “Indigenous experiences of hospitalisation may contribute to maintenance of Indigenous health inequities” (p. 455).

In their research, Corbett et al. (2006) revealed incidences in which their participants echoed my carers’ sentiments. For example, the authors reported in their analysis of the kōrero of a participant the revelation that:

On some occasions, the goodwill and willingness of *whanau* to share in the personal care appeared to be taken for granted by the staff. One participant reported that because they had watched staff sponge their *whanau* member, the staff expected they would undertake such activities and know what to do. Toileting, dressing, feeding, and other issues of personal care, were examples of procedures that were delegated to the *whanau* members.

(Corbett et al., 2006, p. 260)

Corbett et al. (2006) referred to whānau resilience attributed to activities related to sharing and caring. However, I would suggest a deeper context originating from Māori cultural concepts such as manaakitanga, whanaungatanga, tikanga-aroha and tikanga-love.

One participant used the expression marae to describe the wider whānau visiting and providing support and kai (Corbett et al., 2006). The optimistic scenario related to the author’s scholarship on whānau resilience has its origins in cosmology through the silent voices of ngā kete mātauranga working feverishly behind the scenes, particularly te kete Aronui and te kete Tuauri. They are providing the necessary balance to te kete Tuatea.

There are recurring themes of the negative impact of the Western orientation of hospitals and health systems (Masters-Awatere et al., 2019). Moreover, concerns intensify about ongoing discrimination, health injustices and the potential loss of Māori nursing staff that support a negative forecast for culturally safe healthcare for Māori (Hunter & Cook, 2020). However, Hunter and Cook (2020) refer to Indigenous nurses who are proactive in wanting to achieve positive outcomes for Māori. The authors note that there are costs to indigenous nurses in the

form of additional duties and extra time related to the cultural protocols they must observe when caring for Māori.

Simon (2006) discusses a nursing programme called *Tihei Mauri Ora*, which is at the forefront of positive initiatives in Māori nursing, incorporating the best practices from *te ao Māori* and *te ao Pākehā*. The program is “A model of negotiated and equal partnership in nursing education, including guidelines for addressing cultural issues in nursing” (Simon, 2006, p. 206). The objective is to design Māori cultural protocols that support the assessed health needs of Māori patients in hospitals.

The ideal scenario recommended by Theunissen (2011) is for culturally safe practices to become a daily routine that eventually eliminates marginalised, discriminatory practices. While the current system is not perfect, there is a conscious awareness among Māori nursing professionals, and non-Māori colleagues to counter the narrative that the legacies of colonisation within health systems impede advancement and progress. In line with the philosophy of two-eyed seeing by Albert Marshall and Durie, I now consider the Western perspective of cultural care and *care means love* beginning with the theory of Madeleine Leininger.

Leininger is acknowledged by Ramsden (1993) as a nursing theorist and credits her work with the transformation from the historical Florence Nightingale colonial approach to nursing to introducing the philosophy of cultural difference. Leininger understood the complexities within indigenous cultures when she developed her Theory of Nursing: Cultural Care Diversity and Universality, also known as Culture Care Theory (Leininger, 1988, 1991, 2001, 2002; McFarland & Wehbe-Alamah, 2019; Wehbe-Alamah, 2015). It is why she has been affectionately referred to as the “founder and ‘mother’ of transcultural nursing” (Ray, 2011, p. 1). I explain a little later the distinct difference between transcultural nursing and cultural safety within the context of Ramsden’s theoretical notion.

Leininger has an affinity with Indigenous people. The theorist's ethnographic and ethnonursing research with the Gadsup people of the Eastern Highlands of New Guinea as part of her doctorate (Cohen, 1991; M. Leininger, 1993; McFarland & Wehbe-Alamah, 2019) is a testimony to her links to understanding indigenous peoples. Thus, Leininger's focus on culture is derived from her sociocultural anthropological background and care from her role as a nursing professional (Cohen, 1991; Leininger, 1988; Ray, 2019).

Leininger's distinctive approach in developing her culture care theory aligned with the Māori concept Moorfield (2011) described as *tikanga ā-iwi* or "cultural practice, social science" (p. 208). The theorist's objective was to administer culturally congruent nursing care (Cohen, 1991; Leininger, 1988, 1991, 1998, 2006; McFarland & Wehbe-Alamah, 2019). She was passionate in her belief that care "was a powerful and central dominant force for healing and wellbeing" (Leininger, 2006, p. 3).

The author's theory responded to a changing world that was rapidly becoming multicultural, and it met with resistance from the medical and nursing professions, who were more concerned with research and innovative technological advancements (Wehbe-Alamah, 2015). The theorist's tenacity is recognised and acknowledged by the Transcultural Nursing Society in their motto, "Many cultures, One World" (Ray, 2011, p. 1).

The effectiveness of the culture care theory is to recognise that cultural diversity defines the nature of appropriate care. However, it is important to note that while Leininger was an innovator and trailblazer in the specialist area of culture care in nursing, her specific transcultural paradigm according to Ramsden (1993) was connected more to an ethnographic or external observational nursing methodology.

The second American theorist Jean Watson whose Theory of Human Caring (Watson, 1997) has been at the forefront of the rise of caring as a human science theory (Durant et al., 2015;

McCance et al., 1999). Watson's motivation to create a sense of dignity and meaningful purpose in the caring relationship between the nursing profession and patients' care (Watson, 2008) was to strike at the core of a deeply entrenched system.

The objective was to remove the curative (or curing) historical approach associated with the dominant medical orientation (Watson, 1997). The author's focus would begin the transition to professionalise nursing beyond the sterile hospital setting of medicine, diagnosis and disease (Watson, 2007), otherwise referred to by Masera and Gutierrez (2012) as the curing without caring contradiction "making the person in need of care ever more anonymous" (p. 32).

In developing her science of caring, Watson created ten carative factors (Watson, 1997, 2007, 2008, 2015). They represented caring principles that encouraged and enabled a deeper engagement with the human face of care and would transition the author's work into the Theory of Human Caring. Caritas is a Latin expression which means love, affection and compassion (Mahoney, 2002; Watson, 2008, 2015), from which the author developed the phrase 'caring and love'.

There is an uncanny familiarity and likeness between Watson's 'caring and love', and Maraea's *care means love*. An explanation from Jung's theory of synchronicity (Jung, 1972) suggests the significance of two unrelated situations is more than mere coincidence or pure chance, and Jung uses the expression "meaningful coincidence" (Jung, 1972, p. 4). Jung related his theory to the concept of the 'numinous' (Cambray, 2009, p. 12), or "the influence of an invisible presence" (Jung, 1960, p. 4). An authentic experience in the footnote⁴³ below illustrates Jung's theory

⁴³ Jung describes a session with a patient who told of being given a golden scarab in a dream, at which point, an insect began tapping against the window. Jung opened the window and caught the insect as it flew in to discover a *scarabaeid beetle* (a beetle of the scarab family). According to the author, the incident had a profound impact on the rehabilitative process of the patient. There was no connection between the two events, but the effect was deeply meaningful with a hint of the supernatural, the unseen, the numinous (Jung, 1972).

which acknowledges the supernatural alignment not only between Watson and Maraea but also the cultural underpinnings between Ramsden and the spiritual realm.

When Io created ngā kete mātauranga, it was for all humanity. Might I suggest that the supreme atua Io had always planned to connect Watson, Maraea, Ramsden and Leininger through cosmology and my research? The link would originate from te kete Aronui and humanities (Moorfield, 2006). The final link would be to te kete Tuauri regarding worlds that indigenous people believe in but cannot see, hear, smell or touch (Moorfield, 2006). Because of the nature, context, and influences in my research, it is essential to keep an open mind when dealing with things unseen.

Jean Watson trained as a nurse and completed a Masters and Doctor of Philosophy Degrees. Watson's experience in nursing, her academic background and her Theory of Human Caring were a perfect fit for my research to introduce the human face of care to complement a nurse's theoretical and technical skills. While the practical skills of a nurse are prescriptive and regulated, those of my carers relate to the circumstances of care and are varied. Unlike a nurse with all the resources available, my carers rely on their bricoleur skills. Nurses can resign, start a new career, or retire. Those options are not available to my carers. While there are common boundaries, there are also extreme differences between the two worlds. However, through the Theory of Care (Watson, 1997), my carers and nurses will be linked by 'caring and love', and the answer to the research question *care means love*.

Analysis

The key theme in this section that resonates with my thesis and its relationship to te ao Māori and the spiritual realm is the philosophy of Ramsden's approach to health and wellbeing within nursing which is her theory of kawa whakaruruhau. In her article 'He Aha Te Mea Nui O Te Ao' (Ramsden, 1989), the title is the introduction to a whakatauki or proverb that concludes

with ‘ko te tangata, te tangata, te tangata’. The translation of the proverb asks what is the most important taonga in the world and it is people, people, people. Ramsden’s philosophy within kawa whakaruruhau relates to her people, ngā tangata Māori, the Māori people and draws upon the notion *care means love* and the principles of manaakitanga, mana and tikanga-aroha and tikanga-love.

Theme Two ‘Urban Village Concept’ which moves the gaze away from the pre-1769 Captain Cook era of the historical village or pa to the reality of the contemporary village, captures the critical philosophy of maintaining te ao Māori values in achieving positive health outcomes and experiences for Māori. To this end, Ramsden acknowledges the foundational work of Leininger’s transcultural nursing theory and how it varies with the kanohi ki te kanohi approach to knowing and understanding Māori within their cultural context. Ramsden’s approach resonates with the two-eyed vision of Albert Marshall (Bartlett et al., 2012) and Durie (2004) by taking the best from two systems of understanding to advance knowledge. I add to Ramsden’s work the philosophy of American theorist Watson’s (1997) Theory of Human Caring and the meaningful coincidence in her phrase ‘caring and love’ with that of Maraeta’s *care means love*.

Ramsden (1989) sums up her philosophy when she embraces her position within the spiritual notion of the wairua or the “spiritual basis of health” (p. 3) and combines that with the following critical linkages “Te mana atua, (the mana of spirituality or godliness), te mana whenua (the mana of the land) and te mana tangata (the mana of humanity) ... said to be healthy contributors to a healthy society” (Ramsden, 1989, p. 3).

Conclusion

Chapter 6 provides a critical insight into the lack of culturally appropriate and safe practices experienced by Mihi, Rōhiputiputi and Hōhepa while their elderly whānau were in hospital. Furthermore, the hospital care administered by whānau has an ironic twist. Because it is both

assumed and sanctioned by nurses, the implication by Thomas et al. (2022) is that it enables and maintains the ongoing discrimination practices in hospitals.

The anomaly of whānau helping nurses highlighted two reactions to that practice. The first is the analysis by Corbett et al. (2006) that Māori care in hospitals was the norm, and the second was the reaction to that philosophy by Mihi, who vehemently opposed being a participant anymore. The insult to Mihi's dignity and mana was evident in her kōrero and severing the ties to being an invisible hospital carer and defacto nurse acknowledged the requirement for a culturally appropriate Māori environment within which to enhance the wellbeing and care of whānau.

The Western expectations placed upon carers being with their whānau in hospitals relate to my extensive examination in Chapter 5 regarding cultural exploitation by the state. I examined the reasons for the phenomena, which are associated with Moorified's (2011) observation of the intricately woven values systems related to the cultural mores in te ao Māori. The resilient system of linkages embedded in the wairua of Māori is the reason why kaumātua are looked after at home. However, the state exposes that sense of cultural duty as a weakness and an invisible tool to exploit and marginalise carers. It has filtered through the state systems and into hospital wards, and as Mihi claimed, there is no "thank you".

A 'catch-22' exists between Western practice in hospitals and achieving culturally safe and sensitive care for Māori. However, as the literature has revealed, there is progress through the interventions of Māori nurses, the theories of Ramsden, Leininger and Watson and recognition by the Nursing Council of New Zealand.

My final comment relates to the question is there a link between carers and nurses? While the common bond focuses on care, the large gap revolves around love, as in *care means love*. Due to the regulated environment and academic orientation of nurses, there is a vast difference

between the skill set of nurses and carers. While my carers have academic qualifications, they are unrelated to care. Carers use their intellectual judgment supported by their bricoleur and life skills to respond and react to the circumstances that occur within the caregiving experience.

Carers and nurses are linked to care, health and wellbeing, but the administration of those processes is vastly different. Two American theorists have recognised the importance of care in the healing process. The first is Jean Watson and her influential philosophy of ‘caring and love’; the significant contribution by Madeliene Leininger to culturally sensitive care worldwide and Irihāpeti Ramsden who, as a Māori woman, was able to culturally orientate her theory of kawa whakaruruhau to the context of te ao Māori.

Analysis

The critical links in this chapter to the holistic philosophy of my thesis are Themes One and Two, cosmology, the three kete of mātauranga or knowledge, the research question ‘what is the value of care to the carer’ and the answer *care means love*. These are the descriptive connectors that have formed the framework for the invisible voices of my carers to be made visible to achieve positive results for culturally safe health services.

The outcome of this chapter which originated from the pūrākau of my carers as invisible defacto nurses in hospitals, is the ongoing development of systems that achieve kawa whakaruruhau as a worldview role model. This relates not only to the nursing profession in hospitals but to all medical and health services within the community that are accessed by te ao Māori.

PART E

Conclusion

The significance of what I found

The title of this section arose from a discussion I had with Professor Kerse on 24 November 2022 when she challenged me with the question, “What is the significance of what you found, you tell me?” Professor Kerse wanted an off-the-cuff summary that came from the passion of my heart instead of a carefully orchestrated academic narrative originating from the hinengaro.

When I started writing this conclusion chapter, I felt in my spirit that my thoughts weren't flowing. I had an innate sense that there was something not quite right. Because of my research's spiritual content related to cosmology and ngā taonga, I did not doubt that the warnings originated from that source and their unseen dimension. While it was disquieting, I was intrigued to know how it would resolve itself.

Four days later, I had my second and what was to be my last epiphany. The first was the new research question materialising in front of me (see Part A, Introduction) and the feeling of exhilaration. The current inspiration was seeing ngā taonga as the central core controlling the Universe's most elaborate, sophisticated, and complex web of connections. The intricate system of linkages included the earth, the eleven heavens and the twelfth heaven, Te Toi-o-ngā-rangi. I repeat an earlier reference by Dawes et al. (2020), who used a spider's web as a metaphor to illustrate the multiple links and connections originating from tikanga as the central core - see Chapter 5, *Cultural protocols exploited*. The image is simple but powerful and includes ngā taonga operating from the core's nerve centre. I will use the collective expression cosmology to replace the term 'the Universe'.

As I narrowed my focus toward Earth, I realised that ngā taonga controlled the linkages between Earth and cosmology and the web of connections within our planet. When I further adjusted the lens to focus upon te ao Māori, I realised the brilliance of Io's plan for creation and just how critical ngā taonga were in the wider context. In the following summary, I provide a brief outline

of the extent of the influence of ngā taonga, even at a micro level which is my research, carers and caregiving.

Ngā taonga are responsible for influencing the following connections:

- Within my research
- Between my research, te ao Māori and te ao Pākehā
- Within te ao Māori and te ao Pākehā
- Between my research, te ao Māori, te ao Pākehā and the earth (Papatūānuku)
- Within the earth (Papatūānuku)
- Between my research, te ao Māori, te ao Pākehā, the earth (Papatūānuku) and cosmology
- Within the vast entities in cosmology

My epiphany was a wake-up call to perhaps one of the wonders of Io's creation, the enormity of ngā taonga impacting the complexity of the linkages and connections that originated from the vision of the supreme atua. If cosmology represented the macro level of complexity, then an observation by the Ministry of Justice captures the complexity at the micro level of te ao Māori. The Ministry claimed that "The more research that was done, the more the project team realised that they were merely scratching the surface of a potentially vast and complex study" (Ministry of Justice, 2001, p. v). The citation is contained in the Ministry of Justice's extensive report entitled *He Hīnātore ki te Ao Māori A glimpse into the Māori World Māori Perspectives on Justice*.

My newfound knowledge has been daunting and overwhelming, making me realise why I struggled to write my conclusion. My understanding of cosmology did not grasp the depth, breadth, and critical significance of ngā taonga because of the time restrictions imposed by my research. Now that I have created the conceptual framework of the spider's web, my first step

is to expand on my epiphany by revisiting the details of what each kete represents to appreciate its impact on my research. I would consider my epiphany and the accompanying revelation to be one of my research's critical discoveries and outcomes. The theory of the spider's web will be my contribution to academic scholarship at the micro level of care because the potential research opportunities are expansive and exciting.

In the hierarchical order of ngā taonga, the dominant kete is Aronui because it radiates light and positive energies that allow and make events, circumstances, and the broad range of activities and expectations of life happen. It naturally embraces positive emotive expressions such as love, aroha, whanaungatanga, manaakitanga, moemoea, whānau, joy, success, sharing and caring. What I have described is but a small sample of an endless list. The remaining two kete exist on a lower level as equals.

Te kete Tuauri acts as an intermediary between te kete Aronui (positive energy) and te kete Tuatea (negative energy) and therefore has the unique distinction of representing both kete without bias. Tuauri is a neutral kete and transforms the energies from Aronui and Tuatea into a dormant state to remove tension and achieve balance.

Te kete Tuauri is the dimension where the expressions 'may or may not, could or could not, yes or no' in the same breath, and the multiple variations on 'maybe' all exist in a vacuum. They are endlessly swirling around while waiting for an outcome. Hope is an essential quality in the knowledge system of te kete Tuauri. Hope is the expectation that good things may happen. However, there is always a balance that could result in negative consequences.

Hope seeks comfort in the instruments of optimism such as karakia, chants, waiata, and meditation, which are intercessory channels to Io, the supreme atua. When te kete Tuauri interacts with te kete Tuatea, it transforms the dark, negative energies into a state of inertia. It

holds the negativity in limbo until there is a resolution which could work for or against te kete Tuatea.

As indicated throughout this research, te kete Tuatea has a natural inclination towards negativity. It is relentless in its pursuit of destruction using evil, wars, strife, tension, and evil spells. It absorbs all the negative energies generated from cosmology to wreak havoc using atua, heavenly creatures, animals and humans who become te kete Tuatea's intermediaries of destruction.

Despite the different functions of each kete, Io has created a balanced relationship. Te kete Aronui is positive energy and offset by te kete Tuatea's negative energy. At the same time, te kete Tuauri represents both positive and negative energies and holds them in an inactive state. It is the impact, actions and reactions of the inhabitants of the spiritual realm that determine the outcome which then influences the natural world. It is the reason why Io tested his taonga on the first family of care Ranginui, Papatūānuku, their sons and also Maui and Tāwhaki.

In summary, I have presented an in-depth account of the power and significance of ngā taonga and their relationship to the intricate web of connections in cosmology. What is profoundly reassuring is that my revelation validates the essential importance of Chapter 2, Cosmology as the Origins of Care. While my thesis is a condensed version for doctoral research purposes, I believe it is an opportunity for further study within the broader framework of the spider web knowledge system.

The key findings from my research

As anticipated, the influence of ngā taonga in my research is evident in the key findings. What is important when viewing the results is to understand and recognise the qualities in each kete, that is, the presence of the positive, negative, and neutral attributes of ngā taonga and the interplay that occurs to explain their impact upon the unfolding events.

The critical finding was the surprising solution to the research question *what is the value of care to the carer?* Resolving the research question arose from a simple truth that Maraea expressed at the end of her interview, *care means love*. It was unexpected and at odds with a lifetime commitment to caregiving's difficulties, demands and challenges that would end at the grave. The answer was inductively informed, originating from the data and buried in the narrative beneath the already outlined practical realities of care. It could easily have remained overlooked as my research developed and was constantly tested and reimagined.

Māraea's phrase is unique because it represents the many experiences of care and love identified in the narrative of the carers in Chapter 3. Finally, in Chapter 6, *care means love* was evident in carers remaining with their whānau throughout their stay in the hospital.

An exciting finding was that my research allowed my carers to express the realities of their feelings about the care experience, including the pragmatic daily routine of servitude. Te Upoko provides a graphic illustration in what I would call 'the shower scene' with her mother in Chapter 3. Caring for their parents was made even more difficult for Mihi and Shabrom when, on one occasion, their mother broke her neck while at home. As Mihi described, when her mother was discharged from the hospital, the lack of exercise caused her body to become stiff, adding that "her last year was miserable." Needless to say, so would the pressure on the care duties. Then there was Ewa's dad, who, because of his Alzheimers, had no recollection his wife had died and would become extremely aggressive when he had to keep asking for her.

These cameo insights were my carers' responses to the research topic *Carers of elderly whānau their invisible voices* in which they located their visible voices at the forefront of this research. What I found unique was how my carers turned those scenes into humorous episodes in their experiences by accentuating the positives. For example, Ewa burst out laughing while calling her dad a "Blinkin' old beggar" because he had fallen asleep at the table, and when he awoke, he refused to accept that he had been fed and was very aggressive.

Care means love is an overarching theory that is representative of the impact it has had throughout my thesis. The reason is that it has deep roots in the spider web of cosmology and provides the balance in which the carers can describe the challenging routine of care and then express their tikanga-aroha and tikanga-love feelings toward their whānau member. With the benefit of the hindsight and humour lens, my research became the conduit through which carers felt excited and confident in sharing their ontology of the value of care. It was infectious, and I could sense it in their wairua. One of those moments was Te Upoko declaring she loved her mum, a vital thread in her narrative and an example of one of the many shades of value.

The finding in my research relating to the word ‘value’ was an essential concept in the research question, *What is the value of care to the carer?* Value identifies the different shades that fall under the umbrella of *care means love*. Interestingly, Associate Professor Muru-Lanning believed in 2018 that value would be the central focus of my research (see Part A, Introduction, *Developing the research question*). Her critique has proved insightful because ‘value’ is intrinsic in Maraea’s cutting-edge phrase *care means love*.

Value is a korowai that arches over the now visible voices of my carers and carries the mana *care means love*. This section originates out of te kete Aronui, which, in a brief recap, refers to the humanities (Moorfield, 2006) and includes the dominant features of value related to Moorfield (2011) and Best’s (1976) references to aroha, peace, love and compassion.

The korowai captures the heartfelt feelings of carers toward their elderly whānau, whose voices in Chapter 3 are emotionally charged narratives and comments woven throughout my research. Sharing the intimacy of their feelings is the most critical contribution to the scholarship of care. The whakapapa linkages to the origins of cosmology provide invaluable explanations and reasons for many of their behavioural actions and reactions (see Chapter 4).

While my research acknowledges the carers' challenges, it does so congruently with the emotional attachments to tikanga-aroha, tikanga-love, mana, whanaungatanga and whakapapa. Furthermore, my carers enjoyed adding a blend of humour to their narratives which enhanced the positive wellbeing of their reflective gaze across the overall holistic care experience.

The many shades attributed to value relate to the physical duties and routine of care, whānau support, the mana of te ao Māori, the tikanga protocols of aroha and love and the carers' acknowledgement of the respect and admiration they felt toward their elderly whānau. Perhaps a critical shade of value not only to the carers but to my research, related to the carer's physical decision to participate in my study and sign the consent form. As the Indigenous researcher, the value to me was the realisation of how I felt about my mum, which I proudly acknowledged in the Dedication section in a proclamation across the top of the page, *My mum, the 'bestest' friend ever in the universe. Priceless.* I owe my carers and this research a tribute of thanks for this astonishing revelation.

Other narratives related to value were the heartfelt expressions such as easy to look after, privileged to share the time with them, I loved my mum, dad, grandparents or parents, and they had no regrets in the decision to care. The honesty of acknowledging that it was not easy being a saint 24 hours a day because it was, at times, overwhelmingly challenging was yet another shade of value. In another instance, the act of regretting the negative interaction with their elderly whānau on occasion made the carers feel remorseful which represents the value of self-realisation, sincerity and truth.

Whether through tears, the hindsight and humour lens, the trials, tribulations and expressions of respect, or the cultural sense of mana, what was always evident, was the presence of tikanga-aroha and tikanga-love that resolved the wairua back to the core value *care means love*. My carers established a kaupapa that acknowledged their heroism as carers. Deep within their wairua, the value of care was their love and commitment to their elderly whānau.

I phrased a finding that was dear to my heart as a question: *Why has Māori survived?* I felt proud when considering the content of my research and the literature regarding ongoing struggles by Māori. I believe my question is a fitting response to Professor Kerse in the first paragraph above, who asked, “What is the significance of what you found, you tell me?” If Māori had not survived, I would probably be writing a thesis on their extermination. The critical answer to their survival is cosmology, particularly the spider web. It begins with the intricate and complex whakapapa and tikanga connections in te ao Māori that then moves to the higher level of linkages in cosmology. The Māori link to cosmology is their strength against the forces of colonisation, acculturation, marginalisation and discrimination.

This finding is critical to health and wellbeing and relates to the lack of adequate services for my carers. For example, when I compared the difference between Nurses and Carers in Chapter 6, I noted that while the nursing environment is highly regulated, there are no checks and balances in the care environment, and the absence of support to monitor safety issues is a serious concern. The state should implement regular monitoring and support systems.

There is an absence of culturally sensitive and safe practices in hospitals. Furthermore, in Chapter 6, I explored the world of the unpaid hospital carer to discover that there is an expectation on those carers who stay in the hospital with their whānau to provide additional support for the nurses. It is the reason why inequities continue in hospitals.

The most damning finding was the label that applied to my carers: ‘the shadow workforce’. It is a colonial tool that enables the government to achieve a passive annual income valued in 2013 by Grimmond (2014) at 10.8 billion dollars. It is related to the holistic family of caregivers caring for their families at home and absolving the government of any responsibility. The return to the carers is a modest benefit, respite leave and several services related to meals, toileting and showering. Sadly, even though carers are the invisible backbone of health systems (Applebaum,

2015; Levine et al., 2010), in the case of my carers, they remain in the shadows, are unpaid, work 24 hours a day, seven days a week until either the carer or their whānau die.

The concluding finding and a significant impact upon my carers was colonisation and the 21st-century reality of the dominance of te ao Pākehā. However, despite the western presence, te ao Māori has remained resilient and steadfast. The pou responsible are tikanga and whakapapa protocols that are part of the intricate web of connections that bind and knit Māori together in the natural world and the origins and linkages to cosmology that bind them in the spiritual dimension.

While the wairua of Māori live and breathe in te ao Māori, they exist in multiple environments represented as economic, financial, religious, educational, sporting, recreational and employment. The seven categories identified are the means to survive in a modernised, technologically advanced Aotearoa, New Zealand, with ready access to a Western-oriented global infrastructure. Sadly, in observing and listening to my carers, their interaction with te ao Māori was not on the same par with te ao Pākehā. It is the legacy Metge (2013) predicted in her comment that the colonial practices experienced by her mother would deter later generations from immersion back to te ao Māori.

I am not ashamed to admit that I am addicted to the trappings associated with Te Arakau's phrase of being a "thoroughly modern Pākehā". I rarely get the opportunity to kōrero in te reo Māori and only interact with aspects of my cultural heritage at the occasional hui or tangi on the marae. Even while caring for my mother, when I engaged her in te reo Māori, she would respond for a short period and defer back to te reo Pākehā because she would say it was much more convenient.

However, when her sisters visited, they only spoke te reo Māori to each other throughout their time with us. The reason is generational. Te Reo Māori dominated my mother and her sisters'

lives, and the narratives related to a specific historical period whose connection to the past was unbroken. Sadly, that is not the case with my whānau and our generation. Mother's life in Auckland did not accommodate her 'native' te reo.

Despite the dominant influence of the west, I am proud of my cultural heritage. My tūrangawaewae will always be home in my heart, and when I speak te reo Māori, it is the thread that connects my wairua back to my tupuna and cosmology. Te ao Māori will always be my tikanga-aroha tuatahi (my first love) and the source of my values, ways of thinking and ways of caring. It was the driving force that influenced me to change back to my original Māori name, Te Piere Warahi.

I briefly summarise my findings as follows:

- *Care means love* was the answer to the research question *what is the value of care to the carer?* It was the korowai over my research.
- My carers were able to 'pour their hearts out'. The research acted as a release valve for carers to share, cry, laugh, and reminisce with sadness, love or remorse.
- Exploring the many shades of 'value' as in *What is the value of care to the carer?*
- *Why have Māori survived?* Māori survival was a finding that spoke to my wairua. Cosmology provides the linkages that ground Māori in their culture and is the reason for their resilience.
- Underfunded state services impact health and well-being and, similarly, culturally unsafe environments in the hospital. Sadly, the impact of the spiritual and emotional investment by carers looking after their whānau as de-factor nurses remains invisible.
- The 'shadow workforce' is unseen and unpaid 24 hours a day, seven days a week.
- The concluding finding was the twenty-first-century reality of the impact of colonisation on my carers.

A tribute to our heroes

My greatest regret is not being able to capture the essence of tikanga -aroha and tikanga -love in photographs of my carers and their whānau to display in this thesis because of my ethical responsibility to uphold anonymity. However, on behalf of all those silent images that I could not portray, I would like to introduce two photos of my mum (Figures Three and Four) to showcase and represent the same ideals my carers would have wanted to achieve for their whānau.

The photos represent a once-in-a-lifetime opportunity to take my mum to Fiji for her son's wedding. She was excited to fly internationally with all her whānau around her on the flight and at the resort. My sister helped her to select her wedding attire, and I dressed Mum for the occasion. Her mokopuna even moved into our accommodation, and, like all dotting grandmothers, she spoilt him.

As I mentioned earlier, these photos represent tikanga-aroha and tikanga-love that motivate carers to continually strive to take our kaumātua to the next level of well-being and to give them the best life possible.

The wairua in the kōrero of my carers is the same sense that I felt within me regarding my parents - they were my heroes. How can we fully understand the complexities and profound realities of operating in two worlds during an era of autocratic rule and reign compared to 2022, where there are more economic, social, financial, and educational opportunities and choices? However, Māori still face challenges therefore this research is a tribute to our elderly whānau, the heroes in our stories.



Figure Three: Grandmother and doting moko Nevan Anaru Black in Fiji in 2005



Figure Four: Mum celebrating her son's wedding with whānau in Fiji in 2005

What does my research offer

A pragmatic outcome is that my research is a compelling advocate as an educational/teaching resource to prepare carers of Māori kaumātua for the realities of care. The model is critically impacted by Kaupapa Māori, Ātārangi ki te Ātārangi Māori or indigenous research, Pūrākau cosmology and Colonisation. The following statement by Marama-Muru Lanning is a testimony to the value of my research as an informative care reference when she reflects:

Anybody...having aged parents and you know thinking about caring should read this before they embark so [*that*] they know what they're up for and how to show aroha and all that. I wish I had read this for Dad. I think it's such a helpful piece of work. It's different.

(Kerse et al., 2022)

Given the global ageing population phenomenon and its negative potential future impact on our kaumātua, this research, as an educational resource, and a pedagogical tool, will strengthen the whakaaro (thoughts) of Te Ao Māori with a kaupapa Māori conviction that *care means love*. The final word of encouragement that goes to the heart of care is from Nori who is caring for her dad in his eighties when she bluntly announces, “I suppose you can be full of advice, but I'm thinking you do it because they're whānau.”

Implications for future research

My main concern for research is to explore and restore my carers' mana from the spectre of the 'shadow workforce' and its discriminatory agenda, philosophy and expectations. If there is one observation I make from my research it is the ongoing negative philosophy of 'saying' and 'not doing' which perpetuates the existing systems and structures within the colonial bureaucratic machinery of the government.

My carer Tahi provided an insightful solution whereby encouraging people to care for their whānau at home should be accompanied by “all the wrap-around services” and then points out,

"If you look at it, it won't cost the state as much as a rest home." Tahi works in the community and researched aged residential care facilities for private use.

I feel strongly that Tahi's kōrero is a potential option for research to provide culturally sensitive home care that would challenge the current unpaid, 24-hour-a-day, seven-days-a-week status quo. The following is the framework of questions I have copied from Chapter 5 to generate kōrero:

- What do we need?
- How can we best manage this space?
- What critical features will support and enhance Māori carers and their elderly whānau?
- What services will be culturally appropriate?
- How can we make it work?

My thesis is an advocacy document for agencies such as the Families Commission whose Whānau Strategic Framework 2009-2012 provided a working statement to "support whānau to achieve a state of 'whānau ora' or total wellbeing, utilising the mechanisms of advocacy, engagement, social policy and research" (Families Commission, 2010, p. 4).

PART F

Appendices

Appendix A: University of Auckland Ethics Approval

Office of the Vice-Chancellor

Office of Research Strategy and Integrity (ORSI)



The University of Auckland
Private Bag 92019
Auckland, New Zealand

Level 11, 49 Symonds Street
Telephone: 64 9 373 7599
Extension: 83711
humanethics@auckland.ac.nz

UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

02-Apr-2019

MEMORANDUM TO:

Prof Ngaire Kerse
Population Health

Re: Application for Ethics Approval (Our Ref. 022673): Approved

The Committee considered the application for ethics approval for your study entitled **The invisible reality of informal Māori caregivers of elderly whānau members**.

We are pleased to inform you that ethics approval has been granted for a period of three years.

The expiry date for this approval is 02-Apr-2022.

Completion of the project: In order that up-to-date records are maintained, you must notify the Committee once your project is completed.

Amendments to the project: Should you need to make any changes to the project, please complete an Amendment Request form in InfoEd, giving full details along with revised documentation. If the project changes significantly, you are required to submit a new application to UAHPEC for approval.

Funded projects: If you received funding for this project, please provide this approval letter to your local Faculty Research Project Coordinator (RPC) or Research Project Manager (RPM) so that the approval can be notified via a Service Request to the Research Operations Centre (ROC) for activation of the grant.

The Chair and the members of UAHPEC would be happy to discuss general matters relating to ethics approvals. If you wish to do so, please contact the Ethics Administrators at humanethics@auckland.ac.nz in the first instance.

Additional information:

1. Do not forget to complete the 'approval wording' on the PISs, CFs and/or advertisements and emails, giving the dates of approval and the reference number. This needs to be completed before you use the documents or send them out to your participants.

Please quote Protocol number **022673** on all communication with the UAHPEC regarding this application.

(This is a computer generated letter. No signature required.)

UAHPEC Administrators
University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, Population Health
Marama Lanning
Mr Edgar Wallace

Appendix B: University of Auckland Participant Consent Form



**MEDICAL AND
HEALTH SCIENCES**

School of Population Health
Faculty of Medical and Health Sciences
University of Auckland

Postal Address

Private Bag 92019
Auckland, New Zealand

General enquiries

+64 9 373 7599 ext. 86335

CONSENT FORM

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project Title:

The invisible reality of informal Māori caregivers of elderly whānau members

Name of researcher: Edgar Te Piere Warahi Wallace

Contact details: ewal003@aucklanduni.ac.nz

Name of Supervisor: Professor Ngaire Kerse

Name of Co-Supervisor: Dr Marama Muru-Lanning

I have read the Participant Information Sheet and I have understood the nature of the research project and why I have been selected. I have had the opportunity to ask questions which have been answered to my satisfaction.

- I agree to take part in this research.
- My participation in this research is voluntary.
- I understand that I will be interviewed by Edgar. Any information I give during this interview will be kept confidential to Edgar
- I understand that my interview will be audio recorded. However, I can ask Edgar to stop the interview and/or recording at any time and I can decline to answer specific questions without giving a reason as well as ask for any comments or statements I make to be withdrawn at the end of the interview.
- I understand that only Edgar will have access to my personal data. Furthermore, I understand that Edgar's principal supervisor and co-supervisor will have access to the interviews and the transcriptions but not to my personal or identifying data. If for some reason I do not wish Edgar's supervisor to read my transcriptions my request will be respected.
- I understand that I have the right to withdraw from the interviews at any time without giving a reason and to withdraw part, or all my interview data within two weeks from the interview date.
- I understand that data from my interview may be used for Edgar's PhD thesis, associated presentations and publications as well as for scholarly articles and verbal presentations at conferences and workshops.
- I understand that in any presentation and publication, the information I will give, my name and directly identifying features of me will be disguised (pseudonym applied) to ensure that my identity will remain confidential. Nevertheless, I understand that despite Edgar's best efforts, there is a relatively small possibility that some readers may assume who I am because of the nature of the story that I am telling or my position within the community.
- I understand that the personal nature of this study may cause me to experience some discomfort and sharing personal experiences and opinions could cause emotional distress. I understand Edgar will discuss this matter with me at the beginning of the interview to suggest options to cope and manage these issues.
- I wish to **receive/not receive** (cross out) a digital file of my interview.

- I wish to **receive/not receive** (cross out) a transcription of my interview. Receiving my transcripts gives me the opportunity to delete, clarify, rephrase or even change what I said in my interview so that it more accurately reflects what I think. I understand that I must return the edited transcript to the researcher within the two weeks after receiving it otherwise the researcher will presume that I do not wish to make any changes.
- I **wish/do not wish** (cross out) a **summary/complete version** (cross out) of the findings of this research.

- I wish to receive my data by:

e-mail..... (preferred email address)

or

mail..... (postal address)

Name: _____

Signature: _____

Date: _____

Approved by the University of Auckland Human Participants Ethics Committee on 2 April 2019 for three years. Reference Number 022673.

Appendix C: Questions to ask Participants



**MEDICAL AND
HEALTH SCIENCES**

School of Population Health
Faculty of Medical and Health Sciences
University of Auckland

Postal Address

Private Bag 92019
Auckland, New Zealand

General enquiries

+64 9 373 7599 ext. 86335

Questions to ask Participants

Research Question:

What is the value of informal caregiving for Māori and New Zealand?

Thesis Topic:

The invisible reality of informal Māori caregivers of elderly whānau members

Criteria:

60yrs+

Full time ICG

Unpaid

Home

1.0 Background Question:

Relationship to the kaumātua?

- Whakapapa
- Parent, Aunt, Uncle, Grandparent
- Age
- How did it start
- How long
- Care at home
- Other whanau to care for also
- Finances
- If under 65yrs no pension
- Te Reo
- Your age when started
- 24 hrs, 7 days, invisible

2a Informal Caregiving Question:

Explain to me your role as an informal caregiver?

- Duties
- Easy person
- Physically independent
- What was it like
- Bathe, dress, wharepaku
- Soil themselves
- Allow others to wash/shower
- Other chores

2b Informal Caregiver Question:

Tell me about all the **positive** aspects of caring for your kaumātua?

- Memorable moments
- Value most about your role
- Positives
- Reflection – do things differently
- Do it all over again
- Importance of hapu and marae

2c Informal Caregiver Question:

How would you describe any **negative** aspects you experienced?

- Was it stressful
- Overwhelming
- How did you cope
- Whānau help – who
- Respite leave
- Any regrets

3.0 Government Services Question:

What was your journey and relationship like with Government Agencies?

- Your experience with Government Providers
- Who to call
- Where to go
- Services received at home
- Agencies helpful?
- Treated with respect
- Did you know of a benefit for ICG
- Should ICG be paid a wage – why
- Were you shy about seeking Govt. Assistance
- Any difficulties issues
- Worst experiences
- Great experiences
- Should Govt. Provide other services – do more
- Did you experience **Discrimination**

4.0 Medical Question:

Apart from medical advice and check-up, in what ways were GP/staff helpful

with advice about the different services and assistance available?

- Doctors, Nurses helpful, understanding with Kaumātua
- Did they make home visits
- Giver advice re Govt. Services – how to apply, where to apply
- Did they know anything about Govt. services

5.0 Value to Māori:

Describe the ways in which you feel that what you are doing is valued by Māori?

- Aged Residential Care – ever give it a thought
- What do you think of Māori putting Kaumātua into ARC
- Is there a time when a kaumātua should be put into ARC – why
- How important is it to look after them at home
- As the popn gets older, families getting smaller, times harder, what do you think the future holds
- Is home care a form of ‘ageing well’
- Value to whānau, mokopuna to have kaumātua at home
- What is there about your kaumātua that enriches the whānau culture
- Does Kaumatua interact, contribute to marae

6.0 Cultural protocols:

Outline some of the cultural issues in caring for your kaumātua?

- Delicate, sensitive cultural protocols of kaumātua care
- Things you could, could not do with Kaumātua
- Cultural rituals kaumātua performed e.g. karakia
- Difficulties dealing with some cultural etiquettes – give examples
- Did you and whānau learn about your ‘Māoritanga’ through your carer role
- Was your kaumātua expected to engage in marae activities
- Was your Kaumatua fluent in te reo
- What are some of the values you have learnt from your kaumātua

7.0 Conclusion:

Any final comments before we conclude

Approved by the University of Auckland Human Participants Ethics Committee on 2 April 2019 for three years. Reference Number 022673.

Appendix D: Theme One 24-Hour Informal Saint

(Traditional te ao Māori to contemporary Māori)

Advice

Financial

Labour of love

Give up part of your life

Have to be active

Every day I had to be disciplined

Can be a challenge

Physical

Impatient

Almost smacked kaumātua

Part of care

Can't be nice, nice, nice 24-hrs to somebody who is insane

Wanted to smack him/her

Telling Doctor not being fed

Telling others locked away

Considering what I did

Wanted to slap her so angry

Wanting to smack her made me realise things

Potential violence is a realisation exercise

Back sore, fed up manoeuvring legs was difficult whacked him

Uncle's support was essential

Duties

I did everything

3 years

Full care duties were hard at first

Included full care duties including lady bits

Gradual process of full care

Broken sleep

Toilet assist in the mornings

Easy; considerate not a burden

24-hour intensive care toward the end

Shower; shave; dress; breakfast; off to the centre

Sundowning 4 pm life was hell as he went into battle mode

Shower; toilet; use hoist; wheelchair bound

Feed him, clean the house

Te Upoko's mum never satisfied

Clean Commode

Get to the stage you think how many more days

My husband had a catheter and I had to clean it regularly

Second time with Husband. I knew what to do.

Grandfather - night and day reversed

Maximum carer support in the morning and evening

Not an easy job

Had to watch her diet to keep her hydrated

Engagement was hard all the time

It's been hard

I know she is easy to care for, it's just me

Has overwhelmed me

Did it without anything in return

Taking them out otherwise housebound

A lot of physical work

Did all of Dad's personal cares

Toward the End

Emotionally draining toward the end

Lost track of time

Seems like a long time

Stressful, sleep-deprived

Soiling every day

Memories

Flare-ups tempers rose

Hard work, painful

Unlike kids, you care because they're dying

Happy hopelessness

Regret I could have been kinder

Regret I should have growled or argued a bit less

To have a day off I felt guilty

Most humiliating showering and tiko running down the leg

Positive, you could live with yourself. Biggest thing.

The first few days were like prison

Housebound

1st year hard still had responsibilities in Auckland

Changed me. I used to be selfish (tangi tangi)

The way I handle things and react are the issues

Times when I regretted it. Could be doing something else

Family backbiting behind my back hurt

Visit dad in the hospital, holds out arms here comes my angel....tangi

I realised they saw what I did even though they didn't say

I learnt patience

It was challenging being drained from non-stop care

Sitting with parents; feeling wairua, talking, listening

No physical contact when they passed – very hard

Disease progresses

Outside help needed

Whānau roster

Appendix E: Theme Two Urban Village Concept

(Traditional te ao Māori to contemporary Māori)

Govt

Savings

Benefit to govt

Well Off/Own Business

I paid for everything

Fortunate to have the capacity

Church

Mormon

Presbyterian

Anglican

Satisfaction

To be able to live with oneself

Education

Being a health professional was a plus

A huge plus when securing services

Removed discrimination/bias

Connections

Important

Knowing consultant

Māori iwi Medical Associations

Medical connections

Discrimination

Sound like them

Understand the paperwork

Paperwork is about exclusion

Getting the benefit involved paperwork, not worth it

Te Reo

Strapped at School

Grandad is against learning/speaking te reo Māori

Be like Pākehā

Plastic Maori

Richness will be lost. Taught in institutions

Mum native speaker never spoke te reo to us

Education

Academic Doctors

Pharmacist

Entrepreneur

Counsellors

Psychologist

Teacher

Administrators

Value

Time together

Whakapapa critical

Privilege of sharing

Long/difficult but uplifting

Privilege to be available

Able to sleep at night with a conscience

No regrets

Did absolute best

Shared special relationship

No regrets

The loveliest part of my life

Groomed to care

Never a burden

Sometimes wish he were here

Loved my mum (in hindsight)

Times with mum lovely/crying

Love my mum/walking arm-in-arm

Mum wrote me a lovely letter. I found it after Dad died

Showering them with love

Touching them, holding their hand, hugging

Dad died with all his kids loving him

Benefits

Maintain Māori values

Caring made me a different person, and developed patience

No Acknowledgement

Visitors and other families got all the praise

Incalcitrant to us not others

Carer supporter and I never got thanks

Never knew he was hurting me

Cousins said the same thing

Homecare

Important

I want homecare

Important to kaumātua

Never going into a hospital

If I fell my cousins would step in and take over

Marae

Connectedness

Important

Fully involved

Took over Dad's committees

Maintained connections up north

A major part of our lives

Reasons for caring

Stroke

I was chosen

Dad asked I said yes

Sister put a plea out can't do it anymore

Other sisters tried didn't work

Saw my sister needed help

Sister being crushed by the burden

The responsibility of caring for two aged parents

Sister was so exhausted

Tikanga

Lenient at home

strict on marae

ICG being Paid

Yes

No

Absolutely

Big job should be paid

PART G

References

- Adams, W. (2015). Conducting Semi-Structured Interviews. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey (Eds.), *Handbook of Practical Program Evaluation* (Fourth Edition, pp. 492–505). Josey-Bass. <https://doi.org/10.1002/9781119171386.ch19>
- Alexander Turnbull Library. (1936). *Tane-mahuta, Giant Kauri Tree, Waipoua Forest, Northland Region including Three Unidentified Men standing near the Roots* (Whites Aviation Ltd: Photographs. Ref: WA-03189-G. Alexander Turnbull Library, Wellington, New Zealand. /records/30665372). <https://natlib.govt.nz/records/30665372>
- Alpass, F., Keeling, S., & Pond, R. (2014). *New Zealand Longitudinal Study of Ageing—Caregiving* (Summary Report Caregiving; pp. 1–20). The Health and Ageing Research Team, School of Psychology, Massey University. https://www.massey.ac.nz/massey/fms/Colleges/College%20of%20Humanities%20and%20Social%20Sciences/Psychology/HART/publications/reports/Caregiving_NZLSA_2014.pdf?1F25ED5CDD43EFD9D5B694DCDD702858
- Al-Saadi, H. (2014). *Demystifying Ontology and Epistemology in Research Methods*. pp. 1-11. https://www.researchgate.net/publication/260244813_Demystifying_Ontology_and_Epistemology_in_Research_Methods
- Andersen, J. (1942). The Upraised Hand or the Spiritual Significance of the Rise of the Ringatu Faith. *The Journal of the Polynesian Society*, 51(1), p. 105. <https://www.jstor.org/stable/20702890>
- Angelo, A. H. (1996). Personality and Legal Culture. *Victoria University of Wellington Law Review*, 26(2), pp. 395-412. <https://doi.org/10.26686/vuwlr.v26i2.6174>
- Applebaum, A. (2015). Isolated, invisible, and in-need: There should be no “I” in caregiver. *Palliative and Supportive Care*, 13(3), pp. 415-416. <https://doi.org/10.1017/S1478951515000413>
- Asher, C., & Paewai, C. J. (2016). What are we going to do about Mum? A Journey through Care (documentary). *Ponsonby Productions (Production Unit)*. https://www.library.auckland.ac.nz/tv-radio/title/TV_02713_04
- Baker, M. (2009). *A methodological approach to Māori-focused research* (Working Paper 2009/2). Sustainable Future Institute. <http://www.mcguinnessinstitute.org/wp-content/uploads/2016/08/Working-Paper-200902-Web.pdf>
- Baker, T., & Nelson, R. E. (2005). Creating Something from Nothing: Resource Construction through Entrepreneurial Bricolage. *Administrative Science Quarterly*, 50(3), pp. 329-366. <https://doi.org/10.2189/asqu.2005.50.3.329>
- Barbic, S. P., Mayo, N. E., White, C. L., & Bartlett, S. J. (2014). Emotional vitality in family caregivers: Content validation of a theoretical framework. *Quality of Life Research*, 23(10), pp. 2865–2872. <http://dx.doi.org.ezproxy.auckland.ac.nz/10.1007/s11136-014-0718-4>
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *British Medical Journal*, 322(7294), pp. 1115–1117. <https://doi.org/10.1136/bmj.322.7294.1115>

- Barnes, H. M., & McCreanor, T. (2019). Colonisation, hauora and whenua in Aotearoa. *Journal of the Royal Society of New Zealand*, 49(1), pp. 19-33.
<http://www.tandfonline.com/doi/epub/10.1080/03036758.2019.1668439?needAccess=true>
- Barrett, M. S., & Stauffer, S. L. (2009). Narrative Inquiry: From Story to Method. In M. S. Barrett & S. L. Stauffer (Eds.), *Narrative Inquiry in Music Education* (pp. 7–17). Springer Netherlands.
https://doi.org/10.1007/978-1-4020-9862-8_2
- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2(4), pp. 331-340.
<https://doi.org/10.1007/s13412-012-0086-8>
- Bazeley, P. (2019). Using Qualitative Data Analysis Software (QDAS) to Assist Data Analyses. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 917–934). Springer.
- Becker, H. (1953). Becoming a Marihuana User. *American Journal of Sociology*, 59(3), pp. 235–242.
<https://www.jstor.org/stable/2771989>
- Becker, H. S., & Richards, P. (2007). *Writing for Social Scientists: How to Start and Finish Your Thesis, Book, or Article: Second Edition*. University of Chicago Press.
<http://ebookcentral.proquest.com/lib/auckland/detail.action?docID=432175>
- Benton, R. A. (1981). *The Flight of the Amokura Oceanic Languages and Formal Education in the South Pacific*. New Zealand Council for Educational Research.
- Berry, & Sam, D. L. (1997). Acculturation and Adaption. In J. W. Berry, M. H. Segall, & C. Kagitcibasi (Eds.), *Handbook of Cross-Cultural Psychology Volume 3 Social Behavior and Applications* (Second Edition, pp. 291–326). Allyn and Bacon.
- Berryman, D. R. (2019). Ontology, Epistemology, Methodology, and Methods: Information for Librarian Researchers. *Medical Reference Services Quarterly*, 38(3), pp. 271-279. <https://doi.org/DOI:10.1080/02763869.2019.1623614>
- Best, E. (1976). *Maori religion and mythology: Being an account of the cosmogony, anthropogeny, religious beliefs and rites, magic and folk-lore of the Maori folk of New Zealand Part 1*. Government Printer, Wellington, New Zealand.
- Bhaskar, R. (Director). (2014, April 28). *Critical Realism*. Faculti Media Ltd.
<https://www.youtube.com/watch?v=TO4FaaVy0Is>
- Bochner, A. P., & Riggs, N. A. (2014). Practicing Narrative Inquiry. In P. Leavy (Ed.), *The Oxford Handbook of Qualitative Research* (pp. 195–222). Oxford University Press.
- Bookman, A., & Harrington, M. (2007). Family Caregivers: A Shadow Workforce in the Geriatric Health Care System? *Journal of Health Politics, Policy & Law*, 32(6), pp. 1005-1041.
<https://doi.org/10.1215/03616878-2007-040>
- Boswijk, G. (2010). Remembering Kauri on the 'Kauri Coast.' *New Zealand Geographer*, 66(2), pp. 124-137. <https://doi.org/10.1111/j.1745-7939.2010.01178.x>

- Brannen, J. (2013). Life Story Talk: Some Reflections on Narrative in Qualitative Interviews. *Sociological Research Online*, 18(2), pp. 48–58. <https://doi.org/10.5153/sro.2884>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp. 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic Analysis. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 843–860). Springer. <https://public.ebookcentral.proquest.com/choice/publicfullrecord.aspx?p=5926398>
- Brown, R. M. (2018). *Surviving the System Māori and Pacific whānau coping strategies to overcome health system barriers* [Unpublished PhD Thesis, Auckland University of Technology]. <https://openrepository.aut.ac.nz/handle/10292/11678>
- Calman, R. (2004). *Reed Book of Māori Mythology* (Revised). Reed Publishing (NZ).
- Calman, R. (2021). *He Atua, He Tangata: The World of Māori Mythology*. (Third Edition). Oratia Books.
- Cambray, J. (2009). *Synchronicity: Nature and Psyche in an Interconnected Universe* (1st ed). Texas A&M University Press.
- Cardon, M., Wincent, J., Singh, J., & Drnovsek, M. (2009). The Nature and Experience of Entrepreneurial Passion. *The Academy of Management Review*, 34(3), pp. 511-532. <https://doi.org/10.5465/AMR.2009.40633190>
- Carruthers, J. (1990). A Rationale for the Use of Semi-structured Interviews. *Journal of Educational Administration*, 28(1), pp. 63-68. <https://doi.org/10.1108/09578239010006046>
- Cartwright, N. (2019). What is meant by “rigour” in evidence-based educational policy and what’s so good about it? *Educational Research and Evaluation*, 25(1–2), pp. 63-80. <https://doi.org/10.1080/13803611.2019.1617990>
- Catic, A. G. (2020). Dementia and Chronic Disease in the Elderly. In A. G. Catic (Ed.), *Dementia and Chronic Disease: Management of Comorbid Medical Conditions* (pp. 1–10). Springer International Publishing. https://doi.org/10.1007/978-3-030-46398-4_1
- Charmaz, K. (2000). . Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. Lincoln (Eds.), *The Handbook of Qualitative Research* (pp. 509–535). SAGE Publications Ltd.
- Charmaz, K. (2001). Qualitative Interviewing and Grounded Theory Analysis. In J. Gubrium & J. Holstein (Eds.), *Handbook of Interview Research: Context and Method* (pp. 675–694). Thousand Oaks, CA: Sage.
- Charmaz, K., & Mitchell, R. G. (1996). The Myth of Silent Authorship: Self, Substance, and Style in Ethnographic Writing. *Symbolic Interaction*, 19(4), pp. 285-302. <https://doi.org/10.1525/si.1996.19.4.285>
- Chase, S. E. (2005). Narrative Inquiry Multiple Lenses, Approaches, Voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed, pp. 651–679). Sage Publications.

- Churchill, H., & Sanders, T. (2007). *Getting Your PhD*. SAGE Publications, Ltd.
<https://doi.org/10.4135/9781849209229>
- Clifford, J. (1986). Introduction: Partial Truths. In J. Clifford & G. E. E. Marcus (Eds.), *Writing Culture: The Poetics and Politics of Ethnography* (pp. 1–26). University of California Press.
- Cohen, J. A. (1991). Two portraits of caring: A comparison of the artists, Leininger and Watson. *Journal of Advanced Nursing*, 16(8), pp. 899-909. <https://doi.org/10.1111/j.1365-2648.1991.tb01794.x>
- Coleman, T. M. (2012). *Ageing-in-place on Waiheke Island, New Zealand: Experiencing 'place', 'being aged' and implications for wellbeing* [Unpublished PhD Thesis, The University of Auckland].
<https://researchspace.auckland.ac.nz/bitstream/handle/2292/20534/whole.pdf?sequence=2&isAllowed=y>
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of Experience and Narrative Inquiry. *Educational Researcher*, 19(5), pp. 2–14. JSTOR. <https://doi.org/10.2307/1176100>
- Corbett, A., Francis, K., & Chapman, Y. (2006). The experience of whanau caring for members disabled from the effects of a cerebro-vascular accident. *Contemporary Nurse*, 22(2), pp. 255-263.
<https://doi.org/10.5172/conu.2006.22.2.255>
- Cram, F. (2019). Kaupapa Māori Health Research. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 1507–1524). Springer.
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed). Sage Publications.
- Crichton, S., & Childs, E. (2005). Clipping and Coding Audio Files: A Research Method to Enable Participant Voice. *International Journal of Qualitative Methods*, 4(3), pp. 40-49.
<https://doi.org/10.1177/160940690500400303>
- Cunningham, C., Stevenson, B., & Tassell, N. (2005). *Analysis of the Characteristics of Whānau in Aotearoa* (pp. 1-99) [Commissioned by the Ministry of Education]. Massey University, Palmerston North. https://www.educationcounts.govt.nz/__data/assets/pdf_file/0005/33494/characteristics-of-whanau-31-may-2005-final.pdf
- Dawes, T., Muru-Lanning, M., Lapsley, H., Hopa, N., Dixon, N., Moore, C., Tukiri, C., Jones, N., Muru-Lanning, C., & Oh, M. (2020). Hongi, Harirū and Hau: Kaumātua in the time of COVID-19. *Journal of the Royal Society of New Zealand*, 51(SUP1), pp. 23–36.
<http://www.tandfonline.com/doi/epub/10.1080/03036758.2020.1853182?needAccess=true>
- Dell, K. (2017). *Te Hokinga ki te Ūkaipō: Disrupted Māori Management Theory Harmonising Whānau Conflict in the Māori Land Trust* [Unpublished PhD Thesis, The University of Auckland].
<https://researchspace.auckland.ac.nz/bitstream/handle/2292/36918/whole.pdf?sequence=2&isAllowed=y>
- Dell'Anno, R. (2007). The Shadow Economy in Portugal: An Analysis with the MIMIC Approach. *Journal of Applied Economics*, X(2), pp. 253–277. <https://core.ac.uk/download/pdf/7004117.pdf>

- Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). *Handbook of qualitative research*. SAGE Publications, Inc.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2005). *The SAGE handbook of qualitative research* (3rd ed). Sage Publications.
- Department of Conservation. (1936). *Tane Mahuta Walk*. Tane Mahuta Walk.
<https://www.flickr.com/photos/purdyrns/32661794345>
- DeVault, M. L. (1998). Review of *The Vulnerable Observer: Anthropology that Breaks Your Heart*. *Contemporary Sociology*, 27(6), pp. 668-669. <https://doi.org/10.2307/2654305>
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The Qualitative Research Interview. *Medical Education*, 40(4), pp. 314–321. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1365-2929.2006.02418.x>
- Durant, A. F., McDermott, S., Kinney, G., & Triner, T. (2015). Caring Science: Transforming the Ethic of Caring-Healing Practice, Environment, and Culture within an Integrated Care Delivery System. *The Permanente Journal*, 19(4), pp. 136-142. <https://doi.org/10.7812/TPP/15-042>
- Durie, M. (2003). *Nga Kahui Pou: Launching Maori Futures*. Huia (NZ) Ltd.
<http://ebookcentral.proquest.com/lib/auckland/detail.action?docID=1359701>
- Durie, M. (2004). *Exploring the Interface between Science and Indigenous Knowledge* [Conference Paper: 5th Apec Research and Development Leader Forum]. Massey University, Palmerston North.
https://www.massey.ac.nz/massey/learning/departments/centres-research/te-mata-o-te-tau/publications/publications_home.cfm
- Durie, M. (2012). Interview: Kaupapa Māori: Shifting the Social. In T. K. Hoskins & A. Jones (Eds.), *He aha te Kaupapa? Critical Conversations in Kaupapa Māori* (pp. 21–29). New Zealand Journal of Educational Studies.
- Durie, M. (2017). Kaupapa Māori: Indigenising New Zealand. In T. K. Hoskin & A. Jones (Eds.), *Critical Conversations in Kaupapa Māori* (pp. 1–10). Huia NZ Ltd.
- Durie, M. H., Allan, G. R., Cunningham, C. W., Edwards, W., Forster, M. E., Gillies, A., Kingi, T. K. R., Ratima, M. M., & Waldon, J. A. (1997). *Oranga Kaumātua: The Health and Wellbeing of Older Māori People* (TPH 96/3; p. 64). A Report prepared for the Ministry of Health and Te Puni Kōkiri, Wellington: Te Pūmanawa Hauora, Palmerston North.
- Edwards, W. J. W. (2010). *Taupaeui Māori Positive Ageing* [Unpublished PhD Thesis, Massey University]. Taupaeui Māori Positive Ageing
- Elbow, P. (2007). Voice in Writing Again: Embracing Contraries. *College English*, 70(2), pp. 168-188.
<https://doi.org/10.2307/25472259>
- Elder, H. (2020). Whakataukī for Living. *Ingenio The University of Auckland Alumni Magazine*, pp. 1-2.
https://cdn.auckland.ac.nz/assets/auckland/alumni/whats-happening/alumni-publications/ingenio-spring-2020/Ingenio%20Spring%202020_web.pdf
- Erlingsson, C., & Brysiewicz, P. (2013). Orientation among multiple truths: An introduction to qualitative research. *African Journal of Emergency Medicine*, 3(2), pp. 92–99.
doi.org/10.1016/j.afjem.2012.04.005

- Families Commission. (2010). *Whanau Strategic Framework: 2009-2012*. (pp. 1–17). Families Commission. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE1636495
- Fashola, S. (2010). *Accessing Hard-to-Reach Populations: Respondent-Driven Sampling* (Victims of Crime, pp. 21–25) [Research Digest]. Department of Justice, Canada. <https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd3-rr3/p4.html>
- Fitzgerald, T. K. (1974). Maori Acculturation: Evolution of Choice in a Post-Colonial Situation. *Oceania*, 44(3), pp. 209-215. <http://www.jstor.org/stable/40330126>
- Foley, M. (2015). *Mothers in Company: The entrepreneurial motivations of self-employed mothers in Australia* [Unpublished PhD Thesis, University of Sydney]. https://ses.library.usyd.edu.au/bitstream/handle/2123/14139/foley_mf_thesis_copyright.pdf?sequence=2&isAllowed=y
- Foss, S. K., & Waters, W. J. C. (2007). *Destination dissertation: A Traveler's Guide To A Done Dissertation*. Rowman & Littlefield Publishers.
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research*. *Australian and New Zealand Journal of Psychiatry*, 36(6), pp. 717-732. <https://journals-sagepub-com.ezproxy.auckland.ac.nz/doi/pdf/10.1046/j.1440-1614.2002.01100.x>
- Fusitu'a, E. (2018, September). *Māori youth labelled 'plastic': 'I'm not Māori enough but I'm not white'* [Radio New Zealand Daily Newsletter]. <https://www.rnz.co.nz/news/te-manu-korihi/366352/maori-youth-labelled-plastic-i-m-not-maori-enough-but-i-m-not-white>
- Galdas, P. (2017). Revisiting Bias in Qualitative Research: Reflections on Its Relationship With Funding and Impact. *International Journal of Qualitative Methods*, 16, pp. 1–2. <https://journals.sagepub.com/doi/pdf/10.1177/1609406917748992>
- Gbadegeshin, S. A. (2018). Bricolage: Theoretical and Contemporary Uses of the Concept in Entrepreneurship Studies. *Journal of Asia Entrepreneurship and Sustainability*, XIV(1), pp. 101-139. https://www.researchgate.net/publication/333683228_Bricolage_Theoretical_and_Contemporary_Uses_of_the_Concept_in_Entrepreneurship_Studies
- Geertz, C. (1973). *The Interpretation of Cultures; Selected Essays*. Basic Books, New York.
- Gilchrist, T. (2017). *Āwhinatia tāu Whānau: Kua Wehea ai, Kua Ngaro ai. Māori Experiences of Reconnecting and Rebuilding Relationships with Kin-Based Systems of Whānau, Hapū and Iwi* [Unpublished PhD Thesis, University of Auckland]. <https://researchspace.auckland.ac.nz/bitstream/handle/2292/33566/whole.pdf?sequence=2&isAllowed=y>
- Gillon, A. (2016). *"Oh you don't look Māori": Social Ascription and Te Haerenga o Tuakiri: The Journey of Identity* [Unpublished Masters Thesis, The University of Auckland]. <https://researchspace.auckland.ac.nz/bitstream/handle/2292/32400/whole.pdf?sequence=2&isAllowed=n>

- Goodhead, A., & McDonald, J. (2007). *Informal Caregivers Literature Review—A report prepared for the National Health Committee* (pp. 1–125). Health Services Research Centre, Victoria University of Wellington.
[https://www.moh.govt.nz/notebook/nbbooks.nsf/0/fb327285c9043995cc25734500069193/\\$FILE/informal-caregivers-literature-review.pdf](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/fb327285c9043995cc25734500069193/$FILE/informal-caregivers-literature-review.pdf)
- Grimmond, D. (2014). *The economic value and impacts of informal care in New Zealand* (pp. 1–16). Carers NZ and the NZ Carers Alliance. <https://cdn.auckland.ac.nz/assets/auckland/about-us/equity-at-the-university/equity-information-staff/information-for-carers/The%20economic%20value%20of%20informal%20care%20in%20New%20Zealand%20Final%20Ocopy.pdf>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing Paradigms in Qualitative Research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105–117). Sage Publications Ltd.
- Hathcoat, J. D., Meixner, C., & Nicholas, M. C. (2019). Ontology and Epistemology. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 99–116). Springer.
- Henare, M. (1988). Ngā Tikanga Me Ngā Ritenga O Te Ao Māori: Standards and Foundations of Māori Society. In *The April Report: Report of the Royal Commission on Social Policy. Vol 3, part 1: Future Directions, Associated Papers*. The Royal Commission on Social Policy.
https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE17401282&dps_custom_att_1=ilsdb
- Henare, M. (2001). Tapu, Mana, Mauri, Hau, Wairua: A Maori Philosophy of Vitalism and Cosmos. In J. A. Grimm (Ed.), *Indigenous Traditions and Ecology: The Interbeing of Cosmology and Community* (pp. 197–221). Harvard University Press.
- Heydon, S. (2014). Edmund Hillary: His Everest Legacy. *New Zealand Journal of Asian Studies*, 162(2), pp. 5-25. http://www.nzasia.org.nz/journal/jas_dec2014_heydon.pdf
- Higginbottom, G., & Liamputtong, P. (2015). What is participatory research? Why do it? In G. Higginbottom & P. Liamputtong (Eds.), *Participatory Qualitative Research Methodologies in Health* (pp. 1–21). Sage Publications Ltd. <https://doi.org/10.4135/9781473919945>
- Hinton, L., & Ryan, S. (2020). Interviews. In C. Pope & N. Mays (Eds.), *Qualitative Research in Health Care* (4th ed.). John Wiley & Sons Ltd.
- Human Rights Commission. (2012). *Caring counts: Tautiaki tika*. (p. 206). Human Rights Commission, Wellington, NZ. https://www.hrc.co.nz/files/1214/2360/8576/Caring_Counts_Report.pdf
- Hunter, K., & Cook, C. (2020). Cultural and clinical practice realities of Māori nurses in Aotearoa New Zealand: The emotional labour of Indigenous nurses Ngā āhuatanga ahurea, taurima tūrora tūturu hoki mō ngā tapuhi Māori i Aotearoa: Te mahi kare ā-roto a ngā tapuhi iwi taketake. *Nursing Praxis in New Zealand Inc*, 36, pp. 7-23. <https://doi.org/10.36951/27034542.2020.011>
- Hutchinson, N. (2014). Perceptions of liveability in the Kauri Coast and the East Coast of the Far North District. *Geography Bulletin*, 46(2), pp. 15-26.
https://www.gtansw.org.au/files/geog_bulletin/2014/2_2014/05_GTA%20bulletin_Issue%202%202014_Liveability%20_Kauri%20Coast.pdf

- Ihimaera, W. (2020). *Navigating the stars: Maori Creation Myths*. Penguin Random House.
- Irwin, K., Davies, L., Werata, W., Tuuta, C., Rokx-Potae, H., Potaka, S., MCCausland, P., & Bassett, D. (2011). *Whānau Yesterday, Today, Tomorrow* (p. 180). Families Commission.
https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE6487213
- Jackson, M. (2016). *Identity, knowledge, strength [Keynote address]*. Lowitja Institute International Indigenous Health and Wellbeing Conference, Melbourne Australia.
<https://www.youtube.com/watch?v=oWjewpB6UX8>
- Johnson, C. (2012). Bricoleur and Bricolage: From Metaphor to Universal Concept. *Paragraph*, 35(3), pp. 355-372. <http://www.jstor.org/stable/43263846>
- Jones, A. (2017). Dangerous Liaisons: Pākēha, Kaupapa Māori, and Educational Research. In T. K. Hoskins & A. Jones (Eds.), *Critical Conversations in Kaupapa Māori* (pp. 179–195). Huia NZ Ltd.
- Jung, C. G. (1960). *Psychology and Religion*. Yale University Press.
<http://ebookcentral.proquest.com/lib/auckland/detail.action?docID=3420942>
- Jung, C. G. (1972). *Synchronicity: An Acausal Connecting Principle*. Routledge and Kegan Paul.
- Karetu, T. (1990). The Clue to Identity. *New Zealand Geographic*, 5, pp. 112–117.
<https://www.nzgeo.com/stories/the-clue-to-identity/>
- Kartch, F. (2018). Narrative Interviewing. In M. Allen (Ed.), *The SAGE Encyclopedia of Communication Research Methods*. SAGE Publications, Inc. <https://doi.org/10.4135/9781483381411>
- Kerr, S., Penney, L., Barnes, H. M., & McCreanor, T. (2010). Kaupapa Māori Action Research to improve heart disease services in Aotearoa, New Zealand. *Ethnicity & Health*, 15(1), pp. 15–31.
<https://doi.org/10.1080/13557850903374476>
- Kerse, N., Muru-Lanning, M., & Warahi, T. P. (2022). *Doctoral Supervisory Zoom Meeting*. Not Available for Access
- Khanna, P. (2019). Positivism and Realism. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 151–168). Springer.
- Kincheloe, J. L., & McLaren, P. (2005). Rethinking critical theory and qualitative research. In N. K. Denzin & Y. S. Lincoln, *The Sage handbook of qualitative research* (3rd ed., pp. 303–342). Thousand Oaks, CA: Sage.
- King, A. (1993). From Sage on the Stage to Guide on the Side. *College Teaching*, 41(1), pp. 30-35.
<http://www.jstor.org/stable/27558571>
- King, M. (2003). *The Penguin History of New Zealand*. Penguin Books.
- Kirchherr, J., & Charles, K. (2018). Enhancing the sample diversity of snowball samples: Recommendations from a research project on anti-dam movements in Southeast Asia. *PLOS ONE*, 13(8), Article e0201710.
<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0201710&type=printable>

- Kirkevold, M., & Bergland, A. (2007). The quality of qualitative data: Issues to consider when interviewing participants who have difficulties providing detailed accounts of their experiences. *International Journal of Qualitative Studies on Health and Well-Being*, 2(2), pp. 68–75. <https://www.tandfonline.com/doi/pdf/10.1080/17482620701259273>
- Kovach, M. (2009). *Indigenous Methodologies: Characteristics, Conversations, and Contexts*. University of Toronto Press.
- Kovach, M. (2018). Doing Indigenous Methodologies: A Letter to a Research Class. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE Handbook of Qualitative Research* (5th ed., pp. 214–234). Sage Publications Ltd.
- Kruger, T., Pitman, M., Grennell, D., McDonald, T., Mariu, D., Pomare, A., Mita, T., Maihi, M., & Lawson-Te Aho, K. (2004). *Transforming Whānau Violence—A Conceptual Framework: An updated version of the report from the former Second Māori Taskforce on Whānau Violence* (p. 46) [Second Edition]. Te Puni Kokiri, Wellington, N.Z. https://nzfvc.org.nz/sites/default/files/transforming_whanau_violence.pdf
- Krupa, V. (1996). Nature in Maori Metaphors. *Asian and African Studies*, 5(1), pp. 14-27. <https://www.sav.sk/journals/aas/full/aas196b.pdf>
- Law Commission. (2001). *Māori Custom and Values in New Zealand Law*. <https://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20SP9.pdf>
- Lawson-Te Aho, K. (2010). *Definitions of Whānau: A Review of Selected Literature* (p. 70). Families Commission, Wellington, New Zealand. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE1600869
- Lee, J. (2009). Decolonising Māori narratives: Pūrākau as a method. *MAI Review*, 2(3), pp. 1–12. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=FL1290044
- Lee, J. B. L. (2008). *Ako: Pūrākau of Māori teachers' work in secondary schools* [Unpublished PhD Thesis]. The University of Auckland.
- Leininger, M. (1993). Gadsup of Papua New Guinea Revisited: A Three Decade View. *Journal of Transcultural Nursing*, 5(1), pp. 21-30. <https://doi.org/10.1177/104365969300500104>
- Leininger, M. (1998). Special Research Report: Dominant Culture Care (EMIC) Meanings and Practice Findings from Leininger's Theory. *Journal of Transcultural Nursing*, 9(2), pp. 45-48. <https://doi.org/10.1177/104365969800900207>
- Leininger, M. (2002). Culture Care Theory: A Major Contribution to Advance Transcultural Nursing Knowledge and Practices. *Journal of Transcultural Nursing*, 13(3), pp. 189-192. <https://doi.org/10.1177/10459602013003005>
- Leininger, M. (2006). Culture Care Diversity and Universality Theory and Evolution of the Ethnonursing Method. In M. M. Leininger & M. R. McFarland (Eds.), *Culture Care Diversity and Universality: A Worldwide Nursing Theory* (2nd ed). Jones and Bartlett.

- Leininger, M. M. (1988). Leininger's Theory of Nursing: Cultural Care Diversity and Universality. *Nursing Science Quarterly*, 1(4), pp. 152-160. <https://doi.org/10.1177/089431848800100408>
- Leininger, M. M. (Ed.). (1991). *Culture Care Diversity and Universality: A Theory of Nursing*. National League for Nursing Press.
- Leininger, M. M. (Ed.). (2001). *Culture Care Diversity and Universality: A Theory of Nursing*. Jones and Bartlett Publishers.
- Levac, L., McMurtry, L., Stienstra, D., Baikie, G., Hanson, C., & Mucina, D. (2018). *Learning across Indigenous and Western Knowledge Systems and Intersectionality: Reconciling Social Science Research Approaches* (pp. i-vii : pp. 1-40) [Technical]. Social Sciences and Humanities Research Council of Canada. <https://doi.org/10.13140/RG.2.2.19973.65763>
- Levers, M. J. D. (2013). Philosophical Paradigms, Grounded Theory, and Perspectives on Emergence. *Sage Open*, pp. 1-6. <https://doi.org/10.1177/2158244013517243>
- Levine, C., Halper, D., Peist, A., & Gould, D. A. (2010). Bridging troubled waters: Family caregivers, transitions, and long-term care. *Health Affairs (Project Hope)*, 29(1), pp. 116–124. <https://doi.org/10.1377/hlthaff.2009.0520>
- Lévi-Strauss, C. (1966). *The Savage Mind*. The University of Chicago Press.
- Liamputtong, P. (2013). *Qualitative research methods* (4th ed.). Oxford University Press.
- Liamputtong, P. (2019). Qualitative Inquiry. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 9–25). Springer.
- Lincoln, Y. S. (2001). An Emerging New Bricoleur: Promises and Possibilities—A Reaction to Joe Kincheloe's "Describing the Bricoleur." *Qualitative Inquiry*, 7(6), pp. 693-696. <https://doi.org/10.1177/107780040100700602>
- Mack, L. (2010). The Philosophical Underpinnings of Educational Research. *Polyglossia*, 19, pp. 5-11. https://en.apu.ac.jp/rcaps/uploads/fckeditor/publications/polyglossia/Polyglossia_V19_Lindsay.pdf
- Maher, C., Hadfield, M., Hutchings, M., & de Eyto, A. (2018). Ensuring Rigor in Qualitative Data Analysis: A Design Research Approach to Coding Combining NVivo With Traditional Material Methods. *International Journal of Qualitative Methods*, 17(1), pp. 1-13. <https://doi.org/10.1177/1609406918786362>
- Mahoney, K. (2002). *Latin Dictionary and Grammar Resources*. Latdict. <https://latin-dictionary.net/>
- Mahuika, N. (2019). A Brief History of Whakapapa: Maori Approaches to Genealogy. *Genealogy*, 3(32), p. 13. <https://doi.org/;doi:10.3390/genealogy3020032>
- Mahuika, R. (2008). Kaupapa Maori theory is critical and anti-colonial. *MAI Review*, 3(4), p. 17. https://www.researchgate.net/publication/26569994_Kaupapa_Maori_theory_is_critical_and_anti-colonial

- Majid, A., Roberts, S. G., Cilissen, L., Emmorey, K., Nicodemus, B., O'Grady, L., Woll, B., LeLan, B., de Sousa, H., Cansler, B. L., Shayan, S., de Vos, C., Senft, G., Enfield, N. J., Razak, R. A., Fedden, S., Tufvesson, S., Dingemans, M., Ozturk, O., ... Levinson, S. C. (2018). Differential coding of perception in the world's languages. *Proceedings of the National Academy of Sciences*, *115*(45), pp. 11369-11376. <https://doi.org/10.1073/pnas.1720419115>
- Mark, G. T., & Lyons, A. C. (2010). Maori Healers' Views on Wellbeing: The importance of Mind, Body, Spirit, Family and Land. *Social Science & Medicine*, *70*(11), pp. 1756–1764. https://www.researchgate.net/publication/42588804_Maori_healers'_views_on_wellbeing_The_importance_of_mind_body_spirit_family_and_land
- Marsden, M. (1975). God, Man and Universe: A Maori View. In M. King (Ed.), *Te Ao Hurihuri: The World Moves on* (pp. 191–220). Hicks Smith & Sons Ltd.
- Marsden, M. (2003). *The Woven Universe: Selected Writings of Rev. Māori Marsden* (T. A. C. Royal, J. Metge, & H. Marsden, Eds.). Estate of Rev. Māori Marsden.
- Masera, G., & Gutierrez, K. (2012). The Caritas Process of Hope as a Midrange theory. In J. Nelson & J. Watson (Eds.), *Measuring Caring: International Research on Caritas as Healing*. Springer. <https://ebookcentral.proquest.com/lib/auckland/reader.action?docID=769877&ppg=16>
- Masters-Awatere, B., Cormack, D., Brown, R., Boulton, A., Tangitu-Joseph, M. N., & Rata, A. (2019). *The Hospital Transfers Project: Supporting Whānau Engagement during Hospitalisations* (Te Arotahi Series Paper, December 2019 No. 04). Auckland, pp. 1-16). Ngā Pae o te Māramatanga. <https://doi.org/10.4324/9781003213840-14>
- Matiu, M., & Mutu, M. (2003). *Te Whānau Moana: Ngā Kaupapa Me Ngā Tikanga Customs and Protocols*. Reed Books (NZ).
- Maxwell, J. A. (2013). *Qualitative Research Design: An Interactive Approach* (3rd ed.). Sage Publications Ltd.
- McCance, T. V., McKenna, H. P., & Boore, J. R. P. (1999). Caring: Theoretical Perspectives of Relevance to Nursing. *Journal of Advanced Nursing*, *30*(6), pp. 1388-1395. <https://doi.org/10.1046/j.1365-2648.1999.01214.x>
- McFarland, M. R., & Wehbe-Alamah, H. B. (2019). Leininger's Theory of Culture Care Diversity and Universality: An Overview With a Historical Retrospective and a View Toward the Future. *Journal of Transcultural Nursing*, *30*(6), pp. 540-557. <https://doi.org/10.1177/1043659619867134>
- McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve Tips for Conducting Qualitative Research Interviews. *Medical Teacher*, *41*(9), pp. 1002–1006. <https://www.tandfonline.com/doi/pdf/10.1080/0142159X.2018.1497149?needAccess=true>
- McKeon, M. (2012). Two-Eyed Seeing into Environmental Education: Revealing its “Natural” Readiness to Indigenize. *Canadian Journal of Environmental Education (CJEE)*, *17*(0), Article 0. <https://cjee.lakeheadu.ca/article/view/1071>

- Mead, H. M. (2003). *Tikanga Maori: Living by Maori Values*. Huia (NZ) Ltd.
<https://ebookcentral.proquest.com/lib/auckland/reader.action?docID=1359704&ppg=1&query=Tikanga%20Maori%20%3A%20Living%20by%20Maori%20Values%2C#>
- Merriam, S., B., & Tisdell, E., J. (2016). *Qualitative Research: A Guide to Design and Implementation* (Fourth Edition). Jossey-Bass. <https://web-a-ebSCOhost-com.ezproxy.auckland.ac.nz/ehost/ebookviewer/ebook/bmxLYmtfXzEwMjI1NjJfX0FO0?sid=b0a46af5-fc21-4c47-9506-8752ea6cb721@sessionmgr4006&vid=3&format=EB&rid=1>
- Merriam-Webster. (1828). Definition of Codger. In *Merriam-Webster Since 1828*. Encyclopædia Britannica, Inc. <https://www.merriam-webster.com/dictionary/old%20codger>
- Metge, J. (1995). *New growth from old: The Whānau in the Modern World*. Victoria University Press.
- Metge, J. (1996). *Commentary on Judge Durie's Custom Law (Unpublished Paper for the Law Commission)* (pp. 1–36). Law Commission. Copy URL from abstract
- Metge, J. (2013). Whakapapa: New Zealand Anthropology : Beginnings. *Sites a Journal of Social Anthropology and Cultural Studies*, 10(1), pp. 4-29.
https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=FL18583876
- Mikaere, A. (2011). *From Kaupapa Māori Research to Re-Searching Kaupapa Māori: Making our Contribution to Māori Survival* (J. Hutchings, H. Potter, & K. Taupo, Eds.; pp. 29–37). New Zealand Council for Educational Research.
http://www.nzcer.org.nz/system/files/Hui_Proceedings__v3_Web_1.pdf
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative Data Analysis: A Methods Sourcebook* (Third edition). Sage Publications, Inc.
- Mills, J. (2014). Methodology and Methods. In J. Mills & M. Birks (Ed.). In *Qualitative Methodology: A Practical Guide* (pp. 31–47). Sage Publications Ltd.
- Mills, J., & Birks, M. (2014). *Qualitative Methodology: A Practical Guide*. Sage Publications Ltd.
- Mills, J., Bonner, A., & Francis, K. (2006). The Development of Constructivist Grounded Theory. *International Journal of Qualitative Methods*, 5(1), pp. 25–35.
<https://journals.sagepub.com/doi/10.1177/160940690600500103>
- Ministry of Health. (2020). *Residential Care Questions and Answers*. Ministry of Health NZ.
<https://www.health.govt.nz/our-work/life-stages/health-older-people/long-term-residential-care/residential-care-questions-and-answers>
- Ministry of Justice. (2001). *He Hinātore ki te Ao Māori A Glimpse into the Māori World Māori Perspectives on Justice* (p. 232). Ministry of Justice. <https://www.justice.govt.nz/assets/he-hinatora-ki-te-ao-maori.pdf>

- Moeke-Maxwell, T. (2016). He Wāhine Āwhina: A Healing Narrative of End of Life Care. In W. Waitoki & M. P. Levy (Eds.), *Te Manu Kai i te Mmātauranga: Indigenous Psychology in Aotearoa/New Zealand* (First edition., pp. 207-224). New Zealand Psychological Society.
- Moen, T. (2006). Reflections on the Narrative Research Approach. *International Journal of Qualitative Methods*, 5(4), pp. 56–69. <https://doi.org/10.1177/160940690600500405>
- Moorfield, J. C. (2006). *Te Aka Māori Dictionary*. Online Resource. <https://www.maoridictionary.co.nz/> Accessed September 29, 2022
- Moorfield, J. C. (2011). *Te aka: Māori-English, English-Māori dictionary and index* (Reprinted Edition). Pearson.
- Morrison, C. D. (2014). "From 'Sage on the Stage' to 'Guide on the Side': A Good Start. *International Journal Scholarship of Teaching & Learning*, 8(1), pp. 1-15. <https://digitalcommons.georgiasouthern.edu/ij-sotl/vol8/iss1/4/>
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods*, 1(2), pp. 13–22. <https://journals.sagepub.com/doi/pdf/10.1177/160940690200100202>
- Morse, J. M., & Coulehan, J. (2015). Maintaining Confidentiality in Qualitative Publications. *Qualitative Health Research*, 25(2), pp. 151-152. <https://doi.org/10.1177/1049732314563489>
- Murray, J. (2018). Dr Haare Williams on the life of Te Kooti. *Te Ahi Kaa, Radio New Zealand*, p. 1. <https://www.rnz.co.nz/national/programmes/teahikaa/audio/2018637428/dr-haare-williams-on-the-life-of-te-kooti>
- Muru-Lanning, M. (2021). Built on the Backs of Our Ancestors. In J. Ruru & L. W. Nikora (Eds.), *Ngā Kete Mātauranga Māori Scholars at the Research Interface* (pp. 36-47). Otago University Press.
- Newman, A. (1986). *The Religious Beliefs, Rituals, and Values of the Ringatu Church* [Unpublished Masters Thesis, Massey University]. <https://mro.massey.ac.nz/handle/10179/10673>
- Ngata, A., & Ngata, W. (2019). The Terminology of Whakapapa. *Journal of the Polynesian Society - Special Issue*, 128(1), pp. 19-41. <https://doi.org/dx.doi.org/10.15286/jps.128.1.19-41>
- Ngata, H. M. (1993). *English-Maori Dictionary*. Learning Media.
- Ngata-Aerengamate, T. A. (2020). *Mātauranga Māori and anti-microbials: Searching for new tools to control the spread of Kauri Dieback* [Unpublished Masters Thesis, Victoria University]. https://openaccess.wgtn.ac.nz/articles/thesis/M_tauranga_M_ori_and_anti-microbials_Searching_for_new_tools_to_control_the_spread_of_Kauri_Dieback/17152103/1
- Nickitas, D. M. (2017). Family Caregivers: Endless Love and Heartfelt Appreciation. *Nursing Economics*, 35(6), pp. 281-282. <http://www.medscape.com/viewarticle/890302>
- Noelker, L. S. (2001). The Backbone of the Long-Term-Care Workforce. *Generations*, 25(1), pp. 85-91. <https://www.jstor.org/stable/26555075>

Nunes, M. B., & McPherson, M. (2003). *Constructivism vs. Objectivism: Where is difference for Designers of e-Learning Environments?* Proceedings 3rd Institute of Electrical and Electronics Engineers International Conference on Advanced Learning Technologies, Athens, Greece.
file:///C:/Users/Te%20Piere%20Warahi/OneDrive/Documents/Constructivism_vs_Objectivism_Where_is_difference_.pdf

Nursing Council of New Zealand. (2011). *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*.
https://www.ngamanukura.nz/sites/default/files/basic_page_pdfs/Guidelines%20for%20cultural%20safety%20the%20Treaty%20of%20Waitangi%20and%20Maori%20health%20in%20nursing%20education%20and%20practice%28%29_0.pdf

Nursing Council of New Zealand. (2017). *Competencies for the Mātanga Tapuhi Nurse Practitioner Scope of Practice*. pp. 1-6: Nursing Council of New Zealand.
https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Nurse_practitioner/NCNZ/nursing-section/Nurse_practitioner.aspx?hkey=1493d86e-e4a5-45a5-8104-64607cf103c6

Obschonka, M., Moeller, J., & Goethner, M. (2019). Entrepreneurial Passion and Personality: The Case of Academic Entrepreneurship. *Frontiers in Psychology, 9*, pp. 1-15.
<https://doi.org/10.3389/fpsyg.2018.02697>

Orange, C. (2020). *Treaty of Waitangi | Te Tiriti O Waitangi: An Illustrated History*. (Edition: An Illustrated History is a fully revised and updated edition of An Illustrated History of the Treaty of Waitangi (1990, 2004)). Bridget Williams Books.

O'Regan, T. (1987). Who Owns the Past? Change in Māori Perceptions of the Past. In J. Wilson (Ed.), *From the Beginning: The Archaeology of the Maori* (pp. 141–145). Penguin Books.

Ornstein-Sloan, M. T. (2016). *Re-framing Informal Family Caregiving* [Unpublished PhD Thesis, City University of New York].
<http://www.proquest.com/docview/1762247814/abstract/B63C332766D4D81PQ/1>

Orwin, J. (2007). *Kauri Forest* (pp. 1–5). Te Ara - the Encyclopedia of New Zealand. Accessed 5/31/2021. <https://teara.govt.nz/en/kauri-forest/page-3>

Ostrow, J. M. (1990). The availability of difference: Clifford Geertz on problems of ethnographic research and interpretation. *International Journal of Qualitative Studies in Education, 3*(1), pp. 61–69.
<https://doi.org/10.1080/0951839900030106>

O'Sullivan, D. (2015). Voicing Others' Voices: Spotlighting the Researcher as Narrator. *International Electronic Journal of Elementary Education, 8*(2), pp. 211-222.
<https://files.eric.ed.gov/fulltext/EJ1085871.pdf>

Patton, M., Q. (2015). *Qualitative Research & Evaluation Methods* (Fourth). Sage Publications Ltd.

Pere, R. R. (1991). *Te Wheke: A Celebration of Infinite Wisdom*. Ao Ako Global Learning New Zealand.

Peshkin, A. (1988). In Search of Subjectivity—One's Own. *Educational Researcher, 17*(7), pp. 17–21.
<https://journals-sagepub-com.ezproxy.auckland.ac.nz/action/doSearch?text1=In+Search+of+Subjectivity%E2%80%94One%27s+Own>

- Pihama, L. (2010). Kaupapa Māori Theory: Transforming Theory in Aotearoa. *He Pukenga Kōrerō*, 9(2), pp. 5–14. <http://www.hepukengakorero.com/index.php/HPK/issue/view/1>
- Pihama, L. (2011). *A Conversation about Kaupapa Māori Theory and Research*. Kei Tua o Te Pae Hui Proceedings - The Challenges of Kaupapa Māori Research in the 21st Century., Wellington, N.Z. http://www.nzcer.org.nz/system/files/Hui_Proceedings__v3_Web_1.pdf
- Poata-Smith, E. S. (2013). Emergent Identities: The Changing Contours of Indigenous Identities in Aotearoa/New Zealand. In M. Harris, M. Nakata, & B. Carlson (Eds.), *The Politics of Identity: Emerging Indigeneity* (pp. 26-59). University of Technology, Sydney. <https://doi.org/10.5130/978-0-9872369-2-0.c>
- Pomare, M., & Cowan, J. (1930). Chapter II. Tane-Mahuta, The Soul of the Forest. In *Legends of the Maori* (Electronic Version, Southern Reprints, 1987, pp. 9–13). Whitcombe and Tombs. <http://nzetc.victoria.ac.nz/tm/scholarly/tei-Pom01Lege-t1-front-d3.html>
- Ramsden, I. (1989). He Aha Te Mea Nui O Te Ao? *Nursing Praxis in New Zealand*, 5(2), pp. 3–6. <https://www.nursingpraxis.org/52-he-aha-te-mea-nui-o-te-ao.html>
- Ramsden, I. (1993). *Kawa Whakaruruhau Cultural Safety in Nursing Education in Aotearoa (New Zealand)*. Vol 8 No.3, pp. 4-10. Sydney, Australia. <https://doi.org/bb>
- Ray, M. A. (2011). A Celebration of a Life of Commitment to Transcultural Nursing: Opening of the Madeleine M. Leininger Collection on Human Caring and Transcultural Nursing. *Journal of Transcultural Nursing*, 22(1), pp. 97-97. <https://doi.org/10.1177/1043659610390902>
- Ray, M. A. (2019). Remembering: My Story of the Founder of Transcultural Nursing, the Late Madeleine M. Leininger, PhD, LHD, DS, RN, CTN, FAAN, FRCNA (Born: July 13, 1925; Died: August 10, 2012). *Journal of Transcultural Nursing*, 30(5), pp. 429-433. <https://doi.org/10.1177/1043659619863089>
- Reinhard, S. C., Feinberg, L. F., Choula, R., & Houser, A. (2015). Valuing the Invaluable: 215 Update. AARP. Washington. *AARP Public Policy Institute*, pp. 1-25. <https://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>
- Riessman, C. K. (2005). Narrative Analysis. In N. Kelly, C. Horrocks, K. Milnes, B. Roberts, & D. Robinson (Eds.), *Narrative, memory and everyday life* (pp. 1–7). The University of Huddersfield.
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2014). *Qualitative research practice: A guide for social science students and researchers* (2nd ed.). Sage Publications.
- Roberts, M. (2013). Ways of Seeing: Whakapapa. *Sites: A Journal of Social Anthropology and Cultural Studies*, 10(1), Article 1. <https://doi.org/10.11157/sites-vol10iss1id236>
- Roberts, R. M., & Wills, P. R. (1998). Understanding Māori Epistemology: A Scientific Perspective. In H. Wautischer (Ed.), *Tribal Epistemologies: Essays in the Philosophy of Anthropology* (pp. 43–77).
- Royal, T. A. C. (2005). Māori creation traditions. In *Te Ara—The Encyclopedia of New Zealand* (pp. 1–4). Research and Publishing Group, Ministry for Culture and Heritage. <https://teara.govt.nz/en/maori-creation-traditions>

- Royal, T. A. C. (2017). Politics and Knowledge: Kauapapa Māori and Mātauranga Maori. In T. K. Hoskins & A. Jones (Eds.), *Critical Conversations in Kaupapa Māori* (pp. 109–118). Huia Publishers.
- Royal, T. A. C. R. (1998). *Te Whare Tapere Towards a Model for Māori Performance Art* [Unpublished PhD Thesis]. Victoria University, Wellington.
- Ruru, J., & Nikora, L. W. (Eds.). (2021). *Ngā Kete Mātauranga Māori Scholars at the Research Interface*. Otago University Press.
- Sanford, C. (2014). *The Responsible Entrepreneur: Four Game-Changing Archetypes for Founders, Leaders, and Impact Investors*. John Wiley & Sons, Incorporated.
<http://ebookcentral.proquest.com/lib/auckland/detail.action?docID=1718761>
- Saunders, B., Kitzinger, J., & Kitzinger, C. (2015). Anonymising interview data: Challenges and compromise in practice. *Qualitative Research*, 15(5), pp. 616–632.
<https://doi.org/10.1177/1468794114550439>
- Schorn, J. (2007). How does a person become a saint? *U.S. Catholic, Chicago*, 72(Iss 11), p. 41.
<https://www.proquest.com/docview/225351180/C25F889146AB491CPQ/1?accountid=8424>
- Schwandt, T. (2007). *The SAGE Dictionary of Qualitative Inquiry* (Third Edition). SAGE Publications, Inc.
<https://doi.org/10.4135/9781412986281>
- Simon, J., Smith, L. T., Cram, F., Hōhepa, M., McNaughton, S., & Stephenson, M. (2001). *A Civilising Mission? Perceptions and Representations of the Native Schools System* (J. Simon & L. T. Smith, Eds.). Auckland University Press.
- Simon, J., Smith, L. T., Smith, G. H., McNaughton, S., Matthews, K. M., Smith, W. I. T. R., Pihama, L., Hēperi, I., & Tuteao, V. (1998). *Ngā Kura Māori: The Native Schools System 1867-1969* (J. Simon, Ed.). Auckland University Press.
- Simon, V. (2006). Characterising Maori nursing practice. *Contemporary Nurse*, 22(2), pp. 203–210.
<http://www.tandfonline.com/doi/epdf/10.5172/conu.2006.22.2.203?needAccess=true&role=button>
- Smith, G. H. (2017). Kaupapa Māori Theory: Indigenous Transforming of Education. In T. K. Hoskins & A. Jones (Eds.), *Critical Conversations in Kaupapa Māori* (pp. 79–94). Huia NZ Ltd.
- Smith, G. H., Hoskins, T. K., & Jones, A. (2012). Interview: Kaupapa Maori: The dangers of domestication. *New Zealand Journal of Education Studies*, 47(2), pp. 10-20.
<https://doi.org/10.3316/informit.446709408958963>
- Smith, L. T. (2005). On Tricky Ground Researching the Native in the Age of Uncertainty. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (Third edition). Sage Publications Ltd.
- Smith, L. T. (2012). *Decolonizing Methodologies: Research and Indigenous Peoples* (2nd Edition). Zed Books. <http://ebookcentral.proquest.com/lib/auckland/detail.action?docID=1426837>
- Smith, L. T., & Reid, P. (2000). *Māori Research Development Kaupapa Māori Principles and Practices a Literature Review* (pp. 1-52) [Literature Review]. Te Puni Kōkiri.
http://www.rangahau.co.nz/assets/SmithL/Maori_research.pdf

- Snape, D., & Spencer, L. (2003). The Foundations of Qualitative Research. In J. Ritchie & J. Lewis (Eds.), In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice A Guide for Social Science Students and Researchers* (pp. 1–23). Sage Publications.
- Somerville, A. T. P. (2011). *Neither Qualitative nor Quantitative: Kaupapa Māori, Methodology and the Humanities* (J. Hutchings, H. Potter, & K. Taupo, Eds.; pp. 61–66). New Zealand Council for Educational Research. http://www.nzcer.org.nz/system/files/Hui_Proceedings__v3_Web_1.pdf
- Somerville, A. T. P. (2017). Te Kete Aro (ha) nui: Kaupapa Māori and the Humanities. In T. K. Hoskins & A. Jones (Eds.), *Critical Conversations in Kaupapa Māori* (pp. 65–77). Huia NZ Ltd.
- Spolsky, B. (2003). Reassessing Māori Regeneration. *Language in Society*, 32(4), pp. 553–578. <https://www.jstor.org/stable/4169286>
- Stephens, M. (2002). Kaumātua, Leadership and the Treaty of Waitangi Claims Settlement Process; Some Data and Observations. *Victoria University of Wellington Law Review*, 33(2), pp. 321-350. <https://ojs.victoria.ac.nz/vuwlr/article/view/5842/5184>
- Stewart, G. (2017). Kaupapa Māori Theory as a Philosophy for Education. In T. K. Hoskins & A. Jones (Eds.), *Critical Conversations in Kaupapa Māori* (pp. 133–146). Huia NZ Ltd.
- Sullivan, C. L. T. (2012). *Te Okiokinga Mutunga Kore – The Eternal Rest* [Unpublished Master’s Thesis, University of Otago]. <https://ourarchive.otago.ac.nz/bitstream/handle/10523/4056/SullivanCourtneyLT2013MA.pdf?sequence=1&isAllowed=y>
- Sussman, N. M. (2000). The Dynamic Nature of Cultural Identity Throughout Cultural Transitions: Why Home Is Not So Sweet. *Personality and Social Psychology Review*, 4(4), pp. 355-373. https://doi.org/10.1207/S15327957PSPR0404_5
- Tau, T. M. (2001). Mātauranga Maori as an Epistemology. In A. Sharp & P. McHugh (Eds.), *Histories, Power and Loss: Uses of the Past – A New Zealand Commentary* (1st ed., pp. 61–73). Bridget Williams Books. <https://doi.org/10.7810/9781877242205>
- Theunissen, K. E. (2011). The nurse’s role in improving health disparities experienced by the indigenous Māori of New Zealand. *Contemporary Nurse*, 39(2), pp. 281-283. <https://doi.org/10.5172/conu.2011.39.2.281>
- Tholen, B. (2017). Bridging the gap between research traditions: On what we can really learn from Clifford Geertz. *Critical Policy Studies*, 12(3), pp. 335–349. <https://doi.org/10.1080/19460171.2017.1352528>
- Thomas, C., Weller, J., Rahiri, J.-L., Harwood, M., & Pitama, S. (2022). Māori experiences of hospital care: A qualitative systematic review. *AlterNative: An International Journal of Indigenous Peoples*, 18(3), pp. 455-464. <https://doi.org/10.1177/11771801221114385>
- Thomas, G., & James, D. (2006). Reinventing Grounded Theory: Some Questions about Theory, Ground and Discovery. *British Educational Research Journal*, 32(6), pp. 767-795. <http://www.jstor.org/stable/30032707>

- Tocker, K. (2014). *Hei oranga Māori i te ao hurihuri nei. Living as Māori in the world today: An account of kura kaupapa Māori* [Unpublished PhD Thesis, The University of Auckland.].
<https://researchspace.auckland.ac.nz/bitstream/handle/2292/22755/whole.pdf?sequence=7&isAllowed=y>
- Tongco, M. D. C. (2007). Purposive Sampling as a Tool for Informant Selection. *Ethnobotany Research & Applications*, 5(1), pp. 147–158.
 file:///C:/Users/Te%20Piere%20Warahi/Desktop/Desktop%20Files%20Consolidated/Miss%20Gail/126-Article%20Text-454-1-10-20080402.pdf
- Treaty of Waitangi Act, (1975).
<https://www.legislation.govt.nz/act/public/1975/0114/latest/DLM435368.html>
- Tummons, J. (2014). Using Software for Qualitative Data Analysis: Research Outside Paradigmatic Boundaries. In M. Hand & S. Hillyard (Eds.), *Big Data? Qualitative Approaches to Digital Research* (1st ed., pp. 155–177). Emerald Group Publishing Limited.
- Turner, E. (1997). Review of The Vulnerable Observer: Anthropology That Breaks Your Heart. *American Anthropologist*, 99(4), pp. 862-862. <http://www.jstor.org/stable/682561>
- Vaismoradi, M., & Snelgrove, S. (2019). Theme in Qualitative Content Analysis and Thematic Analysis. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 20(3), pp. 1–14.
<http://www.qualitative-research.net/index.php/fqs/article/view/3376/4471>
- Waitangi Tribunal. (1989). *Report of the Waitangi Tribunal on the Kaituna River claim* (WAI 4, pp. 1–44). Waitangi Tribunal, Department of Justice.
https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68496990/Kaituna%20River%201984.pdf
- Waitoki, W. (2016). Ngā Kete Mātauranga: A Curriculum for an Indigenous psychology. In W. Waitoki & M. P. Levy (Eds.), *Te manu kai i te mātauranga: Indigenous psychology in Aotearoa/New Zealand* (First edition, pp. 283-296). The New Zealand Psychological Society.
- Waitoki, W., & Levy, M. P. (Eds.). (2016). *Te manu kai i te mātauranga: Indigenous psychology in Aotearoa/New Zealand* (First edition.). New Zealand Psychological Society.
- Waldegrave, C. (2015). *Measuring Elder Abuse in New Zealand: Findings from the New Zealand Longitudinal Study of Ageing (NZLSA)* (pp. 1–16) [Longitudinal Study]. Office for Senior Citizens within the Ministry of Social Development. <https://officeforseniors.govt.nz/assets/documents/our-work/elder-abuse/Elder-abuse-technical-report.pdf>
- Walker, R. (1990). *Ka Whawhai Tonu Matou Struggle Without End*. Penguin Group (NZ).
- Walker, R. (2004). *Ka Whawhai Tonu Matou Struggle Without End* (Revised Edition). Penguin Group (NZ).
- Waring, M. (1988). *If Women Counted A New Feminist Economics*. Harper and Row.
- Watson, J. (1997). The Theory of Human Caring: Retrospective and Prospective. *Nursing Science Quarterly*, 10(1), pp. 49-52. <https://doi.org/10.1177/089431849701000114>

- Watson, J. (2007). Watson's Theory of Human Caring and Subjective Living Experiences: Carative Factors/Caritas Processes as a Disciplinary Guide to the Professional Nursing Practice. *Texto & Contexto Enfermagem*, 16(1), pp. 129-135. <https://doi.org/10.1590/S0104-07072007000100016>
- Watson, J. (2008). *Nursing: The Philosophy and Science of Caring* (Revised Edition). University Press of Colorado.
- Watson, J. (2015). Jean Watson's Theory of Human Caring. In M. C. Smith & M. E. Parker (Eds.), *Nursing Theories & Nursing Practice* (Fourth Edition, pp. 321–339). F.A. Davis Company.
- Wehbe-Alamah, H. (2015). Madeleine Leininger's Theory of Culture Care Diversity and Universality. In M. C. Smith & M. E. Parker (Eds.), *Nursing Theories & Nursing Practice* (Fourth Edition, pp. 303–319). F.A. Davis Company.
- Williams, J. (1998). He Aha Te Tikanga Māori (Revised Draft). *The Law Commission (Unpublished Revised Draft by David Williams as at 10 November 1998 of Joseph Williams' Paper He Aha Te Tikanga Māori)*, 9, pp. 1-45. <https://www.lawcom.govt.nz/our-projects/m%C4%81ori-customary-law>
- Willig, C. (2014). Interpretation and Analysis. In U. Flick (Ed.), *The SAGE Handbook of Qualitative Data Analysis* (pp. 136–149). Sage Publications Ltd.
- Wilson, D. (2021). Naku rourou, nau rourou, ka ora ai te iwi. *Nursing Praxis in Aotearoa New Zealand*, 37(1), pp. 29–30. <https://doi.org/10.36951/27034542.2021.008>
- Wong-Cornall, C., Parsons, J., Sheridan, N., Kenealy, T., & Peckham, A. (2017). Extending “Continuity of Care” to include the Contribution of Family Carers. *International Journal of Integrated Care*, 17(2), pp. 1–7. <https://doi.org/10.5334/ijic.2545>
- Woodhouse, A. (2019). Pūrākau: Embracing our Indigenous Identity and Recognising the Equality of the Implicit Other. *Scope: Kaupapa Kāi Tahu*, 5, pp. 12–17. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE49944898