

Paper III: bi-cultural use of Kaiawhina: cultural sensitivity or conflict?

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Introduction

In an earlier paper (TeApatu *et al.*, 2014) it was argued that researching issues of interest to Maori or indigenous populations must be relevant and culturally sensitive. In subsequent papers (TeApatu *et al.*, 2015a, 2015b), using an appropriate methodology and based on the first round of interviews, a clear meaning of “kaiawhina” emerged. Additional funds are being sought to take this research to the next level.

In this paper, we attempt to tease out issues due to cultural differences in a multi-cultural society, such as New Zealand, with its dominant Pakeha (Western white people) culture, providing a framework for health, social, housing, transport, and environmental policies. We achieved this through exploring the link between “kaiawhina” and health.

Discussion

The question may arise that what does the word kaiawhina have to do with health of the population. A full discussion of health outcomes as they may relate to culture and language is out of the scope of this short paper. However, we believe that the development of “kaiawhina” as an expression or a word to describe social interventions/preventions for the wellbeing of the community will provide strong evidence of a link between language and health (TeApatu *et al.*, 2015a, 2015b).

As reported earlier (TeApatu *et al.*, 2015a, 2015b), initial investigations revealed, that in Maori, kaiawhina was used to represent an unwritten social support at grassroots: selfless and proactive assistance. In this context anyone who willingly performs an act to support or help another person is a kaiawhina. There is no structure, nor is there a definition or any restriction on the nature of what a kaiawhina can or cannot do.

In contrast, Pakeha, the dominant New Zealand culture, words are more specific and sometimes exclusive which in a multicultural society can be misconstrued as conflict. This, inevitably forces a structure onto kaiawhina to be translated and defined as a word. Pakeha culture and English language provides no match. Problems may then arise as a result of a compromise to adopt the most appropriate English word(s), e.g. help or helper, which unfortunately strips kaiawhina of all its social and spiritual responsibilities/content, and the message that it carries.

In an attempt to appear culturally sensitive, Pakeha often set up structures to integrate Maori into the mainstream either by supporting students, or staff in a working environment. This approach is insensitive and will lead to conflict: firstly, because the notion of ‘integrating’ one culture into another promotes racial intolerance rather than embracing all cultures. Secondly, acceptance of a Maori title/word into a Pakeha structure to create a perception that Maori and Pakeha are being drawn together in the physical, mental and cultural sense (Booth & Hunn, 1962) does not equate to being culturally aware or sensitive.

Maori focuses on what it means to be Maori, whilst Pakeha's usage of Maori words/titles, e.g. kaiawhina, is Pakeha's perceived understanding of a translation of words.

A reason many Maori feel disconnected from the learning experience in main stream environments, is the absence of Maori culture, values and practices (Hook, 2006). Some authors, therefore, suggest that in order to increase retention a culturally supportive and safe learning environment is necessary to 're-'connect Maori with the mainstream (Wilson *et al.*, 2011). However, creating a perception of relevant contents and/or cultural safe environment on their own are not effective. For example, in order to improve Maori attendance within a department in a mainstream educational institution, a Kaiawhina position was established. The appointee was Maori, who fully embraced the role as the departmental Kaiawhina, supporting the department, students and staff, which included mediating between students and staff, management and staff, and so on. This led to a very successful year upon year of Maori successfully completing degree courses and led to the model being deployed elsewhere within the institution.

However, in deploying a successful model, Pakeha management transformed a flexible and proactive system of anticipating needs and providing support, which aligned with Maori values, into a restrictive and reactive and limited service of no consequence. Drawing up new job descriptions for the new Kaiawhina roles, Pakeha management structured the new model based on their ethnocentric understanding/vision of Kaiawhina. Needless to say that the appointment of the new roles of Kaiawhinas did not produce similar results.

In the first model the Kaiawhina (the incumbent) developed the role under the holistic Maori sense of the word. Whilst, there is a strong argument for 'integrating' Kaupapa Maori into mainstream programmes (Hook, 2006), using this model the Kaiawhina overcame the challenges by embracing the principles that underpin Maori values. In doing so the Kaiawhina (the incumbent) acknowledged and accounted for the link between academic outcomes and personal, social and economic factors. Therefore, help was offered early before issues snowballed and led to early drop out or failure.

In the above example, under the banner of 'kaiawhina', the successful model was replaced by a prescriptive, reactive and restrictive model in which help of academic nature, often of little consequence, may be offered *if* and *when* it is requested. The first approach was successful because it acknowledged cultural behavioural differences. For example, faced with exactly the same problem Pakeha may seek help whilst Maori may not due to cultural and historical differences. The net effect of such cultural insensitivity was discord between the various stakeholders to the extent where the original model was disestablished by Pakeha management and was replaced with a "pastoral" care model!

Maori has a deep suspicion of Pakeha; behaviour and outcomes described above goes a long way to support and sustain this suspicion. This example, and other similar cases, suggests a fixed approach to incorporating cultural sensitivity in policy development. In other words, cultural sensitivity is a perception by the general population. The notion of inter-ethnic harmony and therefore cultural sensitivity is a myth that exists primarily in the dominant Pakeha system (Spoonley *et al.*, 1991). Within the indigenous population Pakeha's interpretation of cultural sensitivity is at best an insult to their belief system. It is not surprising that Maori trust no one.

Maori, in particular, refuse to accept that Pakeha or any non-Maori can understand their culture and are therefore suspicious of anyone who offers assistance. Whilst this is quite understandable and commendable for wanting to protect their way of life and cultural heritage, nevertheless, taking such a rigid position has led to Maori becoming isolated. Under the banner of Maori philosophy and values (e.g. Kaupapa Maori), Maori refuse to communicate or collaborate with non-Maori, thus exacerbating the problem (Shahtahmasebi, 2016).

A major problem with working in isolation is that it only serves the political and personal aspirations of Pakeha and a small group of Maori. The average Maori will be discouraged when faced with a lack of action and poor outcomes.

As reported in Papers I & II (TeApatu et al., 2015a, 2015b), Maori, following the Treaty of Waitangi, co-existed with Pakeha. However, this exposure disadvantaged Maori in all aspects of life, e.g. economically, socially, health and wellbeing. Maori were viewed as inferior – a view which was sustained due to differentials in Western style educational outcomes between Pakeha and Maori and a different way of life. Attaining poor educational outcomes are hardly surprising when taught in a hostile, non-Maori, in a foreign language, and measured by Pakeha values. Nevertheless, poor educational and health outcomes continued to sustain the perception of Maori as the inferior race. With English as the official language, Maori were not allowed to speak or learn in their own language. Over and above social humiliation, Maori suffered poor health outcomes including a high mortality and morbidity rate due to the introduction of new diseases into New Zealand by European settlers for which Maori had no immunity. And as reported in Paper I & II (TeApatu et al., 2015a, 2015b), restricted access to western medical services during the epidemics, such as TB and Flu, over the last hundreds years or so exacerbated the problems. Decades of sustained portraying of Maori as the inferior race has had its toll on Maori: Maori has the highest morbidity, mortality, and lowest social mobility rates.

It is out of these social conditions that the contemporary *notion* of kaiawhina, not the word itself, became prominent, so did mistrust of Pakeha, which led Maori down a path of disengagement and isolation. During this period of Maori suffering Maori stepped up its support for its population. Regardless of their social standing particularly prominent Maori, such as Princess Te Puea, to ordinary Maori (TeApatu et al., 2015a, 2015b), those who could help in any way did, e.g. by providing accommodation, food, clothing for the sick, or through contributions and the building of a Maori hospital. In this context “kaiawhina” was revived to improve the health and wellbeing of Maori.

Conclusions

To improve living conditions for all New Zealanders there will have to be a major shift in attitudes. We cannot develop services for another group give it a Maori name and claim cultural sensitivity. For example, in suicide prevention, the current approach is to train Maori people in the way of Pakeha, i.e. look for signs of mental illness and depression and refer to psychiatric services. Firstly, Maori delivering Pakeha services to Maori is not Maori specific nor is it culturally sensitive. Secondly, the approach is an oxymoron and a contradiction in terms: it recommends referring Maori to services which are based on a Pakeha philosophy and therefore are by default contradictory to Maori beliefs (Shahtahmasebi, 2013, 2016).

As explained in the first paper in this series (TeApatu et al., 2014), policy development, and research to inform its process must be relevant and appropriate. To achieve relevance it is recommended to adopt a grassroots approach. The grassroots approach has successfully been applied to the highly politicised youth suicide prevention with excellent results (Shahtahmasebi, 2013). The grassroots approach is highly relevant and appropriate for Maori because it enables and empowers communities at grassroots to develop and deliver policies by Maori for Maori.

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