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Presentation

INDIGENOUS AUTO-ETHNOGRAPHY: Self-side



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Abstract

Autoethnography is a genre of writing and research practice. At its centre is “Self” and how the personal as in “Me” connects to the larger socio-cultural environments. For the purposes of this **kōrero**, the researcher through autoethnography takes slices of life experiences, retracts inwards to view the impact at an intimate level where sits esteem. Embodied in a single serve is fullness, intensity and specificity, every bit matters. The aims of indigenous autoethnography were in revealing understandings in the development of cultural knowing and knowledge, how do I know what I know, and the associations to mental health and wellbeing. **Mauri** is a core element of the human condition, ever present, and also it is a principal element of the natural environment, embedded in stone. **Mauri** and esteem are dynamic human elements, intrinsic to cultural and mental wellbeing. Autoethnography research is evocative, engaging and explorative. “I Am” is central to the texts and the performances in linking the personal with the political, cultural and the social in turning the in-side out-side in revealing culturally connected ‘Self’. Simply, ‘I Am I’.

A *kōrero* was shared of **Makereti** or Maggie **Papakura**, **no Te Arawa**, whose book *The Old-Time Maori*¹ was published posthumously. **Makereti** studied at Oxford University in the early 1900's and was the first **Māori** ethnographer writing about herself within the context of *whanau* and *iwi*. Between the pages was the scent of a **Te Arawa wahine**, mother, wife, **kaimahi** and scholar. Authentic and self-aware, **Makereti** gifted to the world this tome on the everyday lives of her people in a transforming society.

E tika ana te kōrero no te rohe nei “Ko au, ko Hinemoa”. He rawe tēnā pakiwaitara. E pa ana ki te wānanga nei, ki tēnei wa, ki tēnei wahi “Ko au, he nēhi Māori!” He rawe tātou!

Introduction

I am a psychiatric nurse, it is my training background and currently I am an RN employed in the **Māori** mental health clinical team at Counties **Manukau** DHB in **Tamaki Makaurau**. Says my manager, I am employed but a teaspoonful, part-time. The other spoonfuls are research time. I get to incorporate several interests in my research: the academic; the clinical; the cultural and; the arts. I have **Māori** women academics and clinicians, a mental health nurse and a psychiatrist as supervisors and another nurse academic is a prolific senior researcher. I even have my aunties as my advisory team. I am an RN among my own people, I get to do research with **Māori**, women, *whānau*, communities and nurses!

There are two key messages to take from my **kōrero** today. Firstly, researching ourselves is exciting and secondly, nursing research is an investment in the profession of **Māori** mental health nursing.

Self As A Case Study

Since the start of this millenium I have moved across the fields of maternal mental health nursing, serious child abuse and child and adolescent mental health nursing. A focus has been mother's and arising from this is my doctoral study on **Māori** mothers, cultural connectedness and mental wellbeing². My study also emerges from my life and experiences as a **Māori**

¹ Makereti (1873-1930) died prematurely in England and her thesis *Old-Time Maori* was published in 1938.

² From the researcher's doctoral study *Whānau Ora: Māori mothers, cultural connectedness and mental well being* with the University of Auckland .

woman. Many doctoral studies have beginnings in the lives of the researchers.

Of the wāhine participants in the study, aspects of their lives were also aspects of mine. For example growing up in multigenerational **whānau**, returning to birth parents and later for me, abuse, trauma and familial alcohol behaviours. Motherhood eventuated, alongside the grassroots movement of **kohanga reo**. I transitioned into motherhood and back to cultural roots.

Indigenous Research

Indigenous **Māori** researcher Paul **Whitinui** speaks of indigenous autoethnography as a culturally explicit and informed research practice³. At its centre is **mauri** with the abilities to heal, to provide, to problem solve and to protect. As indigenous people we replenish ourselves mentally, spiritually, emotionally and socially through **mauri**. Nourishment comes from relationships with each other and the environment. We are interconnected. Indigenous **Māori** academics **Taina** and **Hariata Pohatu** consider the significance of human wellbeing⁴ as shaped by **mauri** and by **Māori** thought. **Mauri** is dynamic, fluid and its end goal is **mauri ora**. **Rangimarie Turuki Pere** views **mauri** as an essential element for wholebeing⁵. At the core of **mauri** sits cultural esteem and identity.

Qualitative Inquiry: Autoethnography

Among international research communities there has been a shift in qualitative research that is specific rather than universal, that is critical and indigenous in its methodologies. Qualitative research answers questions about how people feel, how people make meaning or interpret their lives. Qualitative research highlights many truths rather than a single way of being.

With autoethnography I am a culture, a subject, my own case study, connected to the wider socio-cultural environment. This is qualitative inquiry

³ Indigenous Auto-ethnography: Exploring, Engaging and Experiencing Self. 4th International Indigenous Conference, 6th-10th June 2010 Auckland New Zealand

⁴ Mauri – Rethinking Human Wellbeing <http://www.kaupapamaori.com/assets//mauri.pdf>

⁵ Pere, R.T. (1997) Te Wheke: A Celebration of Infinite Wisdom. Ako Ako Global Learning

with self as the research tool. In mental health nursing, the self too, is the main ingredient in the health relationship⁶.

Autoethnography is a form of autobiography, a personal narrative exploring experiences which hold meaning. It is revealing meaning and the relevance to the greater socio-cultural environment.

Performance and Art

It involves language in its many forms, poetry, prose, the fictitious and the real. The intention is to evoke emotion about the thing being depicted therefore **waiata** could be used. As mental health nurses, we draw on language to convey meanings to others, our colleagues, **tangata whai i te ora** and **whānau**⁷. Autoethnography involves art inclusive of photo's and pictures. Art as expressions of self. Art, pictures, stories and language give emphasize to the subject.

Autoethnography is writing about extraordinary events beyond statistics and beyond nursing training manuals. These events are usually difficult or unpopular to research because the 'thing' hurt, it caused *mamae* and resulted in personal discomfort. The vulnerability of the author is exposed. Vulnerability yes and also awareness, understanding and solutions.

It is a performance in getting you the audience to feel, to be moved, to be reflective as the writer was. The goal of one autoethnographer was 'to take the reader by the throat, break her heart, and heal it again'⁸. It is transformative.

Autoethnography takes the assumed or traditional and peels back the layers to reveal...soul, heart, esteem and **mauri**. Objectivity collapses to subjectivity. Distance or remoteness gives way to intimacy and engagement with the self. It is edgy research.

⁶ Foster, K., McAllister, M., & O'Brien, L. (2006). Coming to Autoethnography: A Mental Health Nurse's Experience. *International Journal of Qualitative Methods*

⁷ Foster, K., McAllister, M., & O'Brien, L. (2006). Coming to Autoethnography: A Mental Health Nurse's Experience. *International Journal of Qualitative Methods*.

⁸ Dorothy Allison (1994) in C.Ellis *Heartful Autoethnography* (1999), *Qualitative Health Research* V.9:5 p.669-683

These passages are some of my early life experiences taken from my doctoral thesis:

*“During sexual abuse events I was alert to time slowing, senses sharpened to specific odours and sensations. Afterwards, feeling stunned, I would return to the activity I had been doing prior to the abuse. And as mundane as the activity was, it grounded me...this is what I do I am printing words, the same size, within the lines...this is what I do I am walking through the doorway returning to school...this is what I do I am dressed in nice clothes because we are out visiting. Sexual activities invokes eroticism or arousal, even for a child. I experienced stimulation and overwhelming contradictory sensations and emotions arising from my **puku**. Delight. Disgust. Excitement. Fear. It was if I was encased in my own bubble and while the world outside was normal, inside was me, magnified, frightened and clutching for an anchor to avoid oblivion. To keep a grasp on reality I would reaffirm what I knew to be true - I was a girl who liked pretty clothes, whose nanny had truly cared for her, whose auntie loved her and who was good at schoolwork. I was more than this thing that I could not name, I could not explain or share with anyone else. I was more than them.”*

Sharing the narratives of **Māori** mothers, brought to the forefront my own experiences. Autoethnography is an act of recall and an art in remembering. Memories are not exact. Specific times and details may be missing.

Childhood Sexual Abuse

A study of the prevalence of childhood sexual abuse (CSA) among urban and rural communities of women⁹ revealed **Māori** women were twice as likely as other women to report unwanted sexual experiences prior to age 15 years. Nearly a third of **Māori** women in the study reported childhood sexual abuse.

⁹ Fanslowe, J., Robinson, E., Crengle, S., & Perese, L. (2006) . Prevalence of CSA reported by a cross sectional sample of New Zealand women. *Child Abuse & Neglect*, Vol 31, Issue 9:935-945

The immediate mental health negative outcomes of childhood sexual abuse are depersonalisation, dissociative periods, night terrors and emotional blunting. Longer term mental health issues include PTSD, depression, substance abuse, anxiety and personality difficulties.

CSA is prevalent in indigenous communities¹⁰, often under-reported due to factors like shame, social disadvantage and racism¹¹. In the broader societal landscape another type of abuse and trauma occurred to indigenous communities around the globe. I understand this, now.

In the place of cultural esteem crouches fear, insecurities and anxieties.

"I had no control of the darkness, it arrived every night...I could not see anyone but felt a presence. I credited this to my grandmother, the only figure known to me who has passed on. My child's mind processed the distress as the world beyond reaching out to one of its mokopuna, I felt my grandmothers spiritual presence...I mattered enough for my grandmother to come to my side and after a time the unseen presence became a comfort...other times were unexplainable and frightening...the night the patterned wall paper rolled off the hallway wall trying to suck me in its undertow, the sofa growing so big it threatened to swallow me as I sat and a beehive box of matches the size of a room. I was left feeling small and insecure. Seeking strength I 'walked the house', takahi. I listened for the sounds of my brothers breathing as they slept. I sat on the front step in the middle of the night listening to the 'ching ching' of coins as the milkman exchanged full milk bottles for empty glass bottles. Familiar objects, sounds and my footfalls on the wooden floorboards were hooks securing me to the real world. And as unsafe as my real world was, at least I was a part of the landscape. I was still me."

⁷ Collin-Vegiere, D., Dion, J, & Trocane, N. (2009) . Sexual abuse in Canadian Aboriginal Communities.

¹¹ Stanley, J. (2003) . Child Sexual Abuse in indigenous communities.

Familial abuse, sexual, physical and emotional affects whanau relationships and other relational ties. It impacts on family history sharing.

In not saying what happened to me, was to say nothing at all therefore huge chunks of my early life were unspoken, like an incoherency, an incompleteness. As if abuse wasn't intrusive enough on my life, what followed were many lost years and the inability to share good memories, and there were some. Giving voice to silence brings authenticity in saying how aspects of life were for me. I have a fullness now. I am imperfect and whole at the same time.

As the older siblings, my brother and I wore the effects of distress in our household. I constructed a poem and sent it to him. It acknowledges our past and affirms healing. Liberation was the next step.

Brother¹²

*Time has dulled
The sharp knife of pain
Of adolescent shame
Knowing my friends
Walked past our home
To school and back*

*And sighted the mat
Covering the front door
Where once were four frosted panes
Of fragile glass that
Shielded from the street
The hallway beatings
The silent sadness of abused
And neglected child souls
Walls, heavy witness
To pay night drunkenness
And daily sleaziness*

*I seek some sweetness from that time
And recall Nanny staying
Sweeping away years of cobwebs
Saying, Girl go have some fun*

¹² Poem by author, R.V.Kainamu 2006

*I will do the work
I will do the cooking*

*Drinking Fanta
Fireside in winter
Television not yet common
The surrealism of Happiness
Being a family and enjoying
Mum's Sunday roast*

*These slow motion moments
Of freedom from fright
Were for decades stashed away
In my beating fast heart
Memories retrieved of
The times we had come through.
To remember is to be alive my brother
Is this the same for you?"*

Language, self and mauri are central tenets of indigenous autoethnography and also the tools of a **Māori** mental health nurse. The designed outcome is the same, **mauri ora**. How can autoethnography be applied to mental health nursing?

Māori Mental Health Nursing and Autoethnography

It was with knowing that the establishment of **Huarahi Whakatū Māori** mental health nursing PRDP's¹³ would:

- Enhance responsiveness to **tangata whai i te ora, whānau** and community health needs,
- Strengthen **Māori** mental health nursing practice,
- Improve vocational satisfaction and,
- Contribute to raising the profile of **Māori** mental health nursing.

Emerging **Māori**, nursing and indigenous autoethnographic research has relevance to the practice of **Māori** mental health nurses.

¹³ Te Rau Matatini . (2009) . The Huarahi Whakatū PRDP Pilot Report prepared by Maria Baker.

Nurse academic Jacquie Kidd uses autoethnography in describing her third day on the wards as a new graduate¹⁴, dispensing incorrect medication to a patient:

“For every moment of that endless day I dealt with the consequences of my mistake. When the end of the shift comes I crept home ashamed and exhausted”.

Reading this caused me to reflect upon my own practice. How open am I as an experienced nurse to the vulnerability of recently competent nurses. In what ways does my **mauri** contribute to their **mauri**. How better can our collective **mauri** as mental health nurses spark the **mauri** of **tangata whai i te ora** and **whānau**.

Mental health educator Kim Foster’s autoethnographic research on being the child of a parent with psychosis (COPMI)¹⁵ highlighted the meeting of her professional and personal lives. She writes,

“ I have shared my experiences as an adult child of a parent with psychosis at psychiatric conferences.. reactions ranged from admiration, emotional recognition and, generous support, through to embarrassment and silence...”

Our **whānau** lives and professional lives are often woven together. Foster’s research revealed the complexities and stigma experienced when a mental health professional discloses vulnerabilities. Foster’s research challenges professional incongruence at a time when mental health consumer/family roles are central to mental health nursing practice, yet, when the family is a mental health nurse, the nurse senses dissonance.

¹⁴ Kidd, J. (2009) . Autoethnography: Writing from the self in Writing qualitative research on practice J,Higgs, D. Horsfall & S. Grace (Eds) p.83-94.

¹⁵ Foster, K., McAllister, M., & O’Brien, L . (2005) . Coming to autoethnography: A mental health nurses’s experience. International Journal of Qualitative Methods.

CONCLUSION

Autoethnography is a way of examining oneself and contributing to change or social transformation. Research resulting in authentic stories about us are vital for the **Māori** mental health nursing profession to grow our numbers in the mental health workforce, to ground nursing practice with theory echoing **whanau, whanau, whanau**. Research specific to; a **rohe**; a **whanau** or; a single **tangata** contributes to broader knowledge revealing many realities of lives as indigenous **Māori**. The sum of my life, sustained by the memory of **tupuna** and a desire to serve, has carried me to this place, today. **Ko Au. He nēhi Māori.**