

**Verbatim and Māori Theatre Techniques:  
Documenting People's Experiences of Hauora**

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## Karakia

Whakataka te hau ki te uru,  
Whakataka te hau ki te tonga.

Kia mākinakina ki uta,  
Kia mātaratara ki tai.  
E hī ake ana te atakura  
He tio, he huka, he hauhū.  
Haumi e! Hui e! Tāiki e!<sup>1</sup>

Get ready for the westerly,  
And prepare for the southerly.  
It will be icy cold inland,  
And icy cold on the shore.  
May the dawn rise red-tipped on ice,  
And snow, on frost.  
Join! Gather! Intertwine!

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<sup>1</sup> Karakia was first published in *Māori Mementos*, by Charles Davis in 1855. Retrieved 29<sup>th</sup> April from [http://folksong.org.nz/whakataka\\_te\\_hau/](http://folksong.org.nz/whakataka_te_hau/)

## Abstract

The theatrical review group Maranga Mai, emerging out of the political unrest of the 1970s, used drama to challenge New Zealand's ideology of one people and dispel the myth that Māori and Pākehā<sup>2</sup> (a person of predominantly European descent) lived in racial utopia. Maranga Mai used agit-prop theatre to dramatise Māori grievances and struggles against Pākehā hegemony, which were seen as a direct threat to Pākehā definitions of reality (Potiki "Whatungarongaro" 62). Despite the amateur nature of these early Māori theatre groups, it was the power of these Māori-centred stories being told by Maranga Mai that caused social disruption at the time (Walker 226). Looking to Māori activism, through theatre, in the 1970s, and the development of Marae theatre in the 1980s and 90s has been pivotal in considering how I might use theatre to address the current health inequities that exist between Māori and non-Māori in Aotearoa New Zealand. What theatre techniques could best be examined, along with Māori approaches and theatre practices that would best present an audience with an authentic voice about the current health issues impacting Maoridom?

This thesis explores how verbatim theatre, a sub-genre of documentary theatre, can be used to document people's experiences of hauora (breath of life, health) along with using pūrākau (fact-based story) dramaturgically. This thesis examines the genesis of Māori theatre (a hybrid grounded in Kaupapa Māori, which embraces Western theatre practices (Kouka "Re-Colonising the Natives" 241)) in order to examine frameworks for representing Māori people's testimonies, and Western

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<sup>2</sup> MLA requires foreign words to be in italics. Māori is recognised as one of three official languages of Aotearoa New Zealand and will not be italicised.

documentary theatre practices; reflects on my own personal experiences of working with Māori and verbatim theatre techniques; describes the steps I took to devise a one-woman verbatim play (*Barrier Ninja: A Unique Verbatim Play about Hauora*) about hauora, and discusses the methodologies used to guide the performance approach. Also described are the feedback and dialogue with the audience collected during the poroporoaki (farewell) at the end of the performance of *Barrier Ninja*. This audience feedback was overwhelmingly positive and included comments and observations about the power of the stories, theatre of the real and the play's ability to reflect audience members' personal experiences of hauora.

In conclusion, verbatim theatre techniques and elements of Māori theatre, when woven together using the principles of Kaupapa Māori, create an authentic theatrical hybrid. This theatre hybrid not only contributes to theatre praxis in Aotearoa New Zealand but also helps draw attention to the current health inequities that exist in the provision of healthcare for Māori.

## Preface

The issues of health and illness are important to me. More specifically, I am really interested in how people are treated when they are ill and how we, as a society, can prevent a number of life-style illnesses, such as diabetes and cardiovascular disease. My interest in health grew from my childhood experiences. When I was 13, my father died. He had diabetes with severe complications resulting in gangrene in his toes. His toes were amputated followed later by amputation below the knee. He contracted leukaemia, which went into remission, but, on being released from hospital, he died of a heart attack. He was only 50 years old. As a 13 year old I thought this was so unfair. It was this childhood experience of illness and death that drew me to wanting to help people who were sick, and to make a difference.

As an adult I work at trying to understand the health disparities that exist between groups of people who differ in age, ethnicity, gender and/or socio-economic status. These are the social determinants of health and are described by the World Health Organization as:

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems (1).

These factors often determine our quality of life, our health and our illness experiences. The life expectancy for Māori is at least seven years less than non-Māori (Ministry of Health 22), an inequity which is driven by a number of social

determinants, such as inequitable access to education, employment, income and experiences of personal and institutional racism (Reid and Robson 6-7).

As a young Māori woman, my experience of racism was often cloaked in people's assumptions and expectations of me. Teachers and peers thought that I could speak Māori, forgetting the process of colonisation had criminalised speaking Te reo Māori (the Māori language) for my grandparents' generation and, as a result, I was brought up speaking English. Growing up, my perception of being Māori was often influenced by the media narratives. TV and newspaper reports were about Māori leaving school with no qualifications, that Māori were criminals or were teenage parents living off government handouts. My experience, however, was different to what the media was portraying. I grew up in a small South Island town, finished high school with University Entrance and got accepted to the prestigious Toi Whakaari (The New Zealand Drama School). I gained my first degree in Criminology and Māori from Victoria University at 28, completed my second degree at 38 from Massey University with a Bachelor of Health Science and then in my early 40s graduated with a Post-graduate Diploma in Public Health from the University of Otago, all of this while having two children, reclaiming my reo and mātauranga Māori (Māori knowledge) and working full-time! I feel I have worked really hard and at times feel I have lived a very privileged life and wasn't the 'Māori' the media represented. I believe this is the result of a number of factors; one in particular is my upbringing. I am the product of a bicultural marriage between a Māori man and a British woman. Both my parents were artists and introduced me to literature, music and theatre. It was my mother who introduced me to the art of costume making, community theatre and acting. Because of her I entered a world that could be

entertaining and fun, powerful, provocative and thought provoking. Because of my upbringing, my training as an actor, and the belief in the importance of reclaiming te reo and mātauranga Māori, my life has been filled with opportunities.

What I have learnt over my 45 years of life is that sometimes life can be unfair, and even though the media often misrepresents Māori, I have been able to make a difference to my own life because of the support and opportunities given to me. Nāku te rourou, nau te rourou, ka ora ai te iwi (with your basket and my basket the people will live). It is through collaboration and working together that we will succeed.

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 Ko Waikato te awa,  
 Ko Karioi te maunga,  
 Ko Ngāti Hikairo te iwi,  
 Ko Mōtakotako tōku marae,  
 Ko Francis Waiata Kewene tāku ingoa.

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To the Neilsen whānau (family), especially Will Neilsen who passed away on Thursday 7<sup>th</sup> April 2016. Thank you for sharing your experiences of your illness and survival with me. I know it was Will's wish that his whānau story be told so that it would make a difference for others. To Serenity-Grace Nielsen, thank you for singing *I am the God my Healer*. It was wonderful to have your beautiful voice closing the

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<sup>3</sup> The te reo used is my greeting to the reader. It acknowledges my Māori lineage and greets all those who read this. It will not be translated.

performance. To all the other research participants and their whānau, thank you for gifting your kōrero (story) and believing in this project. I hope I stayed true to your words and your intentions.

I would like to mihi (greet) Stuart Young, Cindy Diver and Susie Lawless for the opportunity they gave me to be involved in *The Keys are in the Margarine: A Verbatim Play about Dementia*. *Keys* provided me with, not only the opportunity to experience the ‘headphone’ verbatim technique but also, the opportunity to get back on the stage after nearly twenty years. For that I will be eternally grateful.

I would like to acknowledge the crew that supported the show. Ngā wāhine tautoko (support women) Kiri Bell and Emere Leitch-Munro. Thank you for the manaaki (care) and tautoko (support) you gave the audience, as well as to me. To my stage crew (Shannon van Rooijen and Anna Sinton, my Sha-na-na-na) you two rocked. I felt incredibly fortunate to have two very skilled and competent wāhine (women) responsible for the technical elements of the performance. To Martyn Roberts, thank you for your warm welcome to Allen Hall Theatre, for your design suggestions and for supporting me with my own design ideas, and finally for ensuring I had the best stage crew ever. To Janis Balodis, thank you for being patient with me, for providing me with a framework for writing a script and for your unassuming approach to supporting the evolution of my script. I would like to acknowledge Jerry Banse and *Soul Paua* for allowing me to use their waiata (song) *Ua marama koe? (Do you understand?)*. To Mary-Jane Campbell, thank you for ensuring my programme got completed and printed. To Ryan Metzler, I am eternally grateful to you for filming my show and walking the Masters journey with me with your own ethnographic/verbatim film research.

To those who supported me academically: Hilary Halba and Stuart Young, thank you both for taking my ideas, helping me to develop them into a project and then supporting me to make it come to fruition. I feel very fortunate to have had you as my supervisors. To Peter Crampton, Vivienne Anderson, Kate Morgaine, thank you all for believing in my research idea and it's potential for Māori and Māori health. To Anna Dawson, Tui Kent, Rose Richards, Lindsay Robertson, Wendy O'Connell and Marie Kelliher, thank you for having my back and making it ok to ask for help. To Jo Baxter, a special thank you for your ongoing belief in my ideas and in me, even though you were not always sure what I was doing.

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Mauri ora ki a koutou katoa.

## Glossary of Māori Words and Terms

<b>Word or Term</b>	<b>Meaning</b>
āhuatanga	way, aspect, likeness
ako Māori	culturally preferred pedagogy
Aotearoa	New Zealand
awhi	to embrace, hug, cuddle, cherish
hapū	pregnant, kinship group, sub-tribe
hauora	breath of life, health
hongi	press noses in greeting
hui	gathering, meeting
Iwi	bone, tribe, people
kai	food
kaikōrero	speaker, narrator
Kaitiaki Rōpū	Guardian Group
kapa haka	Māori performing group, Māori art form
karakia	incantation
karanga	formal call
kaumātua	elder, old, aged
Kaupapa Māori	Māori approach/ Māori topic/ Māori customary practice/ Māori principles/ Māori ideology
kia ora	hello
kia piki i ngā raruraru o te kāinga	socio-economic mediation
Kaioranga Hauora Māori	Māori Mental Health Worker

Ko wai au?	Who am I?
koha	gift
kōrero	talk, speak
kōrero pono	true story, non-fiction writing, factual text
mātauranga (Māori)	knowledge, wisdom, understanding, skill (Māori knowledge)
Māori	normal, indigenous, belonging to Aotearoa
Mahi ā ngā atua	work of the gods
maihi	the facing boards on the gable of a house
mahi	work
mana	prestige
mana taurite	equity
Mana Whenua	Authority over land or territory
manaaki	support, care
manaakitanga	hospitality, kindness, generosity
marae	traditional Māori residential complex, the open area in front of the wharenui, where formal greetings and discussions take place
marae kawa	marae protocol
mauri	life principle, vital essence
mihi	to greet
mihi whakatau	speech of greeting
mōteatea	lament
nāku te rourou, nau te rourou, ka ora ai te iwi	

	with your basket and my basket the people will live
Ngā mahi a Rēhia	entertainment, Māori performing arts
Ngā Wāhine Tautoko	Support Women
Pākehā	a person of predominantly European descent
pātai	question
paepae	orators' bench
Papatūanuku	Earth Mother
pōwhiri	welcome
pono	be true, valid, honest
poroporoaki	farewell
pū	base, root
pūrākau	myth, ancient legend, fact-based story
rākau	tree
Ranginui	Sky Father
takatāpui	close or intimate friend of the same gender
Tāne	God of the forest
tangata whaiora	people with a mental illness
tangata whenua	people of the land
taonga	treasure
taonga tuku iho	cultural aspirations
tautoko	support
Te ao Māori	the Māori world
Te reo (Māori)	the language (Māori)
Te reo me ōna tikanga	Māori language and culture (go hand in hand)

Te Tiriti o Waitangi	The Treaty of Waitangi
Te whakaari	drama, play
tino rangatiratanga	self-determination, sovereignty, autonomy, self-government
tika	be correct, right
tikanga	the customary system of values and practices developed over time and deeply embedded in the social context
tohunga	expert
Toi Whakaari	The New Zealand Drama School
tūpuna	ancestor, grandparent
Ua marama koe?	Do you understand?
utu	to avenge, vengeance
wāhine	woman
wānanga	meet and discuss
wairua	spirit, soul, feeling, attitude
waiata	song
Waikato/Tainui	the iwi located on the mid-west coast of the North Island of New Zealand
whānau	to give birth, to be born, extended family, family group
whaikōrero	formal speech
whanaungatanga	relationship, kinship, sense of family connection, belonging
whakapapa	genealogy
wharehenui	meeting house, ancestral house

whare tapere	house of entertainment, theatre
wharepaku	toilet, lavatory
whātua mai ngā aho	weaving the threads

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## 1. Introduction

The Universal Declaration of Human Rights states that everyone, regardless of religious belief, ethnicity, gender, or physical or intellectual ability, has the right to the highest attainable standard of physical and mental health (United Nations). This includes, as outlined in Article 25, access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment (Ibid). In Aotearoa New Zealand, indigenous rights are also guaranteed through the unique relationship between Māori (the indigenous people of Aotearoa) and the Crown, as outlined in Te Tiriti o Waitangi<sup>4</sup> signed in 1840. This document is one of New Zealand's founding documents and guarantees Māori tino rangatiratanga and the same 'rights and privileges' as all New Zealander citizens (Durie 84). Unfortunately, Māori experience disproportionately poorer health when compared with non-Māori (Ministry of Health 22). Some narratives frame these disparities as a 'Māori problem' and attribute them to inferior genes, intellect, education, aptitude, ability, effort or luck (Reid and Robson 7). According to Reid "this type of colonial thinking where the 'problem' or 'deficit' lies with Māori, is called 'deficit theory' or 'victim blame' analysis" and needs to be challenged (Reid and Robson 5). There is a range of strategies such as *He Korowai Oranga* being implemented by the Ministry of Health to try and address health inequalities in Aotearoa New Zealand (King). The questions posed here are: What can I do to contribute to addressing these ongoing health

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<sup>4</sup> Refers to the document written in Māori, and The Treaty of Waitangi refers to the document written in English.

inequities? Can my skills in theatre address these social injustices and contribute to improving Māori health and wellbeing?

Albert Einstein is attributed with once saying, “insanity is doing something over and over again and expecting a different result” (qtd. in Baskerville). In health, we can’t keep doing the same thing over and over again and expect the situation to change. As a teacher of Māori health, educating future doctors, I thought I could perhaps bring my skills as an actor and theatre practitioner to the problem of the insanity, in health, of doing things the same way, knowing the disparities, system failures and deficit theorising about Māori continue, yet still expecting a different outcome. Working with Te Rākau Hua o Te Wao Tapu, a Māori theatre group established by Jim Moriarty and Jerry Banse, I had the opportunity to use a number of different theatre techniques within a prison environment, seeing firsthand the way theatre could be both entertaining and thought-provoking for an audience, and therapeutic, cathartic and self-affirming for the performers.

During the early to late 1990s I worked as an actor at a number of theatres around New Zealand, with the most influential time being when I worked within Māori theatre alongside Māori theatre practitioners. I was fortunate to be caught in the slipstream of Māori theatre as it gathered momentum towards its creative zenith in the late 1990s and early 2000s (Kouka, “Re-Colonising the Natives” 237). This theatre experience has strongly influenced my own thinking and approach to creating and devising performances. I liken devising a performance for the black box of theatre to the Māori creation narrative described by Māori Marsden. Marsden describes the creation of the universe and everything in it as emerging from Te Korekore, “the realm of potential being where all created things gestate and grow from” (20). To

devise or create a performance, Te Korekore, for me, represents the time where the first seeds of thoughts or ideas are gestated and emerge. Te Po is the second wave in the process of creation, “a place of becoming” (Marsden 21), which I equate to the devising and rehearsal process of a performance, and Te Ao Marama is the final wave of the Māori creation narrative, where “everything comes into the full light of the sun” (Marsden 21). This for me is the moment my ideas and rehearsals come in to their own, as a presentation in the presence of a spectator, the audience. Devising and creating a performance, for me, strongly aligns with these concepts of potential, becoming and being present in the light.

My recent experience with theatre and performance has been as a student of the work of Hilary Halba and Stuart Young. The basic premise of their work is to first choose a subject matter and then interview people about their experiences with that particular subject. They then use those people’s testimonies to create a play. In the performance, actors wear small earpieces plugged into an mp3 player, so they can listen to testimonies recorded from interviews, which they then repeat, word for word, inflection by inflection, to the audience. This version of verbatim theatre technique has been used to produce two verbatim plays, *Be/Longing* (2012), which explores immigrants’ experiences of settling in New Zealand, and *Hush: A Verbatim Play about Family Violence* (2014). Both plays, which presented the human experience and addressed social issues, had the power to provoke an audience to think, to recognise the experiences of others, and perhaps even effect change in the world.

In my search for an alternative to the insanity of the ongoing health disparities for Māori, I drew from my past skills and experiences to explore ways to document people’s experiences of hauora and represent them theatrically. One approach, which

I felt held particular promise in representing Māori voices about health and illness, was verbatim theatre and its techniques.

This Masters research has three distinct aims:

- (i) To examine how verbatim theatre techniques can be used to document people's experience of hauora,
- (ii) To examine how pūrākau could be used dramaturgically, and
- (iii) To examine audience responses to a Māori verbatim play.

In exploring these I hope, ultimately, to contribute to the praxis of theatre and theatre studies in Aotearoa New Zealand, and to explore creative ways to address social issues relevant to Māori.

This thesis will look at existing literature about Māori theatre and verbatim theatre, then look at its practical application through the devising, performance and audience feedback received for *Barrier Ninja: A Unique Verbatim Play about Hauora*. The structure of the thesis is first to introduce the intent and purpose (chapter one). Chapter two is a literature review and explores the whakapapa of Māori theatre and marae theatre, examines the international and local literature about verbatim theatre (as a sub-genre of documentary theatre) and the spectrum of techniques that have been employed to devise verbatim plays. Chapter three builds on this review, with an exploration of my own personal praxis with marae theatre and verbatim theatre, and how elements of this experience were woven into the approach taken here. Chapter four describes the use of pūrākau as a dramaturgical tool, Kaupapa Māori as a research methodology, and finally whātua mai ngā aho (bringing the strands together) to weave together the threads discussed thus far and address some of the challenges associated with the various verbatim theatre techniques. Chapter five

(Te Whakaari) describes in detail the methods used for the research including selection and recruitment of participants; interviews with participants; editing of testimonies; integration of knowledge into the practice; and the techniques used for devising and performing a Māori verbatim play. Chapter six describes audience feedback about elements of the performance, alongside my reflections about the process and experience. Chapter seven is the discussion section, linking these experiences back to the wider literature about verbatim theatre and marae theatre, and the potential to contribute to hauora Māori and challenge the deficit narratives that contribute to ongoing health inequities.

## 2. Literature Review

### 2.1. Introduction

This chapter examines aspects of Māori theatre, focusing on theatrical presentation, audience perception and traditional Māori rituals as applied to marae theatre. A distinction is made between Māori theatre and marae theatre because not all Māori theatre is marae theatre. This is followed by a discussion of the historical context in which documentary theatre developed, along with its theatrical sub-genre of verbatim theatre, and the various techniques for text development and acting techniques.

### 2.2. Māori Theatre

Māori theatre in New Zealand was rarely seen prior to the early 1980s. Theatre collaborations between Māori and non-Māori had occurred prior to this point but it was not until the formation of the Māori Theatre Trust in 1966, according to Christopher Balme, that a completely new development in Māori artistic consciousness was ushered in (149-66). From the late 1960s a significant social and political shift had begun to take place in New Zealand, signalling a cultural revitalisation<sup>5</sup> for Māori (Balme 150-151). Māori recognised that theatre, or playacting, had a role in the struggle for Māori sovereignty (Potiki, "Introduction." 11). Māori theatre became a form of resistance, to challenge the status quo and voice the needs of the community. Māori theatre groups such as Roma Potiki's Maranga

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<sup>5</sup> Revitalisation has been used in place of the word renaissance to refer to Māori activism in the 1960's and 70's. It is a word used in reference to the Māori language but I have used it here purposefully as it was a time of new energies and new potential for Māori culturally, politically and economically.

Mai and Rowley Habib's Te Ika-a-Maui Players (Balme 151; Kouka, Ta Matou Mangai 13) were considered radical and were even cited as inciting 'radical disharmony' (Derby and Grace-Smith 2). As Roma Potiki, a founding member of Maranga Mai, so eloquently says, their work was:

Declamatory theatre born out of our feeling of justified frustration and necessary rage with a system that still often does not listen ("Ta Matou Mangai" 62).

For Potiki, it was the dominant non-Māori media that saw Maranga Mai as a threat to New Zealand society and was portraying them as dissidents (Balme 151). Maranga Mai presented dramatisations reflecting Māori experiences of current events, as a counter balance to the dominant Pākehā society. They used agit-prop techniques, along with extensive Māori rituals, within their performances (Ibid).

A distinctive Māori voice emerged out of the 1980s and 90s through the stories told by playwrights such as John Broughton, Roma Potiki, Riwia Brown, Apirana Taylor, Hone Kouka and Briar Grace-Smith (Maufort, "Transgressive Itineraries" 205). At the heart of these plays were Māori stories in which Māori audiences could see themselves reflected (Potiki, "Introduction" 11).

Māori playwright Rore Hapipi (also know by his Pākehā name Rowley Habib<sup>6</sup>, which for this thesis I will refer to him by his Māori name Rore Hapipi) and his play *Death of the Land* (1976) is a landmark example in the development of Māori theatre.

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<sup>6</sup> Rore Hapipi (Ngati Tuwharetoa) passed away during the writing of this thesis. I had the privilege to hear him speak and reflect on his time in theatre, at the National Māori Hui November 2015. *Ka moe mai ra e te rangatira.*

The subject matter that informed the text centers on land ownership and is mostly set in the Māori Land Court of New Zealand in 1977. Hapipi not only addresses the social issues of his time but also incorporates Māori rituals into the presentation, with particular note to the play's final scene. While the Land Court judge continues to transfer Māori land to Crown ownership, and Māori whānau members continue to bicker amongst themselves, the audience hears the sound of a tangi (mourning/weeping). The tangi is associated with a tangihanga (funeral), a process considered tapu (sacred) because of the transition of a person from the living to the dead (Higgins and Moorfield 86). Hapipi notes that when the original production of his play was presented to an audience, the cast were reluctant to make this wailing sound and replaced the wailing with a poem (Habib 49). Hapipi introduced elements of Māori tikanga into his play and was not averse to having the real Māori death rituals presented as symbolic rituals for the stage. However, these Māori actors were unable to separate their lived experiences and the cultural context associated with wailing, with the replication for stage. For these actors it was one and the same. Hapipi had blurred the lines for the actors between the real and the re-imagined.

Hone Kouka, renowned Māori playwright, director, producer and occasional actor, describes his early writing influences as plays such as *Whatungarongaro* (a play drawing on the social issues arising for a dysfunctional and violent modern Māori family), devised by He Ara Hou in 1991 and led by Roma Potiki (Potiki, "Whatungarongaro" 31). For Kouka it was the first time he saw traditional Māori concepts of whānau and tikanga woven through Western theatre practices, such as theatre production and acting techniques, integrating seamlessly to become a new theatrical hybrid (Kouka, "Re-Colonising the Natives" 240). According to

Christopher Balme, this hybrid of Western and Māori elements created a postcolonial drama, altering the traditional European theatre aesthetic perception for both the audience and theatre critics (“Decolonizing the Stage” 76).

In Hone Kouka’s *Mauri Tu* (1992) we see him write a one-man play that was based on a newspaper article. This article described a young man’s plea to have his case heard on the marae, following Māori protocol (Kouka “Mauri Tu” 9). During the performance, the audience is progressively plunged into darkness as Matiu (a character in the play) gives his speech on the marae. Kouka wants to make the audience’s experience as spectator to the event, become an analogue of the alienation to which English colonisers subjected Māori (“Mauri Tu”). Darkness serves as a destabilising device enabling the audience to experience a lack of identity similar to the hybrid Māori (Maufort, “Recapturing Maori Spirituality” 207).

Māori playwrights have also explored the element of wairua (spirit) in their plays. Briar Grace-Smith, for example, in *Purapurawhetu* sought to develop a new mode of capturing Māori spirituality on stage by skilfully weaving her dead characters with living characters and their memories (Maufort, “Recapturing Maori Spirituality” 248). This magic realism, created by Grace-Smith, is a lived reality for a number of Māori who live as Māori and often see the worlds of the dead and the living interwoven and interconnected (Maufort, “Recapturing Maori Spirituality” 248).

More recently, Māori playwright Rob Mocaraka collaborated with Italian-born New Zealander Paolo Rotondo to research the Italian-New Zealand connection by following the pathways of the 28<sup>th</sup> Māori Battalion. This research created a captivating play, called *Strange Resting Place*, about whānaungatanga and turangawaewae (O’Donnell 13).

At it's best, Potiki describes Māori theatre as a politicised form of self-awareness that goes well beyond the bounds of propaganda, or worthy theatre, into the area of the human heart ("Introduction", 60). Described by Balme, Māori theatre is part-reality and part-utopia ("Decolonizing the Stage", 62). This utopian vision, according to O'Donnell, refers to the creation of "an original theatrical form, a 'new kind of perceptual "frame" ' for performance, informed by Māori tikanga" (10).

### 2.3. Marae Theatre

Brecht said theatre:

Depends on breaking old certainties and creating new artistic methods to represent changing social circumstances...reality changes; in order to represent it, modes of representation must change (in Nicholson 13).

New Zealand theatre has seen marae theatre break old certainties and create a new artistic methodology. Marae theatre is a distinct form of Māori theatre established by theatre practitioners Roma Potiki, Rangimoana Taylor and Jim Moriarty (Kouka, "Re-Colonising the Natives" 241). It is distinct because it is premised on traditional rituals of encounter and originates from marae processes and protocols. Marae theatre incorporates elements of pōwhiri (welcome)<sup>7</sup> within the performance and is guided by the principles of tikanga. Within marae theatre, Māori protocols of encounter on the 'marae'<sup>8</sup> replace Western theatrical conventions. This implied additional participation of the audience in the performance. For example, a karanga would be used to bring

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<sup>7</sup> The protocols of a pōwhiri are: karanga (formal call) to bring visitors on to a marae, the whaikaikoreo (the formal speeches), karakia (incantation), hongī (press noses in greeting), waiata, and kai (food). These protocols are located within a broader body of knowledge called Te Ao Māori (the Māori world).

<sup>8</sup> In particular in the courtyard situated in front of the meetinghouse.

the audience into the theatre, and shoes would be removed on entering the theatre, as one would before entering a marae, thereby providing a bridge between the traditional Māori rituals found on a marae and the traditions of mainstream theatre (Maufort, “Transgressive Itineraries” 206). The incorporation of marae kawa (marae protocol) into the theatre production was also part of marae theatre practice, such as having a poroporoaki (farewell) at the end of the show. According to Don Selwyn, within its cultural context, the marae was considered theatre, theatre is marae, but without the proscenium arch, and therefore the incorporation with Western theatre practices was not a new concept (in Greenwood 50). Moriarty says that marae theatre took the best from Māori gathering principles – the hui and the theatre, which for Moriarty constitutes a hui too (in Glassey and Welham 62). For these practitioners inclusivity, devising stories collectively, manaakitanga (hospitality), whanaungatanga, and tino rangatiratanga were at the centre of marae theatre (Kouka, “Re-Colonising the Natives” 243).

Māori theatre and marae theatre are distinct but overlap. Inherent in the name marae, are marae protocols and rituals. Marae theatre incorporates Māori rituals of encounter, such as elements from a pōwhiri or a tangihana, into the performance. For Rangimoana Taylor, marae theatre implies that the cultural codes of the marae override those of the Western theatre form (Balme, “Decolonizing the Stage” 63). Not all Māori theatre has these elements in a performance. I would argue that during the time of Māori revitalisation in the 1970s, having a name for a particular theatre form – marae theatre - was significant in legitimising this new form of hybrid theatre for non-Māori. According to Potiki, anything that upholds the mana and supports Māori tino rangatiratanga, in terms of theatre, is Māori theatre (Potiki, “A Maori Point of View”

58). This new form of hybrid theatre challenges certain premises of Western epistemology and “opens up the possibility of a cultural hybrid that entertains difference without an assumed or imposed hierarchy” (Balme, “Decolonizing the Stage” 12).

Māori theatre has also been described as theatrical syncretism in which a conscious, programmatic strategy to fashion a new form of theatre in the light of colonial or post-colonial experience has occurred. It is also often written and performed in a europhone language, but almost always manifests varying degrees of bi- or multi- lingualism (Peterson 103).

According to Kouka some theatre productions continue to follow strict tikanga, with karanga and all the elements of pōwhiri (“Introduction” 9). However, Kouka feels that many practitioners have moved past the need to illustrate their culture and do it more subtly (Ibid). Kouka has identified where mihimihi have been put into programmes and where lighting has been used to encompass spectator and audience prior to the play thus bringing actor and audience together. Kouka also notes that a number of cast members greet the audience as themselves before the performance, and some have the welcome in the opening salvos of their performance, with the play representing the whaikorero, with a waiata to conclude the performance (Ibid). According to Kouka this modern theatre still stays true to protocols of old (17).

#### 2.4. Documentary Theatre

Verbatim theatre is a manifestation of documentary theatre, a form of theatre created as part of a wider arts movement forged in the last century that believed the world would be better through an authentic representation of the ‘real’ facts (Paget,

“The ‘Broken Tradition’” 227). Often seen as political or leftist theatre (Claycomb 99), documentary theatre used a variety of archived material, such as film footage, newspaper clippings, court reports, tribunal notes, personal documents, testimonies, historical documents, archival material, video, and photographs to devise politically provocative performances (Martin “Bodies of Evidence” 9). For example, early 1920s documentary theatre emerged following the October Revolution in Russia, with theatre companies such as ‘Blue Blouse’, that devised a form of ‘Living Newspapers’ from magazine and newspaper cuttings to keep an audience of illiterate working class communities informed of the issues of the day (Casson 108).

Director Leon Schiller is reported as being the first person to use the concept of fact-montages when he staged *The Social Politics of the Polish Republic (Polityka społeczna RP)* (Sowińska and Paloff 74) in Poland (1929). Schiller saw documentary theatre as a mechanism for social change. With this form of fact-based theatre, he felt he could provide a platform for the working class voice to be heard and provide publicity for their cause (Sowińska and Paloff 73-74). The most influential documentary theatre-makers of the 1920s and 30s were fellow German countrymen, Bertolt Brecht and Erwin Piscator (Paget “The ‘Broken Tradition’” 226). Brecht, influenced by Marxist ideology, challenged the naturalism of theatre at the time. Through his Epic Theatre, Brecht wanted to provoke audiences to self-reflection and to be critical of the action on stage. He wanted the audience to recognise the social injustices he was presenting through his plays and be moved to effect change in the world (Mumford 51). Piscator used specific devices, such as projected images of reality and the quotation of source material, to infer an aura of reality on his plays (Smith 115-6). Piscator staged massive agit-prop theatrical spectacles, incorporating

film footage of scenes from recent historical and political events, often including scene titles to certify a kind of authenticity (Favorini 154).

Documentary theatre provided a voice for the disempowered, through the facts that they gathered and presented as evidence, and through performances in factories, workers-clubs and in the open air. 'Blue Blouse' for example, can trace its origins to the early 1900s experimental theatre in the Soviet Union and Vienna and the futurist influenced Living Newspaper, which enabled news to be made accessible through dramatisation (Casson 107-8). Performers choose blue blouses as their basic costume to show solidarity with their audiences of factory workers whose work uniforms were lose blue smocks (Casson 108). These early documentary theatre makers created theatre based on information and current events for those most socially disadvantaged, aiming to create social and political awareness about the need for social change by presenting the facts (Casson 108-9).

More recently German documentary theatre emerged in the mid-1960s with the works of Peter Weiss. His version of documentary theatre saw a shift to an experimental theatre of social criticism. He experimented with subject matter, staging a sort of trial of history. He aimed to expose the political forces behind historical events, for public investigation. His work included events such as the Auschwitz trial in Frankfurt, the American nuclear weapons programme and the position of the Catholic Church towards the Holocaust (Irmer 16-17). Weiss was also interested in the struggles between opposing socio-economic forces and he often presented his plays as a series of dialectical arguments interspersed with statistics and choruses or single choral characters (Haberl 360). He would write in poetic language based on memoirs, reportage, and historical documents (Shunami 504). Weiss would have 'real

people' appear on stage, but as representatives of certain social interest groups as opposed to in their own right (Haberl 359). He even experimented with a number of dramaturgy and staging techniques in order to isolate the audience from connecting with the characters on stage (Shunami 504).

British journalist Richard Norton-Taylor and director Nicolas Kent continued on from Weiss with their own form of public inquiry through their Tribunal plays during the mid-1990s. They used edited transcripts of trials and tribunals, providing audiences with an opportunity to revisit these events through a public inquiry. According to Norton-Taylor, "there is something extraordinary about real people saying real things about extraordinarily important events" (Derbyshire and Hodson 199). One such play is *Srebrenica* (1996), which documented one of the worst massacres in Europe since World War Two and which the public had little knowledge of (Ibid).

Documentary theatre originated from a need for social change through information and facts, often taken from archived material, authenticated through five key presentation principles. Paget describes them as: projections of actualities; quotes from printed documentary sources such as slides, placards, or audio sources; addressing the audience directly; utilising music and song as critiques; and using cool acting style and plural roles (Paget "The 'Broken Tradition'" 228-9). Because of the varied approaches to the creation and performance of documentary theatre, it is also known by a variety of names; theatre-of-the-real, theatre-of-fact, theatre-of-witness, tribunal theatre, non-fiction theatre, restored village performances, war and battle re-enactments, and autobiographical theatre (Martin 2012 5).

Paget also identifies two distinct protocols by which documentary theatre is devised either: 'reporting' or 'recording' ("The 'Broken Tradition'" 228-9). He describes these terms in the following way; 'reporting' is the inflection of a particular voice as an inherent part of the composition. It is expected in reception and gives rise to the figure of the reporter - a person keen to angle their vision according to their medium partly by displaying their technique. This technique makes overt the mediation. In contrast 'recording' sees the maker stand self-effacingly to one-side (Ibid). The recording process, as Paget describes it, is one that masks the technique and claims unmediated access to reality (Ibid 229). A 'reporting' protocol for devising a documentary play would present the mediation process to the audience, while the 'recording' protocol would hide the process of mediation to the audience (Paget "The 'Broken Tradition'" 227).

Documentary theatre provides for an opportunity for the documentary theatre-maker to present a version of history to the spectators and for the spectator to review the history being presented.

## 2.5. Verbatim Theatre

As a subgenre of documentary theatre, Derek Paget describes verbatim theatre as:

A form of theatre firmly predicated upon the taping and subsequent transcription of interviews with 'ordinary' people, done in the context of research into a particular region, subject area, issue, event, or combination of these things. This primary source is then transformed into a text, which

is acted, usually by the performers who collected the material in the first place (Paget “Verbatim Theatre” 317).

According to Paget’s definition, verbatim theatre is created from interviews with ordinary people, whose testimonies form the primary source material with which a text is written from (Ibid). This is in contrast to documentary theatre that uses a number of source materials to create a performance. Explicit in Paget’s definition is the technique by which testimonies are documented; testimonies are recorded and then the testimonies transformed into text that are then performed by an actor.

The scope of verbatim theatre’s techniques has been interpreted in a variety of ways. Playwright-producer David Hare in his plays *The Permanent Way* (2003), a verbatim play about the privatisation of British rail, and *Stuff Happens* (2004) which focuses on the Bush administration’s handling of the Iraq War and the terrorist event of 11 September 2001, intersperses the edited text originating from his interviews with fictional scenes (Bottom 59-60). Actor-playwright Robin Soans also manipulates the edited text taken from testimonies, and combines his interviews, in *Talking to Terrorists* (2005), so that the spoken text in this play comes from a variety of real people’s testimonies. Bottom calls this “collaging together the interview testimonies” (Bottom 58). Nicholas Kent, on the other hand, in his play *The Colour of Justice* (1999), records his interviews and uses the edited testimonies word for word in his text. For his performances he even ensures the actors meet the real people to hear how they talk and get the essence of the person they are representing on stage.

David Hare, Robin Soans and Nicholas Kent illustrate that there are variabilities in the way testimonies can be edited into a text. Nicholas Kent also explores the

actor's relationship with how they perform the real people from which the text has been devised. He expects his actors, from those meetings, to hear and replicate the people's speech patterns and represent their essence in performance.

Of particular interest is the verbatim theatre technique, 'recorded delivery' developed by British based playwright/director Alecky Blythe (Wake "The Politics and Poetics of Listening" 83). Her presentation and recording techniques differ to those of Hare and Soans, and extend on what Kent does with his actors, in understanding and representing real people on stage. Her technique records real people's speech in a particular way. In *The Girlfriend Experience* (2008), Blythe was an observer, listening and recording the conversations that were being had with the women who worked in a brothel. One time she even left the recorder unattended to gather uncensored material (Wake "Headphone Verbatim Theatre" 322). Her technique for documenting testimony is less interviewer and more 'fly on the wall'. Once Blythe has the recordings she edit's these into an audio text. In the performance the actors wear earpieces through which they listen to the audio text, then repeat it, word for word, inflection by infection (Wake "Headphone Verbatim Theatre" 326).

Blythe's plays still retain the social commentary of earlier documentary theatre-makers and have been categorised as being about: social crisis, (with her plays *Come out Eli*, *London Road* and *The Riots: In Their Own Words*), social justice (with her plays *Strawberry Fields*, *London Road*, and *Do We Look Like Refugees?*), and social portrait's (with plays such as *All The Right People Come Here*, *I Only Come Here for Six Months*, *Cruising* and *Where Have You Been All My life?* and *A Man in a Box*) (Wake "Headphone Verbatim Theatre" 325).

Caroline Wake writes of Melbourne-based verbatim theatre-maker Roslyn Oades, who uses a very similar technique to Blythe, which Oades calls headphone-verbatim or audio-scripting (“The Politics and Poetics of Listening” 83-84). Oades’ technique edit’s real people’s testimonies but does not create a text, exploring instead a paperless form of theatre by creating an audio script. This audio script is played through large headphones worn by an actor who then speaks, verbatim, word for word what they hear. As a director Oades is pedantic with her actors about them getting the exact inflections, pauses and breath of what they hear. Oades (“Dramaturgy & Emerging Artists”) believes the ‘spirit’ of the person the actors are presenting is in the voice, and therefore the actors must be as close as possible to the original voice. Actor Mohammed Ahmad from *Stories of Love & Hate* supports Oades’ belief:

It is not enough to listen word for word; you have to listen breath for breath.

There is no other way in which to reach that person’s rhythm (qtd in Wake “The Politics and Poetics of Listening” 97).

On her website, Oades notes that the voice of the community is foundational to her work (“Dramaturgy & Emerging Artists”). She calls her process community-authored, utilising local oral history as source material. She starts with an idea or a question, and interviews and records a lot of people’s conversations. Having worked in Sydney’s arts community as a visual artist with the ‘Urban Theatre Project’, Oades learnt the importance of community-ethics. A strict code of ethics is adhered to when she documents real people’s testimonies, in what she considers as her research phase. Participants give a release form, which details their anonymity and are provided with

a copy of their testimony. They have a week to tell her whether it is okay to make any changes. They cannot then withdraw their testimony. She does not use all of the interviews she collects but, for her, all of the participants are VIPs - whether they are in the final cut or not. While editing the interviews and/or real people's conversations, Oades keeps a logbook and records the time locations within the recorded interview of interesting sections she might use to devise her audio score and uses a star system to rank them ("Dramaturgy & Emerging Artists").

Her most famous verbatim play *Stories of Love & Hate* (2008) examines the Cronulla riots that happened in Sydney, Australia in 2005. Her play traces the lives and loves of people directly affected by the riots, including a group of pro-surfers, a carload of 'bass heads', elderly ocean swimmers, a philosophical father, Muslim schoolgirls, a newspaper photographer and a baton-wielding cop. Importantly, at the completion of each show the community also has a right of reply.

With Oades' technique actors perform wearing visible headphones, 'in ear technology' she calls it, through which the actors receive an 'audio script' of the original interviews (Wake "The Politics and Poetics of Listening" 85).

Influential in both Blythe's and Oades' verbatim theatre techniques is American academic, performer and playwright Anna Deavere Smith, who combines the journalistic technique of interviewing her subjects with the art of interpreting their words through performance. The works that brought Deavere Smith to public attention were *Fires in the Mirror* (1992) and *Twilight: Los Angeles 1992* (1993). In both cases, the subject matter was about moments of cultural and physical violence: the Crown Heights riots of 1991, and the Los Angeles riots of 1992. What is poignant about these pieces is the way two different communities are juxtaposed to appear to

be having a dialogue between each other, and the way Deavere Smith would invite her subjects to the performance to see themselves being performed.

Deavere Smith's technique is to record her interviews, which she then brings back to rehearsal where she listens intensely to the recorded interviews and then repeats each phrase exactly as it had been said ("Headphone Verbatim Theatre" 325). According to Mark Wing-Davey, who directed Deavere Smith in *House Arrest* (1997), while the headphones were still on during rehearsals, the delivery was more extraordinary (Ibid). In rehearsal, Deavere Smith would listen to the interviews phrase by phrase through earphones and then repeat each phrase exactly as it had been said, immediately after hearing it. Deavere Smith would play multiple characters in her one-women show, morphing from one character to another with superb vocal and physical dexterity. In the live performance Deavere Smith would not use the headphones. It was Wing-Davey who saw this rehearsal technique of intense listening and repeating word-for-word each phrase with the headphones on, as an opportunity to incorporate it into the performance. With this idea, Wing-Davey taught this development at his workshops, called *Drama Without Paper* (Wake "Headphone Verbatim Theatre" 325), at the London Actors Centre in 2001. Both Alecky Blythe and Roslyn Oades attended the *Drama Without Paper* workshop and studied with Wing-Davey, and so Deavere Smith's influential technique has been pivotal to the development of Blythe's 'recorded delivery' technique in Britain, and Oades' 'headphone verbatim', developed in Australia.

Moisés Kaufman and Tectonic Theatre Project's distinct verbatim theatre technique uses a whole company approach to research, along with an editing technique that influences the performance style. The most famous work *The Laramie*

*Project* (2000), devised and written by Moisés Kaufman and Tectonic Theatre Project, was a response to the murder of Matthew Shepard. This event gave rise to a nationwide conversation in the United States about homosexuality, sexual politics, education, class, violence, privileges, and rights, and the difference between tolerance and acceptance. *The Laramie Project* began with Kaufman wondering if Laramie, Wyoming (the place where Shepard was murdered) was in some way different or similar to the rest of the country. Four weeks after the murder of Shepard, nine members of Tectonic Theatre Project and Kaufman travelled to Laramie to gather interviews from those who lived in the community. During the next year and a half, over two hundred interviews were conducted. These testimonies gathered from the community were transcribed and then brought to several workshops, where members of the company presented material and acted as dramaturges in the creation of the play. This source material was formatted in a collaborative process through a small writers' group from within the company, who edited, wrote, and created the play (Bottom 64-65).

Kaufman was influenced by a Brecht essay titled "The Street Scene" giving him ideas about how to deal with *The Laramie Project* in its creation and aesthetic vocabulary, seeing the project as an eyewitness who demonstrates to a collection of people how a traffic accident took place (Kaufman vi-vii). Kaufman utilised what he called a structuralist (or tectonic) perspective to guide the editing process and construct a play, which he calls moment work. For Kaufman, this meant no scenes were created in this play, only moments. As Kaufman describes it, these moments are simply unit's of theatrical time that are then juxtaposed with other unit's to convey meaning (Ibid).

To stage the play, Kaufman provides clear direction:

The set is a performance space. There are a few tables and chairs. Costumes and props are always visible. The basic costumes are the ones worn by the company of actors. Costumes to portray the people of Laramie should be simple; a shirt, a pair of glasses, a hat. The desire is to suggest, not re-create (Kaufman xiv).

Along the same lines, Kaufman saw that this production should be an actor-driven event.

The company of actors should do costume changes, set changes, and anything else that happen on the stage (Ibid).

Unlike Blythe and Oades, Kaufman does not use any form of headphone or audio script for his actors. What he does do, in the opening lines of *The Laramie Project*, is to establish for the audience how the play was created. That what they are about to hear comes from edited testimonies, journal notes kept by the company and other found documents. Kaufman has also created the character Narrator who introduces different characters and guides the audience through the story (Kaufman 5).

In Aotearoa, Hilary Halba and Stuart Young have been influential in the development and growth of verbatim theatre locally. Their work draws from Blythe's recorded delivery and Kaufman's and Tectonic's techniques but has developed into their own particular interpretation of verbatim theatre. Halba and Young subscribe to Paget's reporting approach, whereby the documentary theatre maker acknowledges their role in the mode of production, and in representing testimony and information (Halba and Young 173). In creating *Hush* (2014) for example, Halba and Young made visible the invisible by including the researcher as part of the performance, overtly

using the recorded delivery technique by their actors and using quotes from the interviews as titles for scenes, reminiscent of early documentary theatre makers, and creating ‘moments’ like Kaufman (Halba and Young 174). What is exciting about their technique is the development they made with how they record testimonies and how their actors incorporate that in the performance. Interested in authenticity, Halba and Young video record their interviews. Their actors use these videoed interviews during rehearsal, and listen to the recorded delivery technique during performances. The aim is to embody the real person as closely as possible, both physically and vocally (Halba and Young 175.)

### 3. Marae and Verbatim Theatre Praxis

#### 3.1. Introduction

As an actor I have had the opportunity to work with marae and verbatim theatre techniques. This section is a reflection on my personal experiences with these theatre techniques. From these experiences I consider what learning would be beneficial in understanding how I can use verbatim theatre techniques to document people's experiences of hauora.

#### 3.2. Marae Theatre

In 1992 after graduating from Toi Whakaari I was fortunate to work in a number of Māori-led theatre productions: *Te Pouaka Karaehe* by Reneé; *1981* by John Broughton, staged at Taku Rua / Depot Theatre Wellington; *Roimata* by Riwia Brown at Centrepoint, Palmerston North; and *Tangi*, devised as a touring show by director/producer Cindy Diver from a short story written by Witi Ihimaera.

In 1994 I worked with the Māori theatre company Te Rākau Hua O Te Wao Tapu lead by Jim Moriarty. I worked in Arohata Women's Prison as a theatre-facilitator, and also rehearsed *1981*. The principles of Kaupapa Māori were inherent in the fabric of our daily activities and rehearsals. Rehearsals for *1981* were conducted at Tapu Te Ranga Marae in Island Bay, Wellington. The marae was an environment where te reo me ona tikanga<sup>9</sup> were a normalised part of rehearsal. Karakia started and ended our day of rehearsals. There were no shoes or food in the rehearsal room. Rehearsals were often a collaborative process where actors could contribute by

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<sup>9</sup> Māori language and culture go hand in hand – inseparable from each other.

directing and mentoring each other. The show was about an important part of our New Zealand history and explored the experiences of Māori whānau who lived during that time. When we moved into Taki Rua Theatre, elements of marae theatre were included in our performance. The show would begin every night with the actors on stage and I would karanga to bring the audience into the theatre, followed by a waiata. This process gave the effect of a pōwhiri in which spectators were welcomed to the theatre space to watch and also to participate in the performance becoming spect/actors. Boal defines the actor and spectator in a relation that immediately invokes participation observation (Castañeda 80).

When I worked in Arohata Prison as an actor/facilitator with Jim Moriarty and his theatre company it was an opportunity to work in our community with a number of Māori wāhine. The principle of pūrākau guided our approach to devise theatre. The content for the plays was derived from the women's own experiences. It was an opportunity to explore their own lives, to safely share them so that others could see what they had been through, and perhaps help change things for the next generation. We worked together as a collective, the women and Te Rākau, and looked after one another as a whānau. Working in the prison we held strongly to Kaupapa Māori principles to safeguard the participants and actor/facilitators. The facilitated acting/devising process with the women was about supporting their mana and for those women to find their own tino rangatiratanga as women and as Māori women while incarcerated. Sometimes their testimonies were merged with other testimonies, or interwoven into Māori traditional oral pūrākau, incorporating music and humor. Working with female prisoners in Arohata Prison (with Jim Moriarty and his theatre company) I saw the positive impact theatre had on the women's self-esteem, and their

cultural connection, and I saw the effect the play had on the hearts and minds of the audiences, which consisted of fellow inmates, prison staff and whānau. The approach and techniques utilised by Te Rākau while working in Arohata prison ultimately was exploring theatre for social change.

Te Rākau was able to work in this way because of their own principles of tino rangatiratanga, mana taurite (equity) and whanaungatanga (relationships, sense of family connection, belonging). Te Rākau describe their form of theatre as a fusion of therapeutic models, ngā mahi a Rēhia (Māori performing arts), and political theatre - in particular Boal's Theatre of the Oppressed and Brecht's Ensemble Theatre - wrapped up in Kaupapa Māori (Pearse-Otene, "Te Rākau Hua O Te Wao Tapu").

### 3.3. Verbatim Theatre – Up close and personal

Being involved with verbatim theatre has been a more recent experience for me. My Masters' supervisor, Stuart Young, invited me to observe the editing phase of a verbatim theatre project with which he was involved. The project team was small and consisted of Stuart Young, Cindy Diver, (both with theatre backgrounds) and Susie Lawless (with a medical background). The team had already decided on the subject matter of dementia, and on their research questions, which would examine people's personal and professional experiences of dementia and Alzheimer's Disease. The University of Otago Ethics Committee had approved their project, and participants had been recruited and interviewed. I came in when they were transcribing participant testimonies into text. I was able to see first hand the intricate details required for using verbatim theatre techniques, not just described in theory, but in actual practice.

To recruit participants Young, Diver and Lawless consulted with key organisations and were successful in getting staff from the Alzheimer's Society, individuals with dementia and their families, staff working in secure dementia care units and expert clinicians. Young, Diver and Lawless took an interview approach rather than a technique where they listen and observe a situation unfolding. Most participants were interviewed by Diver and Lawless, and in one case, Young conducted an interview. During the interview one would ask the questions while the other took notes. The interviews were recorded with a video camera and included the interviewee. Pre-prepared open-ended questions were used to elicit each participant's thoughts, experiences and observations of dementia and Alzheimer's. Participants were recorded as individuals, couples or, as was the case for some healthcare co-workers, in a small group. They were interviewed in their homes and work environments.

The editing technique to devise a text took a number of phases to complete. In the first phase Diver and Lawless used a computer programme to watch and edit segments of their participants' testimonies they found interesting and filed them for easy retrieval. Diver and Lawless then moved to pen and paper and allocated each participant a coloured Post-it® note to aid in the collation and tracking of testimonies. These were arranged onto one big piece of white paper so they could visually see the story unfolding. The colour-coded Post-it® note system was then transposed to a written running sheet. Themes emerged from the segments of testimony and each testimony was then allocated to a particular theme. Together, Diver, Lawless and Young then discussed the order in which each of the segments of testimony would be sequenced within each of the themes to create a coherent story line. The final themes

were replicated as scene titles in the play: *The prologue, What is Dementia?, The first signs, The progression of illness, The carer burden, What sustains, Sexuality and self, We are our memories, Losing my marbles, End of life, Solace, and Ending in hope.*

Once this process was complete, a transcript was made of all the testimonies for the participants to view. Each participant received a transcript of their own testimony, edited with names and occupations changed and all other personal identifiers removed, for them to verify before the final script could be finalised. Minor amendments continued during rehearsals to ensure participant anonymity, although one participant was happy to self-identify as he was a former mayor of Dunedin. The editing process appeared painstakingly challenging, but collegial and collaborative.

Diver was adamant that the intent of what was said would not be misrepresented by editing the participant's testimonies. It was important for Diver that the integrity of the participant's testimonies was maintained. Diver wanted to minimise the mediation from the real to the theatrical re-presentation.

Right from the start Young, Diver and Lawless took an inclusive and community-focused approach to creating this verbatim play. They established a Kaitiaki Rōpū (Guardian Group) to oversee tikanga and participant wellbeing, and to advise the research process. This group consisted of members of the community who had expertise in law, community or public health, and were mana whenua (people with authority over land). When it came to putting together a company Young, Diver and Lawless looked at local actors and designers, and sought to nurture up-and-coming technicians and crew. All members of the company were co-opted as shareholders in a collective.

The basic verbatim technique chosen for this production was ‘recorded delivery’. Each actor was provided with an audio script to listen to and a video script to study in order to replicate the body language of the participants. Each actor initially rehearsed by themselves. The actors were also encouraged to work with the other actors they were in scenes with. The rehearsal time as a whole cast was very short; it was only ten days before opening night. This was unusual as most professional theatre rehearsals are four weeks or more. The most important aspect of the whole rehearsal process was the time spent by the individual actors learning their own characters audio and visual scripts. Clare Adams, one of the actors in the play which Diver, Lawless and Young called *The Keys are in the Margarine*<sup>10</sup> ensemble, described the technique not as a technical exercise, but more like being an avatar channeling the person while staying present in the performance.

For the performance, one continuous audio-script was played to the actors through a single button earpiece connected to a cellphone. The cellphone was networked wirelessly to a central sound desk, which broadcast the audio-script. The cellphone allowed for wireless technology to be integrated into the production, with one single audio script, switched on at the start of the performance, broadcasting to all the actors. The headphone technique however has it’s own performance and technical challenges. Once the audio script had started there was no way to alter it’s timing, meaning that actors cannot adjust their performance in any way for another actor or to pause for an audience reaction. My intuition as an actor is to be aware when an audience reacts to a line and allow time for the audience/actor response to occur. In this technique you throw away a line that has extreme pathos, that an actor would

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<sup>10</sup> The title of this play is a direct quote taken from one of the research participants.

have relished and wept tears for or taken to a poignant moment, but the person who actually said it just flipped it away. What I observed was the intense listening by the audience to what was being said on stage.

The technique used to document the testimonies also meant the performance was delivered directly to the audience in response to questions posed by the interviewer when recorded. This made for a static production, as the actors remain stationary during dialogue. The dialogue is, however, quite conversational and encourages the audience to listen intently. An audience member spoke to me after one show and said that 'it felt like a conversation that I wanted to join'. The actors played more than one character so the character transitions also created interest for the audience.

The production included lighting, sound, costumes and a set design. The design for the production was produced by Martyn Roberts to reflect the crumbling mind of those living with dementia. It incorporated domestic furniture that flowed from one end of the stage to the other, starting organised then becoming more random and chaotic with no sense of purpose. There were spaces on the stage that were delineated by the lighting design, designed by and were only lit when it was time for a character to speak. The sound track that was used at the beginning and end of the show was a piano piece played during the course of an interview. Costumes were kept simple and reflected what the participants wore during the interviews. An actor chose a main character and added small pieces of accessories to transform from one character to another.

Scene titles and characters' names were projected on the back wall of the set. For the audience, this was an aid through the journey of the testimonies and a prompt

as to which character was speaking. The actors were able to move from character to character by slight costume changes and lighting states.

I learnt an enormous amount about verbatim theatre working on this production. I loved the collective approach that Young, Driver and Lawless took to producing the show. I think their research approach, particularly the way they worked with research participants was ethical. However, I noticed the lack of marginalised, minority and diverse communities within the participants Lawless and Diver had recruited and subsequently interviewed. Perhaps this was an oversight on the part of the research strategy in terms of ensuring minority and marginalised communities were included, or maybe it was a current reflection of the prevalence of the disease in predominantly New Zealand Europeans, thus reflected in the participants who were involved. I would have also made the headphone technology more obvious to the audience to make the mediation process more overt. I learnt that the ‘recorded delivery’ technique is difficult. I did learn to listen to the audio score and not impose my own interpretation onto it, and learnt the importance of learning the videoed body language of the participants as their body language often went against my own natural instinct and interpretation as an actor. I found with the technique that the breath was very important in order to accurately replicate the vocal intonations of the character I was representing.

Reflecting on the research question, ‘How can verbatim theatre techniques be used to document people’s experiences of hauora?’, it appeared that the headphone technique experienced during *Keys* could also be replicated in my own research practice, along with the lived experience, from Māori theatre in the 1990s, of using

tikanga. What I also needed to be cognisant of were the developments that have occurred in Māori theatre and advanced Māori theatre in the 2000s.

## 4. Research Approaches

### 4.1. Introduction

This chapter discusses what pūrākau are and considers how this approach could be used as a Māori dramaturgical framework. Roslyn Oades considers the initial phase of devising a verbatim play as research, and I follow this approach by examining what Kaupapa Māori is, and discuss how I might use it as research framework for the initial phase of devising a verbatim play (Oades “Dramaturgy & Emerging Artists”).

### 4.2. Pūrākau

The Māori culture is an oral tradition with numerous means of retaining and communicating knowledge, such as waiata and mōteatea (lament). Influenced by marae theatre, I examined pūrākau to see how I could incorporate this concept dramaturgically in my verbatim work.

Pūrākau are sophisticated and enduring explanations concerning the nature of reality and the human condition. They are generally not trivial stories but rather contain ideas and concepts about the creation of the world, the creation of human beings, the deeds of the gods, illustrious ancestors, and positive and negative actions, with hidden meanings and symbolic references for those who understand them (Royal “Pūrākau a Genre of Storytelling” 3; Lee “Ako” 35-36). Pūrākau are part of a larger knowledge system known as Te Ao Māori. Māori Marsden defines Te Ao Māori as:

Cultures, pattern, perceptions of reality into conceptualisations of what they perceive reality to be; of what is to be regarded as actual,

probable, possible or impossible. These conceptualisations form what is termed the ‘worldview’ of a culture. The worldview is the central systematisation of concepts of reality to which members of it’s culture assent and from which stems their value system. The worldview lies at the very heart of the culture, touching, interacting with and strongly influencing every aspect of the culture (56).

According to Marsden, Te Ao Māori is a distinct knowledge system founded on it’s own reality through cultural values and beliefs.

Pūrākau are often absolutely accurate or, alternatively, they are embellished to invoke the wairua (spirit) and the mauri (life principle) of the story (Lee “Ngā Tohutohu” 31). They give examples of codes of conduct, and also contain whānau, hapū (sub-tribe) and iwi whakapapa (tribal genealogy). Pūrākau are considered sacred texts because they conjure up the spirit’s of illustrious forebears and are agencies of cultural transmission to preserve and perpetuate knowledge (Royal “Pūrākau a Genre of Storytelling” 3). They hold hidden meanings and symbolic references, and provide models, perspectives and ideas about behaviour (Ibid, 5).

Examining the two words, ‘pū’ and ‘rākau’, that pūrākau it is made from, can explain the literal. Rākau means tree and symbolises the interconnection and social relationships we have to one another like the trees in a forest. Pū means base. Combined, they symbolise the base and the roots, connected into the earth, from which a tree stems from, and refer to the whakapapa that connects humanity back to the creation narratives of Tāne, (God of the forest) who separated Ranginui, (Sky Father) and Papatūanuku (Earth Mother), and to our wider environment. Pūrākau are

about connecting and reconnecting our human experiences, to be guided by those who have passed on and the atua (gods) (Royal “Pūrākau a Genre of Storytelling” 7; Lee “Ngā Tohutohu” 33).

The impact of colonisation in Aotearoa New Zealand saw Māori oral traditions dissipate and transform into a written knowledge system, documented and rewritten by early ethnographers. Alexander Wycliff Reed documented pūrākau, which he represented with a Victorian sensibility (xiv). Reed, along with a number of ethnographers such as Sir George Grey and Percy Smith, re-interpreted Māori knowledge to suit the Victorian palate by compiling composite tribal versions to create new, supposedly ‘authentic’ Māori versions and calling them myths and legends (Reed xiv).

What is lost when an oral culture is transformed into a written language is the “performer’s presence, the voice, the gestures, the relationship with the audience, the context in which the story was told” (Orbell 5). To try and reinstate those performative elements we need to look back and use pūrākau to examine how they may have been performed in the past. The pūrākau of Tinirau and Kae, as retold by Charles Royal, describe the elements used within a performance (“Ōrotokare” 194). There are many versions of this story in New Zealand and the Pacific Islands. This pūrākau tells of a man, Tinirau who sought *utu* (vengeance) for the death of his pet whale Tutunui, killed and eaten by Kae, a priest who had been asked to bless the birth of Tūhuruhuru, Tinirau’s child. Tinirau seeks to exact revenge after loaning his pet whale to Kae so he can return to his home Te Tihi-o-Manono. Kae returns home but does not return Tutunui instead beaching the whale and consuming it. Learning of the fate of Tinirau’s pet whale Hineteiwaiwa, wife of Tinirau, convenes a performance

troupe of women that includes Raukatauri (goddess of the flute and music), who travel to Kae's village where people are gathered in the whare tapere (house of entertainment) for the evening's entertainment. The women do not know what Kae looks like. All they have been told is that he has a tooth that has grown over the top of another. The women must perform and through their storytelling, dancing and singing, make Kae laugh. The women were finally able to make Kae laugh so that he could be identified. The women then put a sleeping spell on the whole audience and Kae is taken back to Tinirau, who avenges the death of his whale. This pūrākau tells us a number of things about one of the first known forms of performance. We know that women were the performers and that laughter was important. The story of Tinirau and Kae also symbolises the cycle of birth and death, as well as other life lessons (Royal "Ōrotokare" 195). From this early pūrākau we know that even though the content of a story may be serious, with life lessons contained, these pūrākau were told with music, that they were fun and entertaining, supported with gestures, dance, and body movement and often inspiring audience participation and improvisation (Ibid 196-197).

Over time pūrākau have been adapted to meet the changing needs of an audience. For example, pūrākau are being published, and traditional versions reinterpreted. Academic and author Ngahuia Te Awekotoku retells her own version of traditional pūrākau that celebrate the strength and courage of women, in her anthology *Ruahine: Mythic Women* (2003). In this anthology, she challenges Victorian records of traditional iwi pūrākau, providing an alternative narrative from a takatāpui (close friend of the same gender) perspective, to the legendary love story of Hinemoa and Tutanakai (Awekotoku 2). Pūrākau are being revitalised in a contemporary

interpretation of a traditional Māori whare tapere. Jenny Lee explored pūrākau, an educational pedagogy and educational research tools in her PhD. And Māori psychiatrist Diana Rangihuna uses them as a therapy technique when working with tangata whaiora (people with a mental illness) and their whānau. Pūrākau are not static but have adapted and changed over time (Royal “Ōrotokare” 207; Lee “Ngā Tohutohu” 24; Cherrington “The Use of Māori Mythology” 118).

Pūrākau embody the lived experience of Māori, by which we gain insight into human nature and opportunities to reflect on our own behaviour, and offer a means for change. According to Lee “a pūrākau approach allows us to record our present experiences in a way that not only takes into account cultural notions but also enables us to express our stories that embody and keep cultural notions in tact” (“Ngā Tohutohu” 33). If we reflect on the theatre created by Maranga Mai, or plays such as *Death of the Land*, *Mauri Tu*, *Pūrapūrawhetu* and, more recently, *Strange Resting Places*, they are pūrākau. If Māori plays are identified as pūrākau then the framing of Māori plays becomes positioned and understood with an indigenous epistemology.

#### 4.3. Kaupapa Māori Research

Indigenous rights are distinguished from ‘minority rights’ and are not dependent on the number of Māori in the population. The sovereign right of Māori as tangata whenua (people of the land) is endorsed by the UN covenants and affirmed by the Treaty of Waitangi (Reid 45). In respect to research, Russell Bishop asserts that researchers in Aotearoa New Zealand have developed a tradition of research that perpetuates colonial values, thereby devaluing and belittling Māori knowledge and learning practices and processes, in order to enhance those of the colonizers and adherents of neo-colonial paradigms (200). To redress this bias and resist Western

hegemonic approaches to research, an indigenous research methodology called Kaupapa Māori was developed (Tuhiwai Smith 191). This research methodology challenges the dominant tradition of individualistic research, which primarily benefit's the researchers and their agenda (Bishop 201). It also challenges the way in which certain knowledge is established as legitimate while other knowledge, like Māori knowledge, is not viewed as legitimate (Walker, Eketone and Gibbs 332). Linda Tuhiwai Smith argues that Kaupapa Māori research is located within the wider agenda of Māori struggles for self-determination (Tuhiwai Smith 187).

Anaru Eketone wrote a paper called *The theoretical underpinnings of Kaupapa Māori directed practice*. In his article he tried to unbundle and identify the theoretical underpinnings of Kaupapa Māori practice (Eketone 1-11). According to Eketone there are two distinct theoretical perspectives informing Kaupapa Māori: Critical theory, which comes from a Marxist/socialist theoretical tradition, and seeks to challenge and transform oppressive structures and bring social, economic and political change through empowering people to emancipate themselves (Ibid).

The second is a constructivist theoretical perspective, where knowledge is validated through a social construction of the world. In his article he advocates that a constructivist 'Native Theory' approach fit's better with a community-based practice (1). Eketone goes on to say "constructivism is the belief that society, reality and meaning are manufactured, confirmed and validated through our interactions with the world. Constructivism claims that it is through language that we construct and make sense of our world" (2). The outworking of this view, according to Eketone, is that decisions about knowledge are made based on whether it is socially acceptable and/or whether it is useful. Māori theatre, from a constructivist perspective, has the potential

to manufacture meaning through its re-presentation of past, present and future events, either real or re-imagined, in order to make sense of history, current lives and/or future possibilities. Meaning is only created if the performance is acceptable and useful for the community it was meant for.

As Tuiwai Smith contends, Kaupapa Māori is not only a theory of transformation but provides principles to guide research practice, (Pihama, Cram, Walker 31) which could include practice-based theatre research. These six principles, defined by the collective of Māori researchers called rangahau, guide Māori and non-Māori researchers in Aotearoa. They not only guide research practice but could also be applied when considering the current position of Māori Theatre in Aotearoa (Pihama, Cram, Walker 34).

The principle of tino rangatiratanga refers to the guarantees provided for in the Te Tiriti o Waitangi. The goal of this principle is to seek more meaningful control over one's own life and cultural well-being (Pihama, Cram, Walker 9). Tino rangatiratanga infers that the power and control rests within Māori cultural understanding and practices, and supports a Māori-centered research agenda where the issues and needs of Māori are the focus and outcomes of research (Walker, Eketone, Gibbs 334). This principle provides for Māori to lead and determine not only the research agenda but also the direction of Māori theatre. For example Te Pou, a Māori theatre venue opened April 2015 in Auckland, operates on the principles of aroha/love, manaakitanga and whānau ("Te Pou"). Taki Rua, which has been an arts industry leader for over twenty-nine years, with a specific Māori focus, has a mission statement that aspires to "ensur(e) the foundation for Māori voices to be heard worldwide" ("Taki Rua"). Tawata Productions co-directors, acclaimed Māori writer

Hone Kouka, and poet, writer and award winning playwright Mīria George (“Tawata Productions”) provide creative direction into the development and production of Māori-centered productions. All three have Māori advancement through theatre and theatrical endeavours as their central agenda.

The principle of *taonga tuku iho* asserts that being Māori is both valid and legitimate. *Te reo Māori*, *mātauranga Māori*, *tikanga Māori* and *āhuatanga Māori* are normal cultural practices integrated into everyday activities (Tuhiwai Smith 189). *Te reo* and *tikanga* were integrated into the research approach for my play, *Barrier Ninja: A verbatim play about hauora*. *Te reo* was purposefully interwoven into the production of *Barrier Ninja* and I went so far as to not translate the word *hauora*. Māori imagery, rituals and *tikanga* were also woven through the design, devising and performance of *Barrier Ninja*.

This principle, *ako Māori* promotes, teaching and learning practices that are unique to *tikanga Māori* (Tuhiwai Smith 189). As applied to research, this principle acknowledges that there is a reciprocal distribution of power between the researcher and researched. At any given moment a person may be learning or teaching, a relationship of reciprocity. For example, participants learnt how theatre can be devised using testimonies and body language, and I learnt about the participant’s experiences of health or ill-health.

This principle, called *kia piki i ngā raruraru o te kāinga*, acknowledges and seeks to redress the effects of colonisation on the every day lives of *whānau Māori* (Pihama, Cram, Walker 9). This principle requires an acknowledgement of the colonial process that has impacted on Māori and continues to impact Māori through legislation and the policy implications for Maori. The principle is not about an

individual whānau issue but a societal problem. For research, we need to consider the implications of what we research and how it will support the decolonising process. For theatre, this principle means researching and developing Māori-centred approaches to devising, creating and producing theatre. According to Jenny Lee, Kaupapa Māori can be viewed as a Māori expression of a decolonising methodology, central in reclaiming pūrākau as a narrative inquiry that is not only appropriate, but is also a legitimate way to represent and research our stories today. Representing the participant's narratives privileges the voice and the spoken word as a traditional Māori means of disseminating knowledge (Lee "Ako" 201). Theatre scholars have written eloquently about Māori theatre using Western frameworks for analysis. Descriptive language, such as syncretic theatre, describes Māori theatre as "one of the most effective means of decolonizing the stage, because it utilises a creative recombination of [Māori and Western] elements, without slavish adherence to one tradition or the other" (Peterson 102). However, I would suggest for decolonisation to be effective within New Zealand theatre, Māori theatre scholars and theatre-makers need to name and describe their own work utilising approaches that legitimate Māori ways of knowing and understanding.

This principle of Kaupapa reimagines research as a collective activity where the core protocols follow Māori customary practices (Halba 195). This is shifting the individual focus of research to one that is inclusive and a collective activity. The collective principle is inherent in marae theatre.

The last principle is whānau. Whānau in pre-colonial times was the core social unit in which decisions were made and communal activities were conducted. This principle governs the way research is organised and incorporates ethical

accountability back to the communities with whom researchers are working, as well as providing a way of giving ‘voice’ to the different sectors of Māori communities. The concept of whānau is also a practical one. Whānau members bring a collection of diverse skills and expertise, and are able to be allocated different tasks, depending upon these skills. Maintaining a whānau structure ensures Māori values remain central to the project (Tuhiwai Smith 189). Marae theatre often works with this principle in mind. A research approach using the principle of whānau requires more people to be involved from the community so that the research becomes accountable to that community. Anaru Eketone concisely describes the six principles of Kaupapa Māori as:

a means for the people by the people, to advance and develop as Māori, not in relation to others, but as and where we as Māori define it to be (Eketone 10).

Theatre companies Maranga Mai, Te Rākau Hua O Te Wao Tapu, Taki Rua and Tawata Productions, to name but a few, illustrate and perform how Kaupapa Māori and pūrākau can be woven into theatre-practice, and have created hybrid theatre. These theatre companies are Māori-lead, with central themes of their productions advancing Māori theatre with the centrality of story, design and production integrating Māori elements throughout these areas.

The protocols for putting Kaupapa Māori principles into practice are referred to as tikanga. Tikanga means method, plan, reason, custom, the right way of doing things, and is embedded and intertwined with mātauranga Māori (Marsden 67). Hirini Moko Mead describes tikanga in the following way:

You need to understand the principles and values that underpin tikanga, they are ‘tika’ and ‘pono’. The principle of tika means ‘right’ or ‘correct’. To understand how something is right or correct there is a value that should be considered along with it and that is the concept of ‘pono’ or ‘true’ or genuine in terms of Te Ao Māori (25).

Tikanga are the values by which a researcher will implement the principles of Kaupapa Māori research. It is the principles, along with the tikanga, that provide the foundation for research practice. Tikanga can be seen during the 1990 International Festival of the Arts in Wellington when Māori artists took over The Depot (later to become Taki Rua) theatre. According to Kouka “the basic premise was that the European concept of theatre became secondary to Māori kawa and tikanga. The kaupapa was entirely Māori, non-Māori were welcome visitors” (Kouka, “Introduction” 16).

#### 4.4 *Whātua mai ngā aho* – weaving the strands

Verbatim theatre has been criticised for taking people’s experiences - especially if they are traumatic - and presenting it back to them as a play, potentially re-violating the most vulnerable communities (Gallagher, Wessels and Ntelioglou 37). What is the efficacy of doing this? In response to this question, Halba and Young, who have created verbatim plays about traumatic experiences such as family violence contends that, when done well, having your experience told can be empowering (Halba and Young 179). According to anthropologist Michael Jackson:

In all human societies, recounting one's experiences in the presence of others is a way of reimagining one's situation and regaining mastery over it. Stories enable people to renegotiate retrospectively their relationship with others, recovering a sense of self and of voice that was momentarily taken from them (23).

Actors have also voiced their support for representing the testimonies of individuals who have experienced traumatic events. According to Jeffers, who discusses how we as actors might work with refugees to give voice to their experiences, 'we can give faces and voices to the unseen and unheard that need our compassion' (95). Verbatim testimony gives marginalised communities such as refugees, and perhaps even indigenous communities, effective ways in which to give voice to those individuals and communities who would otherwise remain unheard or whose stories are doubted.

Verbatim theatre also makes claims that what you hear spoken is authentic and the unaltered words of various real-life agents. However, verbatim playwrights, Hare and Soans, freely admit they sometimes combine material from more than one source within a speech, or even provide generically representative dialogue, claiming it is still verbatim (Reinelt 13). Deavere Smith also says that she is not aspiring to present 'truth', rather, she facilitates a preferred version of a truth (Forsyth 141-2).

Rather than the testimonies in verbatim theatre accurately representing real people Jean-Pierre Durix contends, "what can be considered as 'realistic' is what is believable. Far from being a mere replica in a mirror, fictional reality is only validated by the readers' acceptance of artistic illusion" (Maufort, "Transgressive Itineraries" 9). This idea of validation by an audience's acceptance of the artistic illusion is

supported by the work of Barney Simon and the Market Theatre in South Africa. Their process in devising a verbatim play involves actors creating fictional characters through improvisation based on their own lived experiences, placing the characters in a realistic environment. Hutchison wrote of Barney Simon and the Market Theatre that the 'truth' of the piece is validated not only by their own personal 'reality', but also by the community's recognition and validation of the truthfulness within the performance (Hutchison 62). According to Hutchison, it is no less true for being fictional or constructed, than if it was based on real people and their personal experiences (213). This approach is creating a realism that requires validation by those watching. Emily Mann, American playwright, director and producer, celebrates theatre as a space within which we "can hear many voices at once" (qtd in Favorini 152-4). She sees the power of the verbatim to "destroy in-betweenness" to "put me in your consciousness and you in mine" (qtd in Favorini 165). However, I am still not convinced that combining testimonies is ethical. From the Māori experience of pūrākau being homogenised by early New Zealand ethnographers, the individual tribal differences and nuances have been lost. I would err on the side of representing any testimony as ethically as possible to stay true to those who gave their testimonies. I would go as far as trying to make the re-presentation as overt for the audience as possible. Halba and Young in *Be/Longing* include the interviewer in the show. Actors playing the researchers talk directly to the audience about the headphone technique and the performance process makes overt the researcher and the mediation process.

The question for me about verbatim theatre is ultimately: What is the intention of the performance, and do theatre-makers creating verbatim theatre think about authenticity and theatrical efficacy? The measuring stick by which to address these

tensions includes understanding the purpose behind creating a verbatim play, as this will inform how the techniques are used. For example, Barney Simon and the Market Theatre in South Africa could be seen as ethical as they have devised and created characters so as not to traumatise their audience, but to create theatre as a form of inquiry. At the end of the day they are only techniques, and it is the motivation and rationale of the theatre-maker that shapes how the testimonies will be represented.

The intent behind this Masters has been two fold: the overt intent has been to examine how verbatim theatre techniques can be used to document people's experiences of hauora. The second intent has been unspoken. It is my hidden intent to provoke audiences to self-reflection and invite them to be critical of the action on stage. Like Brecht, I want an audience to recognise the social injustices presented through my verbatim play and be moved to effect change in the world. To achieve these intentions I firstly considered the criticism, particularly to do with efficacy and authenticity, associated with using the techniques to document people's experiences. I also considered what kind of approach would meet the needs of my research participants (who were predominantly Māori) and as well as mine as a Māori researcher/theatre practitioner.

To achieve my first intention, as a Māori researcher I needed to normalise Māori values, beliefs and practices (with a Kaupapa Māori research approach and pūrākau dramaturgically) so I could document the participants' experiences of hauora. I also needed to make the mediation process - testimony to performance - overt to the audience. This meant staying true to the testimonies and only presenting in performance what was documented during the interviews, not deviating and experimenting by adding my own words or combining different testimonies together

creating fictitious characters. I could only be authentic by staying truthful with the testimonies I had documented. To be as authentic as I could to documenting the participant's testimonies I used the 'headphone listening' technique of Oades, and Halba and Young's technique of including the body language of the participants and the researcher.

I was influenced by the editing approach taken by Kaufman and the Tectonic Theatre Project, in creating juxtaposing moments to create meaning in the play, and including participant quotes as scene titles. Incorporating elements of marae theatre also aligned with Kaupapa Māori principles. I purposefully added a section at the start of the play, as the character of Researcher, to identify the play within a Māori framework and to explicitly outline how the performance would be conducted. I drew these different techniques together to answer the first two aims of this Masters.

## **5. Te Whakaari – Devising and Performing Barrier Ninja**

### 5.1 Introduction

This section describes in detail, how I went about putting all the different pieces of this giant puzzle together to examine my research question. The puzzle pieces I used came from: verbatim theatre techniques, marae theatre, Kaupapa Māori research approach, and pūrākau. Each piece of the puzzle was interconnected and sometimes the process of putting them together was linear, sometimes concurrent, and other times it felt like a big jumbled-up mess.

### 5.2 The Process

#### *5.2.1 Ethics*

Roslyn Oades identifies the first phase of her approach to creating verbatim theatre as research (“Dramaturgy & Emerging Artists”). This was the approach I took to devising my play. As a piece of research, which is Māori-lead, recruiting Māori participants, and a subject matter that aimed to benefit Māori, I used Kaupapa Māori to guide the process. I sought ethical approval from the University of Otago (Appendix 1 Ethics Application, Appendix 2 Ethics Approval), and began my consultation with Māori by approaching the Ngai Tahu Consultation Committee (Appendix 3 Ngāi Tahu Research Consultation Committee). This committee recommended that I ensure disseminating my research findings to Māori health organisations, and noted this study involved human participants, and encouraged that ethnicity data be collected. The Committee were also concerned about the technique I was using and advised that:

Portrayal may prove to be highly sensitive and may be traumatic for participants and audience. They also ask how this research may assist those affected and what is the purpose (Brunton 1).

This advice supported the Kaupapa Māori approach I have taken. I felt taking this approach to my research practice would safeguard my participants, the community who would come and watch, and myself. I felt that at the end of the verbatim process I would have audience feedback about the work, which would provide a clearer understanding if I was re-traumatising participants, and illuminate the purpose behind such an experiment.

Taking a Kaupapa Māori approach also mean I could implement a whānau group to support my research, like the whānau group established to support *The Keys are in the Margarine* project. As a Masters project I was formally supported by my two supervisors, Hilary Halba and Stuart Young. Informally I consulted with my participants about what they needed and what was appropriate for them while participating as a research participant. I also used informal networks, fellow Māori Theatre Studies students who were also examining documentary, verbatim, auto-ethnographical theatre, to support me while I was devising the testimony into a play, as well as support for me as a Master's student and actor.

### *5.2.1 Participants*

I recruited participants for my research project through professional and personal networks. Telephone calls and emails were used to make initial contact. Those who said yes to participate were followed up with an information sheet and consent forms, and a date, time and venue were arranged for the interview.

The participant criteria for inclusion were: a whānau living with a chronic illness and self-identified as Māori, and/or working in healthcare with Māori patients in the Dunedin hospital. A mixture of age, gender and ethnicity, with a variety of healthcare professions, helped ensure a diverse group of participants were recruited.

The time duration of the final performance dictated the number of participants recruited. Nine participants were decided upon as the show would be no longer than 40-50 minutes. I also only wanted to interview a smaller number of people because I wanted to incorporate all the participants' testimonies into the final performance.

A whānau offered to be part of my Masters research. They consisted of a husband, self-identified as Māori, and lived with a chronic illness. He had a wife in

her 40s who also self-identified as Māori. They had three school-aged children. Only one of the children was eligible to participate in the research, as she was over fourteen-years of age, as stipulated in the University of Otago ethics requirements. The age of the other children meant I would have required further ethical approval, which I did not seek. Three different perspectives from the one whānau seemed adequate to represent their experiences.

Six further participants were recruited to bring the total number to nine. They were: a fourth-year male, Samoan medical student who had recently worked with Māori patients during his psychological medicine placement; and a female nurse in her 40s, who was Māori and worked with Māori and non-Māori patients. She wanted to participate but only if she could share her recent experiences about her brother who died of cancer. Other participants included: a female Māori nurse in her late 40s, who worked in the hospital with Māori patients and whānau; a Māori in his 50s who worked as a Health Manager for the Southern District Health Board, and a female Consultant in her early 50s, who had emigrated from England, and who treated a number of Māori and non-Māori patients with chronic health conditions. My last participant was a female Māori in her late 40s who worked with Māori as a Kaioranga Hauora Māori worker (Māori Mental Health worker).

In the initial recruiting phase I thought it would be important to recruit the husband's clinician. I thought the clinician could provide a patient/doctor perspective. However, I was unable to get an interview with the husband's clinician due to time constraints.

In recruiting participants from the hospital, I faced some challenges. In the hospital there are identifiable Māori health teams who I wanted to interview as a

group because I thought that would create some interesting dynamics in staging. I was unable to get permission to interview the whole Māori health teams due to hospital policy and patient/worker confidentiality. I was able to interview individuals who worked in the hospital and who were given permission by their employers to reflect on their personal and professional experiences.

In hindsight, I may have asked participants if they would be interviewed as a group as I acted the testimonies in a one-woman show. Perhaps it may have been more aesthetically interesting for an audience if I had interviewed all the participants together.

### *5.2.2 Interviews*

The interviews were based around a simple structure, reflecting Māori tikanga: a mihimihi, whanaungatanga, pātai (question), concluding with a poroporoaki. The questions were open-ended and asked about their personal and professional experiences, receiving or providing healthcare to Māori patients. When I interviewed the whānau, the husband closed the interview with a karakia.

The interviews themselves were arranged with each participant and were conducted in a variety of settings. The whānau were interviewed in their own home; the Consultant was interviewed in her office; the medical student and the nurse were both interviewed separately in my office; the Kaioranga Hauora Māori (Māori Mental Health worker) was interviewed in her office at work and the Māori Health Manager and Māori nurse were interviewed in two different cafés.

I used two different formats to record the participants' testimonies: video and audio, and audio only. The Māori Health Manager and the Māori nurse did not want

to be videoed and so only the audio of their interviews were documented. All other participants agreed to have their testimonies videoed.

Oades' technique aligns well with the values inherent in Kaupapa Māori. Both value the individual, both see that the community contributes to the work, and therefore acknowledge that the work is for the community. I ensured all participants were given a koha (gift) for their time as an illustration of manaaki. Participants were given transcripts of their testimonies that I wanted to use in the play, and they gave me final permission before their testimonies could be included in the final script. This was to ensure the participants were fully informed of what I was doing with their kōrero. The participants were also invited to come to the dress rehearsal, and provided with tickets to see the show.

### *5.2.3 Editing - From testimonies to characters*

The participant testimonies were collected and each participant was given an individual code for anonymity. All data was stored on my Apple laptop in secured password-accessed files. I used iMovie and GarageBand to edit the data because they were computer programmes freely available to access on my computer. They were also easy programmes to use for editing the audio and video from the interviews. The final edited data was reformatted to mp3 because I had chosen headphone verbatim as my mode of presentation.

I used three different strategies to organise my data. Pūrākau provided guidance about what to choose for the script content: it had to be fact-based, provide life experiences and guidance for the next generation, it had to be humorous, and it needed to be about Māori. Janis Balodis, playwright in-residence at Otago University, provided me with five simple principles to writing a script. These five simple

principles were: at the start of the play, ensure the audience gets to know the characters or a create a set up; at quarter of the way into the play there needs to be a problem or a disturbance; this problem is followed by someone or something happening that changes the situation; by three quarters of the way into the play there needs to be a crisis or climax; and the play needs to conclude with a resolution.

Moisés Kaufman and Tectonic Theatre Project use a technique where they group the testimonies into themes and then juxtapose these themed testimonies. In *The Laramie Project* Kaufman and Tectonic developed a technique called moment work. As Kaufman discusses, a moment “is simply a unit of theatrical time that is then juxtaposed with other unit’s to convey meaning” (Kaufman xiv). The dramatic text is structured in three acts consisting of a juxtaposition of moments under thematic headings such as “Moment: Finding Matthew Sheppard” (35), or “Moment: Two queers and a catholic priest” (65). These moments explore a particular aspect of the play.

Editing the data took several stages. Initially I thought about the interview to see what was the most memorable for me, as these parts of the interview might also be interesting to an audience. I then listened to the testimonies to identify sections that were interesting and recorded the time, location and partial excerpts of the testimony so I could easily refer back to them at a later time. I went back a second time to start editing out the sections of testimonies that I wanted to keep, and transferred those sections into another computer file. Once all participant testimonies were edited I began analysing them for emergent themes.

When I began analysing the emergent themes I grouped them into: Ko wai au?; health; the experience of ill-health; and improving health systems. Under each of

these themes I then placed pieces of testimony, which appeared to align most closely to my theme. I gave this draft script to Janis Balodis to get his thoughts. He asked me a question: What was the story I wanted to tell? The key for him was in the title of my play, *Barrier Ninja*, a quote from one of my participants. The participant who said this described herself as a barrier ninja because, in her efforts to secure services for Māori patients in the hospital, which meet their needs, she felt she needed to break down barriers.

I went back to re-editing the testimonies and considered the following things: What was I trying to convey to the next generation? Where were the lessons, and where was the humour? I looked again at each character's testimony and began seeing themes emerge. Testimonies from the different characters were coded under each theme. A hard copy of the themes was compiled and arranged into a sequence, and this produced a running sheet (Appendix 4: Themes and Running Times). The characters' testimonies became 'moments' that I could juxtapose beside each other. The different themes became scenes. The title for each scene developed from the themes using quotes from the characters. This approach reinforced the appearance of authenticity and the notion of verbatim, which were both established at the beginning of the play.

Initially I was really interested in the personal stories, and I intended to exclude the testimonies about the healthcare workers' experiences with community and patients. However when the themes emerged, it allowed me to also include the healthcare workers' experiences of working with patients and within the healthcare system. Having the themes, which emerged from the participants, helped me to focus

on the core whānau and their stories, as the focus of my initial research question was about the participant whānau.

I gave a draft of my first transcript to a researcher who has an expertise in mental health. The first transcript contained stories told by the participant about other people, and the first thing the researcher picked up was the issue of the ethics around that. If those people were identifiable then it could be considered unethical. I was left a little deflated but this was a point that I had missed, especially given that I had endeavoured to be led by ethics when creating a verbatim theatre piece. After taking some time to think and reflect I went back to the original interview. From these notes I decided to restructure the participant's story. Rather than my participant telling other people's stories, I began to look at the story he was trying to tell. This approach ensured my participants were telling their own stories. On reflection, perhaps I had wanted to use the stories about other people because there was 'drama' in those stories; sex, drugs and murder. But who has the right to tell another person's story? From a Kaupapa Māori perspective, who has the tino rangatiratanga over the story? There is tension within telling a story based on the person's own experiences, and the person retelling other people's stories. An ethical approach ensures anonymity to all people. For example it would be unethical for a testimony about another person to be re-presented because the person whom the story is about has not given permission for their story to be told. If the transcripts are published, consideration needs to be given to the person who has disclosed other people's stories. I have not been given permission to publish that person's story.

I asked myself: Do I make the person anonymous and unidentifiable in the play and all further material, or do I remove all their testimony that could identify other

family members? There was one particular section I wanted to keep in the play that was about another person. It was a story about the husband of the Kaioranga Hauora Māori having his first blood transfusion. Before this was put into the final script I asked her if he would mind his story being retold through this wife's story. She indicated that he did not mind that this story was being told.

Once I had a draft of all the edited cuts from the testimony, I then attempted to write them out onto Post-it® notes and make a big picture board but this became cumbersome and time-consuming. I then took another approach using a word document. I formatted my page into columns each representing a character, or, in one case, representing all three whānau members. I did this to manage the number of characters I was working with.

The dramaturgy was important in the final polish to the structure of the script. For example, Janis saw two versions of the script. In the last draft he saw a section from the first draft had been omitted; I had left out a section where the fourth-year medical student defines himself thus:

I love singing / like it's just I guess my way of making my mark I guess / in  
the social circles that I'm in / like he's the guy who sings all the time, it's  
kinda what defines me (Appendix 7 104).

As Janis reminded me, this section establishes the character of the fourth-year medical student for later on in the play when he discusses the importance of music when working with a Māori patient who is experiencing psychotic episodes.

One of the testimonies was about the experience of dealing with the recent death of a sibling. I considered how to deal sensitively and appropriately with this material. I questioned whether it is like Māori poetry about lost love, and death? Could I equate *mōteatea* to this testimony? The untimely loss of a sibling before their time is represented within this testimony and it is like an ‘Ode’ to their sibling. I also wondered whether I should consult with our *tohunga* (expert) about how I might respectfully deal with the material. In the end I did not consult with a *tohunga* but instead checked back with the participant to ensure the testimony I had kept reflected her intent. I also identified the sibling in the title description used to identify each participant in the play. Before every performance I also ensured that the stage crew, front of house and I would get together and have *karakia*. From a *Kaupapa Māori* and *tikanga* perspective it was to stay *tika* and *pono* to the performance and the participants’ *kōrero*.

What is also of interest is what was excluded. The Māori nurse I interviewed was extremely critical of the current health system and of the Māori management structures. I purposefully left this out, as it would have taken the play into another direction, but I was very conscious of the implications of excluding this critique. I also did not want to make the play a commentary on the current Māori Management of the DHB. It was my intent to focus on the patient perspective and explore ways in which we could examine the barriers for Māori in hospital to receiving culturally appropriate services, without finger pointing. I felt by including the criticism about Māori management it would direct the focus on only one aspect of the health system without having a variety of perspectives to present. The participant also did not want

her comments represented as she still worked for the DHB and felt it might affect her job.

I interviewed the whānau, which included the husband, wife and their eldest daughter. The eldest daughter's story was interesting in it'self but I was reminded that her father's story was the core of this process. In the end all the eldest daughter's dialogue was removed because it did not contribute to the development of the father's story, but I thought it was important to have her presence in the play as she contributed to the process. Therefore in the performance I had her seated, not saying anything. I then physically stood up, walked behind the chair and sat down again to transition to the wife. I wanted to create a big physical movement to change the pace of the performance.

What I was conscious about was ensuring that I included all the participants in the final script. I felt it was ethical and in accordance with tikanga to ensure that all participants would be represented as they had contributed to the process. The editing process was the loneliest and hardest time for me. Thanks to the thoughtfulness of one of my supervisors, she organised for the wāhine Māori she knew working in the area of documentary theatre to awahi (embrace) me. I felt very grateful for this gesture as I felt I needed a group of people who could provide tautoko with the production. The types of tasks I allocated to these wāhine were mainly manaaki roles. This required them to be in the front of house, meeting and greeting participants and audience members. They were also required to organise the food and hot drinks, which was shared with the audience after each performance. The purpose of which was a coming-together as actor and production crew, with the audience as a whānau.

#### *5.2.4 Integration into praxis*

Thinking about how I would re-imagine the testimonies, devise a text, and a performance got me thinking about what a friend once said to me. He said he didn't understand the protocols in attending theatre. What he made me realize is that not everyone is familiar with Western theatre etiquette. Rangimona Taylor also makes note of this misunderstanding, or lack of knowledge, when audiences came to see Te Ohu Whakaarri's<sup>11</sup> performance of *Kohanga*. When karanga was used to bring the audience through to the performance space "Māori people understood; they understood where to stop and start, and where to go, but Pākehā people didn't" (Halba, "Let me feel the magic" 213). In devising my play I wanted to normalise Te Ao Māori for Māori who would come and see my show, introduce Te Ao Māori to people who were less familiar with marae protocols and use it as a way to present my work generally. I did this by using Māori elements of encounter such as mihi whakatau (speech of greeting) within the wharenuī (ancestral house) to structure the text. This approach is less restrictive in regards to Māori tikanga and kawa than if I were calling it a pōwhiri. As a woman of Waikato/Tainui descent, I can speak inside the wharenuī but not on the paepae (orators' bench) during a pōwhiri. Ngāi Tahu are also the mana whenua of Dunedin and pōwhiri only occur on the marae while mihi whakatau are conducted when off the marae.

The set design was simple incorporating naturalistic and Māori elements symbolically. For example "in the theatre light is brightness pretending to be other brightness, a chair is a chair pretending to be another chair, and so on" (States 20). The chair I used symbolised a chair but also the seats on which all my participants sat,

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<sup>11</sup> Te Ohu Whakaarri is the of a theatre company begun by Rangimoana Taylor in 1983. The name translates into English as "The Drama Company"

the lighting symbolised the actor talking to the audience but also the moments when the participants spoke.

The main design feature came from the seating arrangement. I wanted a close, intimate feeling to the design, which I discussed with Martyn Roberts, Theatre Manager of Allen Hall Theatre, and Professional Practice Fellow in Theatre Studies, with expertise in lighting and stage design. Martyn suggested an equilateral triangle would provide a strong seating design. Triangles are associated with action, conflict and tension (Di Benedetto 205). I used a coffee table to represent the manaaki shown to participants during the interviews. It also served a practical purpose for putting props on. Props were limited to a crutch, slippers, glasses, a cup and tissues and were used to delineate between different characters. A lectern was used to symbolise a lecture or a presentation for the researcher character. The lighting design was kept simple, a full stage-wash of light when I was introducing the show as the researcher followed by more intimate lighting when I became the characters. There was only one significant design feature, which was the representation of the maihi (the facing boards on the gable of a house) of the wharenuī (Appendix 2: Draft Stage Design) created by barn-doored lights and lit onto a cyclorama, which hung upstage. Title projections were also used to illustrate each of the different characters and the different scenes in the play.

The sound-scape included a number of waiata. *Ua Marama koe?* was used to link scenes together to remind the audience – “Do you understand what is happening with these people in this play?”, and to use and normalise te reo Māori. A waiata was sung which described my personal whakapa after the mihimihi. This waiata supported the tikanga of the mihiwhakataū/marae theatre style, along with the hymn *I am the*

*God my healer* used to close the show. This hymn was chosen by the husband and sung by his youngest daughter.

Staging incorporated elements associated with entering a whareniui on a marae in Waikato/Tainui. Audience members were asked to take their shoes off as they came into the theatre space (the theatre representing tikanga in a whareniui). I wanted to create a feel of either unease or familiarity when entering the theatre space to mirror the unease or ease of the participants themselves within the health system. I added an introduction to the play in the form of a mihimihi. This was a whaikōrero (formal speech) (influenced by marae theatre) and a direct address with the audience, breaking down the fourth wall, reminiscent of Brecht's techniques, and simultaneously establishing the protocol for the show, (making the mediation process overt to the audience).

The use of te reo Māori was also another element I wanted to incorporate but sparsely. It was important to use te reo in the piece the way that it has been, as I am not a fluent speaker of Māori and I did not want to give the impression to the audience I was. I also wanted to introduce the tension when language is used and terms and phrases are used that other people do not understand. There was no direct translation because one of participants talked about the use of jargon and language in the healthcare system that they did not understand and I wanted the audience to feel this as well. I continued the use of te reo Māori in the title of the play and purposely did not translate the word hauora. I wanted to create a feeling of inclusion and exclusion with the use of language. According to Gilbert and Tompkins “[The English] language is one of the most basic markers of colonial authority” (164) and can be seen as the main form of language used in *Barrier Ninja*, however te reo Māori has also

been purposeful used, intermittently and without translation to illustrate the ‘reality’ of the Māori language use in Aotearoa New Zealand today.

#### *5.2.5 The performance process*

When I first conceived the performance I had thought of it as an ensemble piece for several actors, but was challenged by not knowing what would come from the testimonies, how many actors I might need, and whether any actors I knew could commit to a project such as this. There were also challenges around really understanding the scope of the performance, which was to devise, produce and perform. It was daunting.

I thought about how useful this performance could be for my own work as a health educator and remembered one-woman performances by Miranda Harcourt and thought I might perform solo too. When she performed her documentary theatre play *Verbatim* in the 1990s she set the scene of the play at the start, identifying each character and what and how they would be on the stage during the performance. I had never been scared of performing solo, but I was afraid of writing my own show.

My initial process was to have eight chairs and traverse the stage from character to character, replicating the environments in which the interviews took place. It felt like I was in a tennis match and I was the ball bouncing from seat to seat as different characters. After the first run/walk presentation of my script, Stuart Young suggested that I could have two characters on one chair. Hilary Halba suggested that I would walk and talk through the transitions. I developed on their suggestions and stripped back the production. I created a single space for the different characters and created smooth transitions between the characters, trying not to break the audience’s listening with interferences such as distracting lighting changes, or too many visual cues with

scene titles projected onto the upstage cyclorama. I used the notion of ‘present’ and ‘absent’ to introduce the characters and I used projected titles on the upstage cyclorama with the characters’ names on them as a little reminder to the audience of which character was being acted (Appendix 6: Final Staging Design). I also wanted to demonstrate my skills as an actor to transform and transition from one character to another smoothly as it is not as easy as it may appear to the audience. I was interested in Deavere Smith’s approach to developing character. According to Deavere Smith the Stanislavsky acting technique (which I was taught while at Toi Whakaari), suggests that the character lives inside of the actor and that it is created through the actor’s realising his/her similarity to the character, but Deavere Smith notes that Stanislavsky’s technique is limited by the actors own experiences when an actor goes to explore the scope of a character (Smith AD xxvii). Through her own practice-based research Deavere Smith argues that ‘speech’ is a way into character, “no one speaks like anyone else, and that identity lives in the unique way that a person departs from the English language in a perfect state to create something that is individual” (xxx). Hence I thought that the headphone technique could enable me to create identifiably different characters through listening to someone else’s speech.

I also considered how I would make the researcher explicit in the production? I realised I could place a desk, chair and Apple computer on the stage and embody the researcher/performer at the start of the play. This appealed partly because I liked the feel of an audience coming into a space that is already alive, having an actor in the space, and partly because I like playing with the idea of a mihi whakatau, where the actor is waiting for the visitors to arrive. I had the feeling this strategy could also create an environment of tension because the audience does not know what to expect,

and the actor does not yet know how the audience will respond to their performance: a place of dis-ease.

An indigenous framework (Kaupapa Māori) was incorporated into the verbatim theatre technique because of the subject matter, the people interviewed, and because of the cultural context of research in Aotearoa. In the presentation the researcher was a character and the headphone technique was used to make the mediation process by the research overt.

There are significant challenges in working in this isolated manner. As an actor I am used to having a director, the third eye to see the piece from an audience's perspective, but in this process I have been director, actor and producer. It was not until the very end of rehearsals that I had Hilary Halba and Stuart Young come in and provide a 'director's' eye to my performance. Stuart and Hilary provided an initial oversight of the production. Both supervisors also fine-tuned elements of my performance, and fine-tuned elements of the lighting design representing the wharenuī. This time with my supervisors was a time I cherished. I had come from isolation to working with other theatre practitioners, which is what theatre is about for me: working with and responding to others to produce thought-provoking art.

I was also well supported by two women who provided lighting, sound and stage management support. Martyn Roberts had recommended them both as being two people who would be open to working in a Kaupapa Māori way (as they had completed the Bi-cultural Theatre paper at the University of Otago) and are extremely skilled at theatre technology. They not only supported the kaupapa of the play but were helpful in providing a third eye during rehearsals.

During one of my first technical rehearsals I had a member of the Humanities Marketing team come to take photos. I ran the whole show for him and when I was finished, went to talk with him. He couldn't talk and became tearful. All he could say was that his father had died recently and my performance had made him reflect on his own loss. I was heartened to know that even in a rough technical rehearsal the characters had come alive and had touched him. From that moment I thought that this show could really work.

## 6. Audience Feedback and Performer Reflections

### 6.1 Introduction

*Barrier Ninja: A Unique Verbatim Play about Hauora* was performed as a solo performance at the Allen Hall Theatre, University of Otago over three nights (October 17<sup>th</sup>, 18<sup>th</sup>, and 19<sup>th</sup>) to the general public (Appendix Poster & Programme). The performance was recorded each night and captured the audience's kōrero at the end of the show during the poroporoaki. This chapter examines the audience responses and feedback about the verbatim play *Barrier Ninja* as well as reflecting upon the audience responses in relationship to Māori, marae, and verbatim theatre and its techniques and approaches. The audience feedback reflects on what they saw, heard, how it made them feel and the potential for *Barrier Ninja* to be performed in other venues.

### 6.2 Audience and Participant Feedback

Over the three evenings of the performance, six of the nine participants attended as well as a mixture of family, friends, academics, actors, health professionals and community. At the end of each show there was an opportunity for members of the audience to speak and to respond to what had been presented. Two participants who attended the public performances spoke during the poroporoaki, both were overwhelmed with what had been created with their testimonies. The Kaioranga Hauora Māori worker was amazed at seeing herself on stage and loved it so much she came twice. The husband from the show had been unwell and was unable to attend the

dress rehearsal but snuck out of hospital to come and see the public performance. He was so proud of me. For him, I had listened to him and had:

Put [his korero] in a way that people can see it, hear it and ... understand what we go through ... as a family (Appendix 10 “Poroporoaki”).

The husband was so happy with how I had treated him and his whānau he allowed me to use his name in the play. Both of these participants felt positive about participating and having their kōrero represented in a theatrical form. The participants Lou, the Nurse, and the wife attended the performance. They did not speak during the poroporoaki, but took a moment to catch up with me after the show. These participants were all happy with how I had represented them and were happy with the research process in which they participated. I do not know why the three other participants did not attend the public performance but all three said they were busy on the evening of the whānau dress rehearsal. Perhaps a future research question could explore why participants do not attend performances?

The audience members who spoke reflected on the style of performance, their hope for the future after having seen this play and recommendations for where they thought this play could go. One audience member, for example, reflected on their own personal experiences, as Māori, with the healthcare system and felt that this show had the potential to break down some of those barriers identified in the play:

As someone who has had experiences with the health system, who lives as Māori, um, I feel as the work that you've done is really breaking down some of those barriers / that are even in our society (Appendix 10 "Poroporoaki")

A health professional who saw the play said that they had found the play informative and useful:

I think like the person who had trouble pronouncing Reitu's name, we're often quite scared and we feel quite threatened and as, as doctors and that's why we hide behind our um, what we do. But what you've done is you've presented something that's not threatening and it will allow us inside without making us scared, so thank you (Appendix 10 "Poroporoaki").

Other members of audience who felt comfortable to speak made a number of observations about the play. One audience member made comment on the technique and asked if "this was theatre of the real?" They went on to make an observation about documentary theatre and commented on how verbatim theatre could enable anonymity better than film documentary. This person said:

I was wondering [what] watching a theatre performance like this offers differently from if you were to do a documentary and take the people actually saying those things, themselves... apart from the fact it would be less, be it maybe not very invasive possibly the storyteller. I think it's quite nice to take away some of that, how that person looks that allows the person seeing it to

maybe see themselves more in those individuals as well cause your not looking at the same person, so you become a blank canvas almost for those stories and voices (Appendix 10 “Poroporoaki”).

An audience member also recognised how informative the play was and challenged other audience members to pass on what they had learnt during the play by saying:

It’s good seeing a strong audience here who can hopefully take on some of those messages that you’ve portrayed tonight and help to continue that work in there own ways. The stories that you’ve shared through your participants obviously give hope that people are making changes for the betterment, of not only [Māori] people, but for this country (Appendix 10 “Poroporoaki”).

Two other audience members saw the performance as research dissemination and hoped that it would go beyond the theatre into the wider community.

This is the first time I’ve seen an academic piece of work performed in such a way (Appendix 10 “Poroporoaki”)

I would hope that those stories could go beyond this theatre and go into the lecture theatres so that there’s other learning possibility for students who will be dealing with ourselves, because if I can get lost in relation to that, it’s another avenue for those students to see it, instead of being on aboard or me lecturing to them (Appendix 10 “Poroporoaki”)

As practice-based research it was important to me that the research and performance was also seen as ethical and authentic. A Māori researcher who came to see the show thanked me for:

Holding the integrity of your kaupapa and your people you represent tonight.  
Thank you from one rangahau Māori to another for bringing the words of our wonderful participants ... off the paper and into the living of reality for what our tangata are going through on a day to day basis and have for years.  
(Appendix 10 “Poroporoaki”)

Mostly the audience feedback was positive, complementing me as a performer having devised a respectful show.

You’re beautiful in your grace and respect for those stories (Appendix 10  
“Poroporoaki”)

Another audience member found the performance touching, very personal and real. They felt if they could get lost in the stories then others would also.

I could see them and I could see their essence and their thoughts and their stories you were trying to tell (Appendix 10 “Poroporoaki”).

The down side of a forum theatre-like environment, such as a poroporoaki, is the time

could easily turn into a situation where the audience only gives praise rather than an opportunity for critical reflection about the subject matter.

The feedback from the audience members who spoke identified that they understood the subject matter, felt moved by the stories, felt involved with the different characters and saw the play as useful and acceptable. What could be improved in future practice-based research is how one might gather further information from audience members about their perceptions of the play, such as the integration of Māori elements through the performance. As Kent says “you can only measure the success of these plays by whether you illuminate the arguments and make people understand things they didn't already understand” (qtd in Hammond 148).

## 7. Conclusion

This thesis aimed to examine how verbatim theatre techniques could be used to document people's experiences of hauora, along with how pūrākau could be used dramaturgically. The strength of this study is the Kaupapa Māori approach taken which normalized Māori beliefs and practice, privileged oral traditions, legitimated oral research dissemination within an academic institution, and provided another representation of Māori recognised as authentic by an audience. Each of the techniques and approaches complemented one another, and brought out the best qualities in the other. This is a hybrid approach that I would like to call kōrero pono; a conversation based on facts. I achieved this by examining different verbatim and Māori theatre techniques, and assessing which techniques would best align with Kaupapa Māori and the principles and values inherent within pūrākau. From this, a theatre piece was devised and performed. The participants and audience affirmed that this play was a valuable mechanism for telling Māori stories and that it could change how patient care is provided within health.

Documentary theatre-makers used theatre as a tool to challenge the political and social environments of their time, using a variety of documents and testimonies presented in a variety of ways. Verbatim theatre-makers use only one source, the spoken word of people to create their performances. This process involved identifying theatre-practitioners and numerous verbatim theatre techniques, and choosing one - 'headphone' verbatim technique - to present a verbatim text.

The 'headphone' technique provided a starting point to document the experiences of hauora. Māori approaches were incorporated to ensure tino rangatira

for the participants and their testimonies, and pūrākau informed the storyline and aesthetics influenced the performance style.

Further research could examine if this approach could be replicated with a different subject matter, and I would perhaps explore another approach to document testimony rather than with a question and answer interview. I would also ask how else a Kaupapa Māori approach could be developed alongside a headphone/recorded delivery theatre technique. To summarise, my practice-based research has provided a useful foundation for developing an indigenous technique that documents the testimonies of Māori, and the thesis has charted and examined the journey through that research.

**Karakia whakamutunga**

Unuhia, unuhia,

Unuhia kit e uru tapu nui

Kia wātea, kia mama, te ngākau, te Tinana, te wairua i te ara takatā

Koia rā e Rongo, whakairia ake ki runga

Kia tinaj TINA! Hui e! TAIKI E!

Draw on, draw on,

Draw on the supreme sacredness

To clear, to free the heart, the body and the spirit of mankind

Rongo, suspended high above us

Draw together! Affirm!

## 8. References

- Awekotuku, Ngahuia Te. "Hinemoa: Retelling a Famous Romance." *Journal of Lesbian Studies* 5.1-2, 2001; 1-11. Print.
- Balme, Christopher B. "New Maori Theatre in New Zealand." *Australasian Drama Studies* 15, 1989;149-66. Print.
- . *Decolonizing the Stage: Theatrical Syncretism and Post-Colonial Drama*. Oxford: Clarendon, 1999. Print.
- Baskerville, Peter. *Did Einstein really define insanity was doing the same thing over and over again and expecting different results?* 2014: Web. April 26 2016.
- Bishop, Russell. "Freeing Ourselves from Neo-Colonial Domination in Research: A Maori Approach to Creating Knowledge." *International Journal of Qualitative Studies in Education* 11.2, 1998: 199-219. Print.
- Blythe, Alecky. *The Girlfriend Experience*. Nick Hern Books, 2008.
- Bottoms, Stephen. "Putting the Document into Documentary: An Unwelcome Corrective?" *TDR (1988-)* 50.3, 2006: 56-68. Print.
- Brunton, Mark. *Ngāi Tahu Research Consultation Committee Te Komiti Rakahau Ki Kai Tahu*. Ed. Halba, Hilary. Letter ed. Research Division: Otago University, 2015: 1-2. Print.
- Casson, John W. "Living Newspaper." *TDR (Cambridge, Mass.)* 44.2, 2000: 107-122. Print.
- Castañeda, Quetzil E. "The invisible theatre of ethnography: performative principles of fieldwork." *Anthropological Quarterly* 79.1 (2006): 75-104.

- Cherrington, Lisa. *The Use of Māori Mythology in Clinical Settings: Training Issues and Needs*. PUBLISHER, 2003: 117-120. Print.
- Claycomb, Ryan. M. "(Ch)Oral History: Documentary Theatre, the Communal Subject and Progressive Politics." *Journal of Dramatic Theory and Criticism* 17, 2003: 95-122. Print.
- Derby, Mark., and Grace-Smith, Briar. "Māori theatre – Te whare tapere hōu - First Māori theatre companies, 1970–1990", *Te Ara - the Encyclopedia of New Zealand*, updated 6-Oct-14. April 26 2016.
- Derbyshire, Harry., and Hudson, Loveday. "Performing Injustice: Human Rights and Verbatim Theatre." *Law and Humanities* 2.2, 2008: 191-211. Print.
- Di Benedetto, Stephen. *Introduction to Theatre Design*. Florence: Taylor and Francis, 2013. Print.
- Durie, Mason. *Whaiora :Whaiora: Māori Health Development*. 2nd ed. Auckland, N.Z: Oxford University Press, 1998. Print.
- Eketone, Anaru. "Theoretical Underpinnings of Kaupapa Māori Directed Practice." *MAI Review* 1, 2008: 1-11. Print.
- Favorini, Attilio. "History, Memory and Trauma in the Documentary Plays of Emily Mann." *Get Real: Documentary Theatre Past and Present*. Eds. Forsyth, Alison and Christopher Megson. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2009: 151-166. Print.
- Gallagher, Kathleen., Anne Wessels., and Burcu Yaman Ntelioglou. "Verbatim Theatre and Social Research: Turning Towards the Stories of Others." *Theatre Research in Canada* 33.1, 2012: 24-43. Print.

- Gilbert, Helen, and Joanne Tompkins. *Post-colonial drama: Theory, practice, politics*. Routledge, 2002. Print.
- Glasse, Ruth., and Ana Welham. "Korero with Jim Moriarty." *Australasian Drama Studies*. 42, 2003: 57-74. Print.
- Greenwood, Janinka. *History of a Bicultural Theatre: Mapping the Terrain*. History of Bicultural Theatre. Ed. Christchurch College of Education. Christchurch, N.Z: Christchurch College of Education, 2002. Print.
- Haberl, Franz P. "Peter Weiss's Documentary Theater." *Books Abroad*. 43.3, 1969: 359-62. Print.
- Habib, Rowley. "Death of the Land." *He Reo Hou: 5 Plays by Maori Playwrights*. Ed. Garrett, Simon. Wellington, N.Z: Playmarket, 1991. Print.
- Halba, Hilary. "Let me feel the magic": Interview with Rangimoana Taylor." *Performing Aotearoa: New Zealand Theatre and Drama in an Age of Transition*, Brussels: Peter Lang. 2007: 209-18. Print.
- . "Creating Images and Telling Stories: Decolonising Performing Arts and Image-Based Research in Aotearoa/New Zealand." *About Performance*. 9, 2009: 193-211. Print.
- Halba, Hilary, and Stuart Young. "Making Verbatim Theatre: Process of Mediation in Hush: A Verbatim Play About Family Violence." *Le Théâtre Neo-Documentaire Resurgence Ou Réinvention?* Eds. Kempf, Lucie and Moguilevskaia. Nancy: Éditions Universitaires de Lorraine. 2013: 171-80. Print.
- Hammond, Will. *Verbatim: Contemporary Documentary Theatre*. Oberon Books, 2008. Print.

- Higgins, Rawinia., and John C Moorfield. "Tangihanga - Death customs."  
*Introduction to Māori culture and society*. Eds. Ka'ai, Tānia M., Moorfield,  
 John C., Reily, Michael P.J., and Mosley, Sharon, 2013: 85-90. Print.
- Hutchison, Yvette. "Verbatim Theatre in South Africa: 'Living History in a Person's  
 Performance'". *Get Real: Documentary Theatre Past and Present*. Eds.  
 Forsyth, Alison and Christopher Megson. Houndmills, Basingstoke,  
 Hampshire: Palgrave Macmillan, 2009: 209-223. Print.
- Irmer, Thomas. "A Search for New Realities: Documentary Theatre in Germany."  
*TDR: The Drama Review* 50.3, 2006: 16-28. Print.
- Jackson, Michael. *Minima Ethnographica: Intersubjectivity and the Anthropological  
 Project*. University of Chicago Press, 1998. Print.
- Jeffers, Alison. "Looking for Esrafil: Witnessing 'Regugitive' Bodies in I've Got  
 Something to Show You." *Get Real: Documentary Theatre Past and Present*.  
 Eds. Forsyth, Alison and Christopher Megson. Houndmills, Basingstoke,  
 Hampshire: Palgrave Macmillan, 2009. Print.
- Kaufman, Moisés. *The Laramie Project*. Vintage Books, 2001. Print.
- King, Annette, and Tariana Turia. *He Korowai Oranga*. Ministry of Health, 2002.  
 Print.
- Kouka, Hone. "Introduction." *Ta Matou Mangai: Three Plays of the 1990s*. 1999: 9-  
 28. Print.
- . *Mauri Tu: A Short Play*. Wellington, N.Z: Aoraki Press, 1992. Print.
- . "Re-Colonising the Natives: The State of Contemporary Maori Theatre."  
*Performing Aotearoa. New Zealand Theatre and Drama in an Age of*

- Transition*. . Eds. Maufort, Marc. and David O'Donnell. Brussels, Belgium: P.I.E. Peter Lang, 2007: 237-45. Print.
- Lee, Jenny Bol Jun. *Ako: Parker of Maori Teachers' Work in Secondary Schools*. University of Auckland, 2008. Print.
- . "Ngā Tohutohu: A Pūrākau Approach to Māori Teacher Narratives." *Informing Our Practice*. Eds. Fraser, D and R Openshaw. Palmerston North N.Z: Kanuka Grove Press, 2003: 29-42. Print.
- Marsden, Māori. *The Woven Universe: Selected Writings of Rev. Māori Marsden*. Ed. Royal, Te Ahukaramū Charles. Otaki, N.Z: Estate of Rev. Māori Marsden, 2003. Print.
- Martin, Carol. "Bodies of Evidence." *TDR: The Drama Review* 50.3. T 191, Fall 2006: 8-15. Print.
- . *Theatre of the Real*. Springer, 2012. Print.
- Maufort, Marc. *Transgressive Itineraries: Postcolonial Hybridizations of Dramatic Realism*. Bruxelles, Belgium New York: Bruxelles, Belgium New York: P.I.E.-Peter Lang, 2003. Print.
- . "Recapturing Maori Spirituality; Briar Grace-Smith's Magic Realist Stage Aesthetic". *Performing Aotearoa, New Zealand Theatre and Drama*, 2007: 247-67.
- Mead, Sidney M. *Tikanga Māori: Living by Māori Values*. Wellington, N.Z: Huia, 2003. Print.
- Ministry of Health. *Tatau Kahukura: Māori Health Chart Book 2015* Ed. 3rd. Wellington, NZ: Ministry of Health, 2015. Print.
- Mumford, Meg. *Bertolt Brecht*. Taylor and Francis, 2008. Print.

Nicholson, Helen. *Applied Drama: The Gift of Theatre*. Palgrave Macmillan, 2005.

Print.

Norton-Taylor, Richard. *The Colour of Justice: Based on the Transcripts of the*

*Stephen Lawrence Inquiry*. Oberon Books, 1999.

O'Donnell, David. "Politics of Place and Extended Family in Taki Rua Productions

25th Year: Strange Resting Places and Te Karakia". *Australasian Drama*

*Studies*.55, 2009: 10-29. Print.

Oades, Roslyn. "Dramaturgy & Emerging Artists" 2010. Web. August 3 2014.

Paget, Derek. "Verbatim Theatre: Oral History and Documentary Techniques." *New*

*Theatre Quarterly* 3.12, 1987: 317-36. Print.

---. "The 'Broken Tradition' of Documentary Theatre and It's Continued Powers of

Endurance." *Get Real: Documentary Theatre Past and Present*. Eds. Forsyth,

Alison and Christopher Megson. Houndmills, Basingstoke, Hampshire:

Palgrave Macmillan, 2009: 224-238. Print.

Pearse-Otene, Helen. "Te Rākau Hua O Te Wao Tapu". 2015. Web. November 9

2015.

Peterson, William. "Writing into the Land: Dramatic Monologues in the Expanding

Landscape of Aotearoa/New Zealand." *Performing Aotearoa: New Zealand*

*Theatre and Drama in an Age of Transition*. Eds. Maufort, Marc and David

O'Donnell. Bruxelles. New York: P.I.E. Peter Lang, 2007:103-120. Print.

Pihama, Leonie., Fiona Cram, and Sheila Walker. "Creating methodological space: A

literature review of Kaupapa Māori research." *Canadian Journal of Native*

*Education* 26.1, 2002: 30-43.

- Potiki, Roma. "A Māori Point of View: The Journey from Anxiety to Confidence." *Australasian Drama Studies* 18, 1991a: 57-63. Print.
- . "Introduction." *He Reo Hou: 5 Plays by Maori Playwrights*. Ed. Garrett, Simon. Wellington, N.Z: Playmarket, 1991b: 9-13. Print.
- . "Whatungarongaro" *Ta Matou Mangai. Three plays of the 1990s*. Ed. Kouka, Hone. Wellington, NZ: Victoria University Press, 1999: 29-71. Print.
- Reed, A. W. *Reed Book of Māori Mythology*. Reed Pub., 2004. Print.
- Reid, Papaarangi. "Good Governance: The Case of Health Equity." *Always Speaking: The Treaty of Waitangi and Public Policy*. Eds. Tawhai, Veronica M. H. and Katarina Gray-Sharp. Wellington, NZ: Huia Publishers, 2011: 35-48. Print.
- Reid, Papaarangi., and Robson Bridget. "Understanding Health Inequities." *Hauora: Māori Standards of Health Iv. A Study of the Years 2000-2005*. Ed. Robson, Bridget. Wellington, NZ: Te Rōpu Rangahau Hauora a Eru Pōmare, 2007: 3-10. Print.
- Reinelt, Janelle. "The Promise of Documentary." *Get Real: Documentary Theatre Past and Present*. Eds. Forsyth, Alison and Christopher Megson. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2009: 6-23. Print.
- Royal, Te Ahukaramu Charles. "Pūrākau a Genre of Storytelling." *10th Biennial Conference of the History and Film Association of Australia and New Zealand*. 2000. Print.
- . "Ōrotokare. Towards a New Model for Indigenous Theatre and Performing Arts." *Performing Aotearoa. New Zealand Theatre and Drama in an Age of Transition*. Eds. Maufort, Marc. and David O'Donnell. Brussels, Belgium: P.I.E. Peter Lang, 2007: 193-208. Print.

- Shunami, Gideon. "The Mechanism of Revolution in the Documentary Theater: A Study of the Play, *Trotzki Im Exil*, by Peter Weiss." *The German Quarterly* 44.4, 1971: 503-18. Print.
- Smith, Anna Deavere. *Fires in the Mirror: Crown Heights, Brooklyn, and Other Identities*. New York: Dramatists Play Service, 1997. Print.
- Smith, Liberty. "Remembering the Past, 'Growing Ourselves a Future': Community-Based Documentary Theatre in the East Palo Alto Project." *Get Real: Documentary Theatre Past and Present*. Eds. Forsyth, Alison and Christopher Megson. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2009: 107-121. Print.
- Sowińska, Agnieszka., and Benjamin Paloff. "Reality from the Bottom Up: Documentary Theatre in Poland." *Dramaturgy of the Real on the World Stage*. Ed. Martin, Carol: Palgrave MacMillan, 2010: 72-79. Print.
- States, Bert O. *Great Reckonings in Little Rooms: On the Phenomenology of Theater*. University of California Press, 1985. Print.
- Taki Rua. "About. Our Mission". Web. July 16 2016.
- Tawata Productions. "Nga Tangata". Web. July 16 2016.
- Te Pou. "The Auckland home for Māori theatre". Web. July 16 2016.
- Tuhiwai Smith, Linda. *Decolonizing Methodologies Research and Indigenous Peoples*. 2nd. ed. London: Zed Books, 2012. Print.
- United Nations. "Article 25". *The Universal Declaration of Human Rights*. United Nations, 1948. Web. June 1 2016.
- Wake, Caroline. "Headphone Verbatim Theatre: Methods, Histories, Genres, Theories." *New Theatre Quarterly* 29.4, 2013: 321-335. Print.

---. "The Politics and Poetics of Listening: Attending Headphone Verbatim Theatre in Post-Cronulla Australia." 39.2, 2014: 82-100. Print.

Walker, Ranginui. *Ka Whawhai Tonu Mātou: Struggle without End*. N.Z: Penguin, 1990. Print.

World Health Organization. *Health Impact Assessment (HIA): The determinants of health. Introduction*. Web. June 1 2016.

*Appendix 1: Ethics Application*

**Application Form for ethical consideration of research and teaching proposals involving human participants**



**UNIVERSITY OF OTAGO HUMAN ETHICS COMMITTEE  
APPLICATION FORM: CATEGORY A**

Form updated: June 2013

*Please ensure you are using the latest application form template available from: <http://www.otago.ac.nz/administration/committees/otago000864.html> and read the instruction documents provided (Guidelines for Ethical Practices in Teaching and Research and Filling Out Your Human Ethics Application).*

**1. University of Otago staff member responsible for project:**

Hilary Halba and Associate Professor Stuart Young (supervisors)

**2. Department/School:**

Department of Music, Theatre Studies programme

**3. Contact details of staff member responsible (always include your email address):**

Hilary Halba

Extension 8925

hilary.halba@otago.ac.nz

,

Stuart Young

Extension 9614

stuart.young@otago.ac.nz

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**4. Title of project:**

"Verbatim Theatre Techniques as a Tool for Documenting and Examining Stories of Māori Health and WellBeing."

**5. Indicate project type and names of other investigators and students:**

Staff Co-investigators  Names:

Student Researchers  Names:

Level of Study (PhD, Masters, Hons):

External Researchers  Names:

Institute/Company:

**6. Is this a repeated class teaching activity?**

' NO'

**7. Fast-Track procedure**

Do you request fast-track consideration?

NO'

**8. When will recruitment and data collection commence?**

14th February 2014

**When will data collection be completed?**

14th March 2014'

**9. Funding of project**

Is the project to be funded by an external grant?

' NO'

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**10. Brief description in lay terms of the purpose of the project:**

This Theatre Studies project forms part of the research for a Master of Arts degree. Its purpose is to explore how verbatim theatre techniques can be used to document the experiences of a Māori whānau living with a chronic illness. The whānau's verbatim testimony about these experiences – along with those of healthcare and community workers associated with the whānau – will be re-presented as a verbatim play. The process will be informed by a using a Kaupapa Māori approach.

**11. Aim and description of project:**

Documentary theatre is a theatre genre that creates performances from real life experiences drawn from interviews, documents, hearings, records, video and film. Based on a particular social issue or event, the source material is gathered and edited into a performance piece. Verbatim theatre is a sub-category of Documentary Theatre and uses specific techniques taken from Documentary Theatre to create a performance. It uses only the recorded testimonies of real people talking about their lived experiences. These words are then mediated through the editing process and re-presented in a theatrical performance.

This project aims to explore how verbatim theatre techniques can be used to document the experiences of a whānau living with a chronic illness. As well as testimony from the whānau, that of medical specialists, allied healthcare staff and community workers will also be used. Their testimonies will be edited into a script using the concept of pūrakau (pre-colonial Māori narratives containing philosophical thought, epistemological constructs, cultural codes and worldviews that are fundamental to Māori identity) as a dramaturgical technique, and will be re-presented as a play, performed at both Allen Hall Theatre and Aria-te-uru Marae.

This project aims to contribute to the body of knowledge about verbatim theatre techniques.

**12. Researcher/instructor experience and qualifications in this research area**

*(include information regarding the principal investigator (or supervisor), co-investigators and students (if relevant) involved with the project):*

Hilary Halba and Stuart Young, have, over many years, created theatre as directors, devisors, dramaturgs and actors. Halba and Young have experience in creating verbatim theatre: their 2009 practice-led verbatim theatre project, "Hush" (re-mounted in 2010-2011) focussed upon family violence. This piece of theatre was extremely successful and widely regarded. Their subsequent verbatim piece "Be | Longing" focussed upon the experience of migrants to New Zealand, and was invited to premiere at the New Performance Festival at The Edge in Auckland before its 2012 Dunedin season at Allen Hall Theatre. The researchers have delivered several conference papers about their work in the U.K., Spain and Aotearoa/New Zealand, and have taught documentary and

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verbatim theatre techniques to students at the University of Otago and beyond.

Ms Francis Kewene (Tainui) will be conducting the research as part of a Masters of Arts degree. She has experience in facilitating one-on-one and large discussion groups, such as individual interviews, focus groups and interactive workshops. She has worked as a professional actor/actor educator, worked in Public Health as a Health Promoter in Injury Prevention and Physical Activity, Health Protection and Māori Health. She is currently working as a lecturer of Hauora Māori in the Faculty of Medicine, Otago University. She has strong networks in the Dunedin community. Her experience in all of these areas has been focussed upon working with community participants in research projects in a safe and effective manner.

**13. Participants**

**13(a) Population from which participants are drawn:**

The Māori whānau – who have expressed an interest in taking part in this project.

Healthcare providers who are associated with the whānau, who will be recruited through the whānau's own networks.

**13(b) Inclusion and exclusion criteria:**

Inclusion criteria:

- (a) The Māori whānau who have expressed an interest in taking part in this project live permanently in Dunedin and one member of the whānau has been diagnosed with a chronic illness. The whānau participants will be 16 years of age and over.
- (b) Other participants will include medical consultants practicing at Dunedin Hospital, and Southern District Health Board who have treated or are treating the whānau member with the chronic illness. These people will be recruited through the whānau's networks. They may include Māori support workers and Māori community workers.
- (c) Participants will be asked to agree to participate in all three stages of the research project including: an interview to collect the testimony from which the script will be developed, reviewing the script developed from the testimony, and participating in a post-performance interview with the researcher.

**13(c) Estimated number of participants:**

7 participants including whānau members and healthcare workers.

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**13(d) Age range of participants:**

Between 16 - 70 years of age.

**13(e) Method of recruitment:**

The whānau are known to the researcher through her community networks, and have expressed an interest in the project, and and have agreed to participate should ethical approval be gained.

Once ethical approval has been obtained, the whānau participants will be contacted by telephone. This conversation will provide further information about the project and will be used to set up a time that suits the participant to meet to discuss the project in more detail kanohi-ki-te-kanohi (face-to-face). The face-to-face meeting will be focussed upon whakawhanaungatanga (establishing relationships) whereby connections can be made, further information provided, questions answered, and where the participant(s) can accept – or decline – the invitation to participate.

Other participants will include medical consultants, who have treated or who are treating the whānau member with the chronic illness, plus Māori support workers and Māori community workers. These participants will be recruited through the whānau's networks and the researcher's personal and professional networks. Participants will be contacted by telephone or e-mail where the participant can accept – or decline – the invitation to participate.

**13(f) Specify and justify any payment or reward to be offered:**

Participants will be offered a \$20 supermarket voucher at the completion of all three stages of the project.

**14. Methods and Procedures:** *(Describe the design of the study and detail what participants will be asked to do. Provide the Committee with a copy of the interview questions to be asked of participants, or a general outline if the questions are not yet available.)*

This project uses a practiced-based research methodology informed by Kaupapa Māori research principles. Participants will be invited to discuss their experiences of living with chronic illness, or of working with individuals who live with chronic illness – as well as their personal views and beliefs about health, wellness and hauora – in the form of in-depth unstructured interviews. The interviews will digitally recorded (audio and digital video), and time-coded for ease of editing. In order to promote participant comfort during interviews, unobtrusive recording technology will be used. Estimated recorded times of interviews are 1-1 ½ hours per participant, and 1 ½ - 2 hours for the whānau, totalling approximately 8 hours of interview material. In the course of the

**Application Form for ethical consideration of research and teaching proposals involving human participants**

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interviews, participants will not be obliged to discuss any matter which they do not wish to, and will be free to suspend or terminate the interview and recording whenever they wish. The student researcher will also be recorded during the interviews so her questions and comments may also appear in the script and in the final performance."

The testimonies gathered from the interviews will be edited and developed into a script for the stage. Participants will be invited to approve their testimony included in the script, which will be used for the performance." The researcher will recruit actors to perform in the verbatim play. Participants will be invited to a performance of the play and will also be invited to a final post-performance interview to discuss their experience of being part of the project, and their perceptions of the performance.'

**15. Compliance with The Privacy Act 1993 and the Health Information Privacy Code 1994 imposes strict requirements concerning the collection, use and disclosure of personal information. The questions below allow the Committee to assess compliance.**

**15(a) Are you collecting and storing personal information (e.g.name, contact details, designation, position etc) directly from the individual concerned that could identify the individual? (Delete the answer that does not apply.)**

YES'

**15(b) Are you collecting information about individuals from another source?**

NO'

**15(c) Collecting Personal Information (Delete the answer that does not apply):**

- Will you be collecting personal information (e.g. name, contact details, position, company, anything that could identify the individual)?

' YES'

- Will you inform participants of the purpose for which you are collecting the information and the uses you propose to make of it?

' YES''

- Will you inform participants of who will receive the information?

' YES''

- Will you inform participants of the consequences, if any, of not supplying the information?

' YES'

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- Will you inform participants of their rights of access to and correction of personal information?

YES

Where the answer is YES, make sure the information is included in the Information Sheet for Participants.

**If you are NOT informing them of the points above, please explain why:**

N/A

**15(d) Outline your data storage, security procedures and length of time data will be kept:**

All testimonies will be held in digital form on a secure computer with password protection. Hard copy transcriptions, scripts and consent forms will be kept in a locked filing cabinet that is accessible to the researcher team only. At the conclusion of the project the raw data (audio and visual recordings) will be retained in secure storage for at least five years. Long term storage and destruction of data will be the responsibility of Hilary Halba and Associate Professor Stuart Young.

**15(e) Who will have access to personal information, under what conditions, and subject to what safeguards? If you are obtaining information from another source, include details of how this will be accessed and include written permission if appropriate. Will participants have access to the information they have provided?**

The research team (supervisors Hilary Halba and Associate Professor Stuart Young, Masters student Francis Kewene) and actors involved in the performance will have access to the raw data.

Yes, participants will have access to their own testimonies and all participants will be provided with a final copy of the script.

Participants will also be provided with complementary tickets to one performance of the play in order to demonstrate manakitanga.

**15(f) Do you intend to publish any personal information they have provided?**

YES – the participants' testimony will form the script of a play which will be performed publically.

**15(g) Do you propose to collect demographic information to describe your sample? For example: gender, age, ethnicity, education level, etc.**

YES, demographic data including gender, age, and ethnicity will be collected.

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**15 (h) Have you, or will you, undertake Māori consultation? Choose one of the options below, and delete the option that does not apply:**

(Refer to <http://www.otago.ac.nz/research/maoriconsultation/index.html>).

YES'                      We'll undertake consultation.'

**16. Does the research or teaching project involve any form of deception?**

NO!

**17. Disclose and discuss any potential problems:** (For example: medical or legal problems, issues with disclosure, conflict of interest, safety of the researcher, etc. Note: if the student researcher will be travelling overseas to undertake the research, provide the details outlined at item 12 of the *Filling Out Your Human Ethics Application* document.

Due to the nature of the project anonymity of participants cannot be guaranteed. Participants will be informed of this prior to participating in the project and have right of veto for material included in the final script.

**18. \*Applicant's Signature:** .....

*Name (please print):* .....

**Date:** .....

\*The signatory should be the staff member detailed at Question 1.

**19. Departmental approval:** *I have read this application and believe it to be valid research and ethically sound. I approve the research design. The Research proposed in this application is compatible with the University of Otago policies and I give my consent for the application to be forwarded to the University of Otago Human Ethics Committee with my recommendation that it be approved.*

**Signature of \*\*Head of Department:** .....

*Name of HOD (please print):* .....

**Date:** .....

\*\*Where the Head of Department is also the Applicant, then an appropriate senior staff member must sign on behalf of the Department or School.

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[Reference Number: as allocated upon approval by the Human Ethics Committee]

[Date]



**"VERBATIM THEATRE TECHNIQUES AS A TOOL FOR DOCUMENTING AND EXAMINING STORIES OF MĀORI HEALTH AND WELLBEING."!!!**

**INFORMATION SHEET FOR PARTICIPANTS!**

*Tena koe,*

*Ko Tainui te waka, ko Karioi te maunga, ko Waikato te awa, ko Ngati Hikairo te hapū, ko Maketu te marae, ko Francis Kewene tāku ingoa. Mihi atu ra.*

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

**What is the Aim of the Project?**

The aim of this project is to explore how verbatim theatre techniques can be used to gather testimonies about Māori health and wellbeing then represent them in a play. This project is part of a Masters of Arts degree being undertaken by Francis Kewene.

**What Type of Participants are being sought?**

This project is seeking the following participants;

- A Māori whānau living permanently in Dunedin with at least one member diagnosed with a chronic illness. Whānau members who participate in the project need to be 16 years of age or over.
- One or two Medical consultants practicing in the Dunedin Hospital and/or with the Southern District Health Board who treat patients with chronic illness, and
- One or two individuals working for the Southern District Health Board in a Māori specific role supporting Māori patients while in hospital.

**Application Form for ethical consideration of research and teaching proposals involving human participants**

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**What will Participants be Asked to Do?**

Should you agree to take part in this project, you will be asked to participate in three different stages of the project. These include: to participate in an interview with the researcher, which will be audio and visually recorded, to review and approve testimony included in the script, and to participate in a post-performance interview with the researcher.

Interviews will be semi-structured using an open-ended questioning technique wherein the precise nature of the questions cannot be determined in advance but which will focus upon your experiences of living with chronic illness, or of being a healthcare worker or support person of the individual living with chronic illness – as well as your personal views about health, wellness and hauora. These interviews will be, digitally recorded (audio and visual) and time-coded for ease of editing. Estimated recorded times of interviews are 1½ hours per participant, and 1½ hours for the whānau.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself of any kind.

**What Data or Information will be Collected and What Use will be Made of it?**

The research team (student researcher Francis Kewene, and supervisors Hilary Halba and Associate Professor Stuart Young) and the actors involved in the project will have access to all the testimonies. This information will be held securely on computer files that are password protected. Data obtained as a result of the research (audio and visual file) will be retained for **at least 5 years** in secure storage. Transcripts of the testimony used in script development will be disposed of at the completion of the final interviews, although extracts from these transcripts will appear in the play.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself of any kind.

This project involves an open questioning technique. The general line of questioning includes your experience of living with chronic illness, or supporting or caring for someone living with chronic illness. Questions about healthcare, and personal beliefs and values about health and wellness may also be included. The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the University of Otago Human Ethics Committee is aware of the general areas to be explored in the interview, the Committee has not been able to review the precise questions to be used.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.

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**Application Form for ethical consideration of research and teaching proposals involving human participants**

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**Can Participants Change their Mind and Withdraw from the Project?**

You may withdraw from participation in the project at any time without any disadvantage to yourself of any kind."

**What if Participants have any Questions?**

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Francis Kewene	and	Hilary Halba
Theatre Studies Programme,		Theatre Studies Programme,
Department of Music		Department of Music
University Telephone Number: 470 3490		University Telephone Number:-479 8925
Email Address <a href="mailto:francis.kewene@otago.ac.nz">francis.kewene@otago.ac.nz</a>		Email: <a href="mailto:hilary.halba@otago.ac.nz">hilary.halba@otago.ac.nz</a>

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256 or email [gary.witte@otago.ac.nz](mailto:gary.witte@otago.ac.nz)). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Application Form for ethical consideration of research and teaching proposals involving human participants

[Reference Number as allocated upon approval by the Human Ethics Committee]  
[Date]



**"VERBATIM!THEATRE!TECHNIQUES!AS!A!TOOL!FOR!DOCUMENTING!AND!  
EXAMINING!STORIES!OF!MĀORI!HEALTH!AND!WELLBEING!"!**

**CONSENT!FORM!FOR!PARTICIPANTS!**

I' have' read' the' Information' Sheet' concerning' this' project' and' understand' what' it' is' about.' All' my' questions' have' been' answered' to' my' satisfaction.' I' understand' that' I' am' free' to' request' further' information' at' any' stage.'

I' know' that: R

- 1.' My' participation' in' the' project' is' entirely' voluntary.'
- 2.' I' am' free' to' withdraw' from' the' project' at' any' time' without' any' disadvantage."
- 3.' Personal' identifying' information' held' on' audio' visual' files' will' be' destroyed' at' the' conclusion' of' the' project' but' any' raw' data' on' which' the' results' of' the' project' depend' (edited' script' and' audio' visual' clips)' will' be' retained' in' secure' storage' for' at' least' five' years.'
- 4.' This' project' involves' an' open' questioning' technique.' The' general' line' of' questioning' includes' the' provision' of' healthcare' received,' the' health' care' system' and' personal' beliefs' and' values' about' health.' The' precise' nature' of' the' questions' which' will' be' asked' have' not' been' determined' in' advance,' but' will' depend' on' the' way' in' which' the' interview' develops' and' that' in' the' event' that' the' line' of' questioning' develops' in' such' a' way' that' I' feel' hesitant' or' uncomfortable' I' may' decline' to' answer' any' particular' question(s)' and/ or' may' withdraw' from' the' project' without' any' disadvantage' of' any' kind.'
- 5.' There' are' no' real' potential' hazards' anticipated' for' anyone' taking' part' in' this' study.' I' will' have' full' control' over' what' and' how' much' information' I' wish' to' share' with' the' researcher'
- 6.' The' results' of' the' project' may' be' published' and' will' be' available' in' the' University' of' Otago' Library' (Dunedin, New' Zealand)''

**Application Form for ethical consideration of research and teaching proposals involving human participants**

7. I, as the participant: a) agree to being named in the research,"  OR,   
 b) would rather not be named in the research"

I agree to take part in this project.

.....  
 ""(Signature of participant) (Date)

.....  
 ""(Printed Name)

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256 or email gary.witte@otago.ac.nz). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

*Appendix 2: Ethics Approval*

14/018

Academic Services  
Manager, Academic Committees, Mr Gary Witte

21 February 2014

Ms H Halba  
Department of Music and Theatre  
Division of Humanities

Dear Ms Halba,

I am again writing to you concerning your proposal entitled "**Verbatim Theatre Techniques as a Tool for Documenting and Examining Stories of Maori Health and Well-being**", Ethics Committee reference number **14/018**.

Thank you for your email of 19 February 2014 responding to the Committee. Thank you for confirming that you have initiated consultation with Ngai Tahu Research Consultation Committee.

Thank you for providing your amended Information Sheet and Consent Form, which provides participants with the opportunity to consider issues around their anonymity and consent to either be named or remain anonymous.

On the basis of this response, I am pleased to confirm that the proposal now has full ethical approval to proceed.

Approval is for up to three years from the date of this letter. If this project has not been completed within three years from the date of this letter, re-approval must be requested. If the nature, consent, location, procedures or personnel of your approved application change, please advise me in writing.

Yours sincerely,

A handwritten signature in cursive that reads 'Gary Witte'.

Mr Gary Witte  
**Manager, Academic Committees**  
Tel: 479 8256  
Email: gary.witte@otago.ac.nz

c.c. Dr G A Downes Head Department of Music and Theatre

### Appendix 3: Ngāi Tahu Research Consultation Committee

#### NGĀI TAHU RESEARCH CONSULTATION COMMITTEE TE KOMITI RAKAHAU KI KAI TAHU

Tuesday, 18 March 2014.

Ms Hilary Halba,  
Music - Theatre Studies and Performing Arts Studies,  
DUNEDIN.

Tēnā Koe Ms Hilary Halba,

**"Verbatim Theatre Techniques as a Tool for Documenting and Examining Stories of Māori Health and Well-Being."**

The Ngāi Tahu Research Consultation Committee (The Committee) met on Tuesday, 18 March 2014 to discuss your research proposition.

By way of introduction, this response from The Committee is provided as part of the Memorandum of Understanding between Te Rūnanga o Ngāi Tahu and the University. In the statement of principles of the memorandum it states "Ngāi Tahu acknowledges that the consultation process outline in this policy provides no power of veto by Ngāi Tahu to research undertaken at the University of Otago". As such, this response is not "approval" or "mandate" for the research, rather it is a mandated response from a Ngāi Tahu appointed committee. This process is part of a number of requirements for researchers to undertake and does not cover other issues relating to ethics, including methodology they are separate requirements with other committees, for example the Human Ethics Committee, etc.

Within the context of the Policy for Research Consultation with Māori, the Committee base consultation on that defined by Justice McGechan:

*"Consultation does not mean negotiation or agreement. It means: setting out a proposal not fully decided upon; adequately informing a party about relevant information upon which the proposal is based; listening to what the others have to say with an open mind (in that there is room to be persuaded against the proposal); undertaking that task in a genuine and not cosmetic manner. Reaching a decision that may or may not alter the original proposal."*

The Committee considers the research to be of importance to Māori health.

As this study involves human participants, the Committee strongly encourage that ethnicity data be collected as part of the research project. That is the questions on self-identified ethnicity and descent, these questions are contained in the latest census.

The Committee advises that this portrayal may prove to be highly sensitive and may be traumatic for participants and the audience. They also ask how this research may assist those affected and what is the purpose.

The Committee suggests dissemination of the research findings to Māori health organisations regarding this study.

We wish you every success in your research and the Committee also requests a copy of the research findings.

The Ngāi Tahu Research Consultation Committee has membership from:

Te Rūnanga o Ōtākou Incorporated  
Kāti Huirapa Rūnaka ki Puketeraki  
Te Rūnanga o Moeraki

NGĀI TAHU RESEARCH CONSULTATION COMMITTEE  
*TE KOMITI RAKAHAU KI KAI TAHU*

This letter of suggestion, recommendation and advice is current for an 18 month period from Tuesday, 18 March 2014 to 5 September 2015.

Nāhaku noa, nā



pp. MBR

Mark Brunton  
Kaiwhakahaere Rangahau Māori  
Research Manager Māori  
Research Division  
Te Whare Wānanga o Otāgo  
Ph: +64 3 479 8738  
Email: mark.brunton@otago.ac.nz  
Web: www.otago.ac.nz

The Ngāi Tahu Research Consultation Committee has membership from:

*Te Rūnanga o Otākou Incorporated  
Kāti Huirapa Rūnaka ki Paketeraki  
Te Rūnanga o Moeraki*

Appendix 4: Themes and Running Times

Draft 8 Sep 2015 Kewene F

1

**Barrier Ninja: A verbatim play about health, illness and hope**

This Masters of Arts project explores how verbatim theatre techniques can be used to document the experiences of a Māori whānau living with a chronic illness. As well as testimony from the whānau, that of medical specialists, allied healthcare staff and community workers will also be used. The testimonies will be edited into a script using the concept of pūrakau (pre-colonial Māori narratives containing philosophical thought, epistemological constructs, cultural codes and worldviews that are fundamental to Māori identity) as a dramaturgical technique, and will be re-presented as a play. This project aims to contribute to the body of knowledge about verbatim theatre techniques, and will also consist of a written thesis.

Pou kotahi: Ko wai au

Pou tuarua: Health

Pou tuatoru: The experience of ill health

Pou Tuawha: Improving health systems

**Staging:**

Each participant has its own Pou/banner/lighting design

The theatre is staged to represent the inside of a whareniui – a place where both wahine and tane can speak, a place of peace and discussion. A place that is less formal than the marae ātea or the paepae.

Māori Community (MTT)	Allied Health Maori (RC)	Māori Health Manager (GT)	Consultant SF (anonymous)	Māori Nurse RM (unsure)	Medical student JS (anonymous)	Whānau (W1)(H2)(C3) (anonymous)	Researcher
Add when he got diagnosed not my job Time delay in results				Add in the hospital moment when I saw the picture The importance of whānau Breaking down the barriers			
Mihi/Prelude							
MT1 [23:21] I'm kei te pai I think that um kanoiti ki kanoiti (23:21) [1]							MT2 [13:03] I acknowledge all those who have gone before

Draft 8 Sep 2015 Kewene F

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Ko wai au							
MT3 [35:24] We live with hep B carriers just from being born...and my brother has since died  MT4 [11:23] If we had a had a stren screening	RC [45:15] Ko Reitu toku ingoa	GT1 [02:11-02:36] I've come from so many different  GT2 [02:54-03:16] When I first started in health	SF2 [32:11] So I'm from London, trained in London  SF7 [1:02:06] Funny story of how I arrived here (1:02) [7]  SF10 [44:20] When I first qualified it was really black and white  SF11 [13:21] I've learnt that we feel  SF15 [06:03] If I understand	RM1 [12:18-12:23] A lot of people I work with are end of life (0:03)  RM2 [38:40-39:02] because you do you feel the weight of the community	JS1 [0:02] I'm a fourth year medical student  JS2 [0:17] Health is a lot of things	W [21:10] I grew up n Dunedin  W / H [16:07] I all ways thought  H [7:17] ah Im Waikato  H [14:01] I said we're a Māori whānau	
Hauora							
	RC [42:05] I think my understanding	GT3 [03:23-03:35] I think health is all about your experiences and what...(0:11)  GT4 [06:54-07:21] no no no no health is	SF8 [06:13] All of us need  SF 12 [09:05] So that's sort of I suppose  SF13 [07:03] There nothing like a good night	RM3 [07:30-07:37] um exercise is a good way of  RM4 [08:13-08:50] running so um which  RM5 [09:00-09:28] I always encourage people to run	JS 3 [28:20] Making sure that I'm happy that's how I see health  JS4 [16:22] Its doing things for people  JS5 [16:16] I guess form a spiritual  JS6 [23:12] I love singing (0:23) [6]  JS7 [0:04] I like singing it makes me	<b>Hauora/illness</b>  W [3:08] So my youngest daughter  H [1:12:16] our little ones been off  W [28:09] In the word of god  W [7:09] I have diabetes  W [8:09] I have I get gout	

Draft 8 Sep 2015 Kewene F

3

				illness	happy		
MT5 [24:21] That hurts a lot for ah a number MT6 [11:09] He would have been 45	RC [40:21] In mental health that RC [18:14] its all based around what RC [1:10:17] In a Māori context hauora RC [24:01] and our job is to try	GT5 [30:47-31:29] On the receiving end ah GT6 [31:30-31:50] Culturally um right through	SF9 [49:00] Sometimes when I'm talking to SF3 [12:19] aaaw I like finding our about people SF4 [3:03] so much fun in working with people SF5 [21:21] some people I don't like SF14 [25:07] I never pretend to understand	RM6 [16:15-16:20] Your not helping them to go home (0:05) RM7 [16:31-17] especially Māori are coming in at a later stage (1:09) [8]	JS8 [8:24] there been a few times that JS9 [1:08:07] From the run I just finished JS11 Oh my gosh	W [4:15] My feet go the size 15 shoes W [7:24] goes up to the W [4:00] If it goes to my hands boxing gloves W [5:01] My chest comes out...jaw W if I have too much fluid on me (0:06) W I have diabetes (0:07) W I get arthritis (0:06) W I see a podiatrist for my feet (0:03) W I see a renal for my kidneys (0:03) W Respiratory I see the heart doctors (0:06) W My skin dries up (0:13)	

Draft 8 Sep 2015 Kewene F

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						W My whole body (0:06) H And the least of all he has teeth (0:03) H25	
Systems							
MT7 [24:08] I think you really need a person to liaise with and I think MT8 [45:16] The hospice had a quiz night fund raiser recently	RC [58:14] I want people to say my name properly	GT7 [34:31-35:31] he Māori in New Zealand	SF6 [41:04] My skill is not necessarily	RM8 [46:04-46:33] there the systems and then theres RM9 [17:08-19:10] If you want to be truly effective helping reduce (2:02) RM10 [17:42-18:16] Things that are big barriers for our whānau RM11 [18:17-18:34] what I find individual RM12 [18:47-19:10] ummm the biggest barrier RM13 [19:15-19:22] its not individuals its	JS10 [32:24] with regards to Māori whānau	W [39:04] We had this one rude W (sec a) I was saying to the family W [30:22] Um were talking about W [20:10] Our kids have been around (0:20) [H29] H Any my little one she wants to (0:06) [H30] H The only reason why our big giri (0:06) [H31] H She battles with us (0:10) [H32]	
Poroporaki							
This little plark is him and his dog...pat us on the back (0:18)						W [9:09] but the one thing	

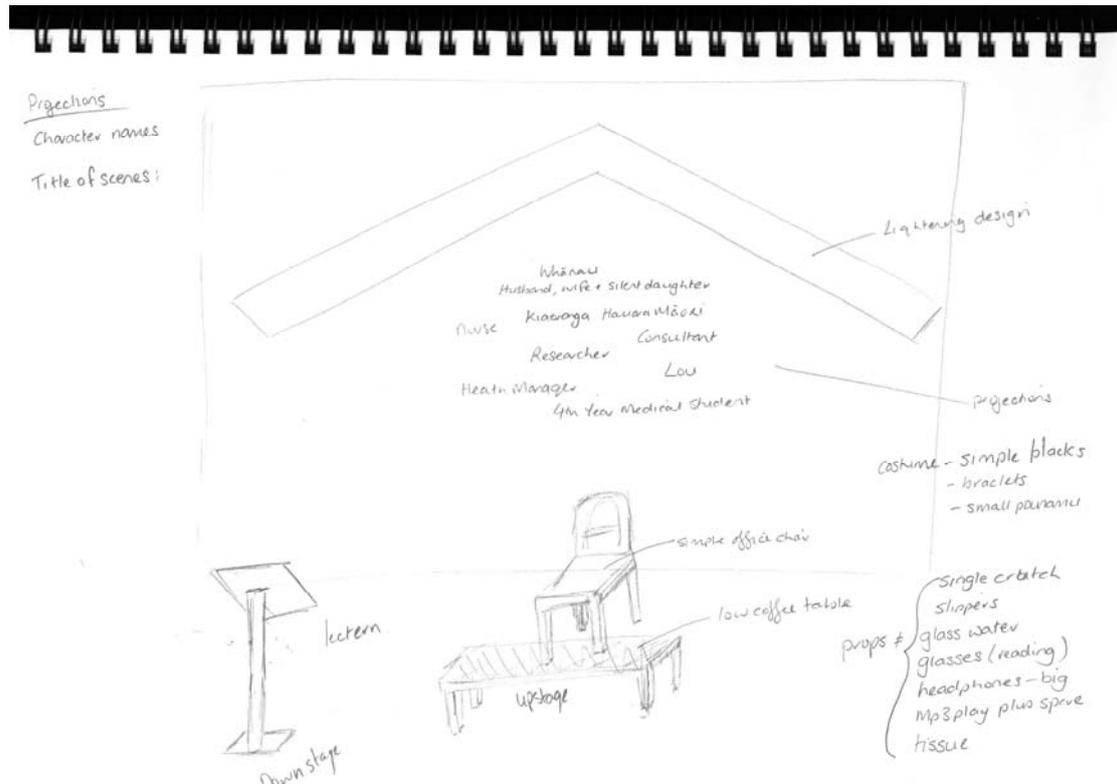
Draft 8 Sep 2015 Kewene F

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[9]						W [4:0] Cause I just believe W [8:09] And its about yeah	
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Appendix 6: Final Stage Design



*Appendix 7: The Script of Barrier Ninja*

**Barrier Ninja: A Unique Verbatim Play about Hauora.**

**Devised and Performed by Fran Kewene (2015)**

**Characters:**

Researcher

Lou (*talking about her lovely brother*)

Nurse

Consultant

Health Manager

4<sup>th</sup>-year Medical Student

Kaioranga Hauora Māori

Whānau:      Husband

                  Wife

                  Silent Daughter

Key to reading the script:      ...      a pause in speech or and extension of thought.

   - .      a shift in thought.

*On the stage is a tall plinth with a laptop open on the top. Centre stage is a single chair with a low coffee table in front. On the coffee table is a glass of water, spectacles, a tissue and an mp3 player with headphones. Leaning on the right hand side of the coffee table is a single crutch, and on the floor are slippers.*

*'Ua Marama koe' plays as the lights go down.*

*Prelude*

Researcher: Whakataka te hau ki te uru,  
 Whakataka te hau ki te tonga,  
 Kia mākinakina ki uta  
 Kia mātaratara ki tai,  
 E hī ake ana te atakura  
 He tio, he huka, he hau hu  
 Tīheu mauri ora.

E te whare tapere arā ko te Whare Allen Hall e tū nei, tēnā koe

Papatūānuku e takoto mai nei

Ranginui e tū iho nei, tēnā kōrua tēnā kōrua.

Ki ngā mate haere haere haere atu rā, rātou te hunga mate ki a rātou, tātou te  
 hunga ora e huihui mai nei.

Karanga mai ki a mātou e whai nei i tēnei pūrākau ko Barrier Ninja,

Tēnā koutou tēnā koutou tēnā koutou katoa.

*'Kewene Whānau Waiata' plays in the background, as the Researcher sings over the  
 top of it.*

Kia ora koutou, welcome to Allen Hall and welcome to this unique verbatim  
 play about hauora called *Barrier Ninja*. The tikanga for this pūrākau is that  
 I'm going to tell you a story created from the words of nine people and then, at

the end of the play, you the audience will have the opportunity to reply and ask questions.

The idea for this show emerged out of my need to tell stories that reflect Māori realities and to weave my different skills as a performer, researcher and educator together. Nine people said yes to being interviewed about their personal and professional experiences of hauora, not really realising what they were getting themselves into! Those interviews were recorded and then edited. The participants then gave me final permission to use their edited testimonies to create *Barrier Ninja*. The title for the play comes from something one of the participants actually said and its meaning will become clear during the show. To prepare for this show I rehearsed by studying the body language, gestures and words from the interviews, and in the show I use an MP3 player with headphones to listen to the edited interviews and then speak, word-for-word what they've just said. This technique ensures that I stay as true as possible to the nine people's vocal inflections and intonations. So, let me introduce you to these people.

There is *Nurse* who works in the Dunedin Hospital; a Health Manager who manages some of the health services here in Otago and Southland. There is *Lou*; she is also a nurse in the Dunedin Hospital, but she wanted to talk about her lovely brother. There is *Reitu*; she is a Kaioranga Hauora Māori worker working with tangata whaiora in mental health. There is a 4<sup>th</sup>-year medical student, and a medical specialist, actually a consultant. Finally, and most importantly, are the whānau who shared their story of living with a chronic illness: a Wife and her Husband. I would also like to mention their eldest

daughter who I talked with but whose words have not been included in this play, hence I call her the *Silent Daughter*.

Ah, and then there's me. (*Put laptop lid down and pick headphones up off the coffee table*). The *Researcher*. In the play, when I have my headphones off, I take on the character of *Researcher*. So, let's begin.

### *Scene 1- "My Propeller"*

Researcher: So it was about 10 years ago that you were diagnosed with kidney?

Husband: Yeah, bad kidneys. Well actually it was a liver first and then we got the okay 'cause we got away from the takeaways and the stress of running a family home ... an- and it wasn't really the home; it was the department. (*Laugh*) I have diabetes and frew the diabetes ... um I have wastage in muscle been eaten away. I get gout, and um most, most people complain about a little sore feet. I get it frew my whole body. My feet go like, um size 15 shoes, and goes up to the ankles, goes through to the knees, goes through to the buttocks, tailbone and the joints. Then it comes into my hands ... Ah I have boxing gloves. If I have um crayfish, which I really love, they go like this ... And they are boxing gloves ... 'Cause that's what happened to me: I ate some crayfish, and I'll never do that again.

Lou (*talking about her lovely brother*): We live with um knowing that we're hepatitis B carriers and that was just by being born and it wasn't until 1985 that there was a screening programme ... And my lovely brother um went to give blood when he was 16 and that's how we found out. (*Pause*) He was always Jacket Boy that was his wee nickname when he used to work in his

work life. Um everybody called him Jacket Boy 'cause he always wore, wore a coat. He used to make the nieces and nephews call him 'Sir'. They weren't allowed to call him uncle, they had to call him 'Sir'. *(Pause)* He is what I would call my best friend.

Husband: I see a renal for my kidneys. I see the resssp, oh see the heart doctors ... Respiratory. Ah I see a skin specialist because my skin dries up and there's time I walk around and I've got skin falling off me I'm so dry. And um I broke my knee too. Oh ah, I called it a propeller and my kids remind me that I didn't go to school ... It's a patella, not ah, not ah part of a engine of a plane.

Lou *(talking about her lovely brother; sniffs)* So, the first um red flag for us was Mike um calls an ambulance because he thinks he going to die. He rings his girlfriend, says um, "I love you, I'm not very well ... I'm on my way into hospital." We meet him. I meet him in the Emergency Department. They do an ultra sound. They say, "Ah look, we might admit you. We're not sure what's going on." Well at that point they would have known. *(Pause)* I look at his discharge paper and think, "Holy shit, it's a lot worse than you think, brother, and I'm not telling you. It's not my place to tell you ... That it's them." He didn't know what HCC meant; that's how it was written ... So hepatocellular carcinoma at 12 centimeters is huge. How big's your liver? Not much bigger. From a professional perspective I knew what was coming ... – couldn't tell anyone.

*'Ua marama koe' plays during the transition.*

*Scene 2: Hauora - what does it mean?*

Health Manager: I think health is all about your experiences and what you've been exposed to ... Actually makes health. Health is actually about how you feel, how you perceive, how you taste things, how you ... Think the feeling, the wairua. How old am I now 53? I think I am 53 yeah ... Its taken me 50 years to decide I know when I'm healthy and when I'm not.

4<sup>th</sup> -year Medical Student: Ah health is a lot of things really um. I think health ... The way I see it, is how we experience life I guess. Making sure that I'm happy, like that's how I see health as ass ... If you're a happy person ... Um it's almost like, it's like hahahappi-ness and healthi-ness go hand in hand. That's the way I see it. Um it's doing things for people. Um it's ah ... When a friend's birthday comes up or um someone's got an important thing going on like graduation; I love getting in there and I love like planning things for them, you know. Doing stuff for them ... And I um guess that makes me happy -. I love singing. Like it's just I guess my way of making my mark I guess; In the social circles that I'm in. Like he's the guy who sings all the time, it's kinda what defines me.

With regards to Māori whānau um that I've seen. From what I saw, um it was really a lot of things around a sense of belonging and knowing where you are ... An also knowing um is it whakapapa? Um just knowing your background as well.

Kaioranga Hauora Māori: In a Māori context hauora is; Ah physical, it's, it's wairua, it's tinana, it's whānau, as well as it being the mental or the hinengaro. And there's so much that sits in between in the mists of all that. From a

cultural context we could be just using our reo; In terms of moving someone in to a place of wellness, or um leaning toward wellness, or at least being able to have a connection with somebody. So we can use our reo. Be using karakia, waiata, those sorts of things, or we could just be talking about atua, or we could know about where they come from. Those sorts of things make a real difference in how someone eee ... How someone heals or how someone reacts to treatment. Um whether ... How it feeds into their experience of being in the hospital; their experience of having to deal with um being here by will, or by force, or not by force.

*'Ua marama koe' plays during the transition.*

*Scene 3: "So that's how I ended up here"*

Consultant: So, I'm from London I trained in London. Both my parents um are English, British. My mother's dead and my father's still alive, but he's got a chronic condition himself now, but is managing to be at home. My mother was a physician and my father was an editor and ahum a an academic really. Funny story of how I arrived in Dunedin was; I was tired the English system at the time. We did a hell of a lot of shifts. I was exhausted. I was doing the postgraduate exams. I was at dinner at home. Mum and Dad and Dad's best mate was a Professor of Psychiatry here at the time. Um very bright man and a very drunken evening; fantastic fun and said, "So what are you going to do Nancy?" So, I'm fed up. I need to leave. I need to go away for six months 'cause I don't know what I want to do and everyone wants me to be a

geriatrician. And he said, “Okay, I can get you a job,” and I said yeah whatever ... very drunk. Within two days I got a phone call from the Professor of Medicine in Dunedin hospital and as I said to you at the beginning when there’s hierarchy; if the Professor of Medicine rings you up you do whatever they say ... Whether they’re from Dunedin or South Africa or America or the UK ... If a Professor of Medicine rings you up and offers you a job you go “Okay.” So I said, “Ah okay” (*Laugh*) and I was on a plane within six months and arrived here. So that's how I ended up here.

Wife:            You know I said as a family our whānau well-being is such that we live week by week. I said it’s like you get dealt a double, a double whammy deal kinda thing, you know? Not only are you dealing to ... Are you looking at trying to survive week by week, but you’re also on top of that trying to deal with the health issues that come about so; Double the work, double the concerns, double the ability to get from A to B. Probably double the stress really ah?

Husband:        ’Cause like in the beginning you just didn't know what was happening yeah. You’d sit there and wonder ... yeah ... What’s gonna happen, where’s my kids, where’s the next kai gonna come from, or how we gonna get frew the next day, or yeah? I went into denial and um we were low. We were blessed enough to go an live in a place called Anagram and we had Māori whānaus up there that just awhied us and Pākehā whānau the whole lol of them. They -. Since they new I was crook they were there to bring kai up to our family, you know just things. We’d sit there going woo what is the benefit gonna give us this week and they would awhi us with eggs, an milk, meat.

Wife: So, we lived up there for three years um and we were -. Will was on the benefit so he was on the Invalids Benefit at the time and I was working part-time um in that area and so it was an awesome place to be; it was great. We knew our kids were safe. We could let them go in the community. There were ten homes and they could visit any home. So yah, no that was well-being for us. It just allowed William to restore physically you know well again.

*'Ua marama koe' plays during the transition.*

*Scene 4: "He is Māori and he needs that tikanga around him"*

Researcher: So, what have been your experiences with health services in the hospital?

Kaioranga Hauora Māori: My husband was about to receive his first lot of transfusion platelets. I think it turned out to be the first lot and ah we made them stop until we'd had um the kaumatua come in and have karakia. And they all questioned um not rudely. They were very nice an asked, "So why do you need that?" "Well actually he's about to receive someone else's DNA; He's about to receive someone else's whakapapa. That's about to change from some other person to, to him. We don't know who that person is and as much as it's protecting him um it's also about protecting and acknowledging that it's coming from someone else." That's a real sort of tikanga thing and a little bit deep and stuff and I -. Seem to me I was quite shocked people were asking those sorts of questions about it. But I wonder if people um then ask? I wonder

if the staff then ask others if they'd like something like that; to receive platelets, or to receive someone else's. I hope ... Yeah that's what I'd like happen.

Lou (*talking about her lovely brother*): Um I think that you really need a key person to liaise with and I think you need one that's culturally appropriate. Even if Mike didn't necessarily go to marae or kōrero Māori, he's still Māori. He is Māori and he needs that tikanga around him and we needed it around us. We were isolated. We had our whānau hui with the consultant; Just him and all the whānau. What are the treatment options? None. How long have I got? Weeks to months. What's the plan? Palliative. (*Pause*)

Wife: In terms of services that they offer you know? Like I think for Māori whānau; For our whānau we struggled a little bit with it. Um, they were trying to get Will on to dialysis and we kept saying no, no, no and um the reason why kept saying it was because; one we didn't know the long term impact of what dialysis was going to be and then when we finally did get into the unit we didn't feel comfortable ... Um being shown how the dialysis machines operate. A new Māori whānau coming into the system um is fearful. Does not understand the jargon, the language and you know dealing with their own issues outside of all of this. I said to them, "Do you have any um any one that's on dialysis that we can talk to and is Māori?" You know like I said, "What happens when we go back to the marae? How we gonna cope with that? You can't ask a Pākehā whānau about that."

Health Manager: On the receiving end ahhh let me see. What's my, what's my what's my experience? Breaking my legs and having a pin put my, ah ankle

ah, annnd um follow up care. For a patient lets just ... Patient and Māori two separate things. As a patient I thought the care was shocking yea, no, um. There was no discharge planning. I actually had to say, “Well hang on a minute ah shouldn't I get a social worker? Because now that I've got a broken leg ah an a pin, shouldn't I get crutches? You know, um you know? I have to go to the toilet. Could I get a toilet thingie? Oh I have to have a shower, do I need a shower stool?” “Oh, oh, ah, yes, we'll get someone to make contact with yah.”

Wife: A year ago Will had a major issue with the Dialysis Unit putting a lot of our Māori patients right next to the toilet; So when they would bring the kai out for lunch a lot of the Māori patients would take the sandwiches and put them away and wouldn't eat them. And ah um he kept saying to them; the nurses, “It's because you've got them next to the toilet”. I said, “Put all the Pākehā's there. They're all right. They don't mind eating their kai next to the toilets. So put them all there.” And then they notice. After a while, ah, when they moved the Māori patients away from the wharepaku then they would start eating. They were okay to eat.

Husband: There's times you'd go through depression. Where people don't know what your going frew; like my first time on the machine. It's something I've never forgotten. I had this um Indian doctor see me afterwards. I was bleeding from both ends. From um my backside frew my groin. I was bleeding and um all he said to me at the end of it was, “All you wanna do is stay in hospital” and I said to him politely, “If you don't move, remove yourself I'm gonna smash you with something 'cause you don't know what I'm going frew!” In

the in the word of God, Jeremiah 33 where it says: “Call unto me and I’ll answer you” and um I have to. I have to call on God ’cause I believe in God and um ... I know he’s the only one who heals because some of the things I’ve gone frew in the last 10 years I shouldn't be alive.

Lou (*talking about her lovely brother*): *Hope and Sons* were really good at letting us stay with him ... Understanding our needs to stay with him and to um laugh with him and to cry with him. We got to prep him at the hospice. To dress him at *Hope and Sons*. To stay with him and to be with him. And we got him home ... And the following day was a Monday and in the post we got a letter from the Hospice to say that we’ll see you on the 10<sup>th</sup>. Sorry that's the best we can do and the letter from the hospice to say we’re sorry he’s passed away. Now Mike would have found that hilarious that, that happened on the same day.

Researcher: (*Pause then drink some water*).

*‘Ua marama koe’ plays during the transition.*

### *Scene 5: Relationships - Whanaungatanga*

Researcher: It seems really important for you to have that connection or that relationship with your patients?

4<sup>th</sup>-year Medical Student: Oh my gosh yes, yeah, yeah, it is yeah. Therrrrthere’ve been a few times that I’ve felt like I actually help people, um so far, but most of the time I feel like I’m, I’m intruding on their life.

Kaioranga Hauora Māori: I want people to say my name properly. It's a very simple name it has only two syllables but people ... It freaks people out 'cause it's not English. I think, I think. Very, very recently someone said, "I'm too scared to say your name." Least you're saying ... At least you're telling me you're too scared. Here it is, "Ray-two or Ray-two. If you get that then I'm happy with that." And you know I said, "We're only going to be here for a short time, but I imagine you are wanting to use my name quite a lot 'cause you need to address me with this information." And she's like a doctor and I'm just this little other person, but she said, "Thank you, thank you, yes okay." And she had to take a breath and then she'd say it correctly. But she tried and so she made ... she had this commitment to me and the kaupapa I was there for, but ada people don't do dat.

Consultant: Yeah I have changed. When I first qualified it was very black and white. Now my skill is not necessarily all the academic stuff but my skill is a bit -. I say to my colleagues, "So you need me to see that difficult patient 'cause you want me to hold their hand and listen?" and they go, "Yeah." 'Cause that's what I'm quite good at ... listening ... I think? And then, and then putting problems into a into, into context and then list of priority. What's important for my patient and what's important medically 'cause it's sometimes different. A little old lady will be worried about her cat at home, or her husband at home and actually I'm worried about her heart failure, you know? So we have to meet somewhere, and I'll say, "I'll get your cat sorted out, but will you take my pills and we'll get you better then you can go look after your cat?"

4<sup>th</sup> -year Medical Student: From the run I just finished there was a Māori fella. He was quite young. He was 19, so we're similar in age and we were so similar like ... We even had the same birthday. It was ridiculous and we were both left-handed and yah know. We just had so many things that um were similar between us, but the thing was he had schizophrenia and it was sever. Like he was hearing voices. Um, but he also loved music and he loved all the artsy things and I played a bit a bit of guitar with him. And when I was singing ... So we sung for a little bit and um he said that it helped and he said that it helped that I sung with him as well. And I guess from that point of view um using the artsy side of me um I felt like I actually helped this guy out. Even if it's for a small, a little while um, he said that he felt better -. Ah yeah I, I don't know. Um some people would think it's blurring the professional lines seeing the patients. I like to make friends with people. I don't know, it's yeah, that's jus um.

Wife: Will developed a um relationship with some of the senior doctors and they know him so, so well that um you know they've just said to me; "Call" you know directly call them. And three, three amazing doctors that just really care and um genuinely concerned about him. So there are some doctors, senior doctors that are just amazing. It's the younger doctors that we have problems with. Because they're so young they, they look at his file and then they diagnose him before he's even able to explain, you know, what he's feeling what the condition.

Husband: When yah got the stero doctors they go, "Chu, chu, chu" and that's it. And this is what we're gonna do, "Chu, chu, chu". Okay see yah later, "Chu,

chu, bye”. That’s the difference between um the Māori doctors that I’d had which I can only think of two of them. And it doesn't stop there as the patient, because when I’ve been around; in the different wards they’ve come by. “Kia ora bro”, or come up and seen me in a quick awahi. “How’s yah goin?” and quick korero, “You know bro we, we’ve jus been reading your chart um you’re struggling here in this instance”. “Yeah”. “Have you told them? The doctors?” And it’s just little things like that. They go the extra mile because they know ... ’Cause they look at you as whānau.

Consultant: I never pretend to understand anybody and when people come with problems I might, I will say, “Well I’ve never been there. I don't know. I can’t give you advice. It’s all about where you’re from and what you’re doing but these are some ideas what yah reckon?” I can never sit in someone else’s shoes. You can try to, but you will never quite get what makes them tick; individually, but you can help.

*‘Ua marama koe’ plays during the transition.*

## Scene 6: He matahīapo te ora - thinking & doing things differently

Researcher: What do you think might be some of the barriers for healthcare workers to put things they know into action?

Health Manager: Fear. If they’re a young 18-20 year old that have come through their training and have absorbed, absorbed, and acknowledged that this is a way in which we need to practice; Then what stops them is the external factors of their peers, of their family, of others. For the older people; If you haven’t

got the ... Or haven't been exposed to ... An art of reflecting and looking at what you're doing and why you're doing it and where it comes from. Is it meeting the need here and now of this family? Versus the values and beliefs you've grown up with. Well, you ain't gonna implement it. And I think that people have the best intentions but it's still not happening in an action.

Consultant: All of us need encouragement and all of us need support to make any changes. I've learnt that we feel better if somebody leaves your ... their consultation with you feeling better about themselves and feeling empowered to do something.

Lou: We need to know how to take better care of ourselves and we need the support of the health system to do that.

Kaioranga Hauora Māori: Our work is around our expertise is in our culture. It's all based around what, what a, what a person needs culturally. Whether it's re-learning, unlearning or start starting from the very beginning.

Nurse: Mmmm a lot of the people I work with are actually end of life. You're not helping them to go home to live well you're actually helping them to die well. There's the systems and then there's this, um lack of entitlement that our people feel that you can. I can see people don't um -. Know there's two different cultures. I see there's the main stream Pākehā culture that seem to know what they want, know where they're going and demand it. And ah I know that's not everyone, but that's just a general kinda theme that I see. With Māori community it's no one is asking for anything.

Things that are big barriers for our whānau are appointment times or having three appointments in different days during a week, or you know things

like that. So um and with two different departments ... an so departments don't seem to talk, talk to each other. So I become that person that would go, "Hey, um did you realise they've got an appointment at 9am on Wednesday and one at 5pm on Wednesday and they're travelling in from out of town? Can we sort of shuffle things so we can, yah no, so they can actually get here?"

What I see myself now is I'm the barrier ninja, that's what I see. My role now is about making sure that people within that system whether they're, you know, going to die well, or go home, is um, just making sure that things are a little bit easier for them.

*'Ua marama koe' plays during the transition.*

*Scene 7: "Our kids are strong"*

Silent daughter: *Sit's quietly listening, then leaves.*

Wife: Our kids are strong enough to be able to handle, handle a lot because they've been through a lot. So like, they're quite resilient to, to a lot of things that happen. I said, our kids have been around so many medical practitioners, an medicine, an machines they know them. Like my son knows that dialysis machine back to front, um to the point now is he wants to be a geneticist. So, he wants to be able to grow a kidney, grow Dad's kidney so that he can give it to him instead of getting someone else's. And my little one wants to look after ah aum, she wants to be a doctor, a pediatrician. The only reason our big girl doesn't do it 'cause she can't stand the sight of blood. Yeah, so she battles, she battles with us. So I said to her, "Go an be a lawyer". She said, "I am going to

be a lawyer and a police officer and a an a foreign exchange blah, blah, blah if I want to be so”.

Husband: But the one thing I can truly say that I’m thankful for; I work part-time and um got told I’d never work again 10 years ago. So we work with yeah, disabled people; men and women and I only work with the men. Yeah it’s always been awahi that I’ve noticed that we seem to get through and our belief, *(laugh)* ’cause I just believe Gods healed me so.

*‘I am the God that heals,’ plays going to black.*

*Kua mutu.*

*Appendix 8: Barrier Ninja Poster 2015*

The University of Otago Theatre Studies Programme presents

# BARRIER NINJA

A unique verbatim play about hauora

**CREATED & PERFORMED  
BY FRAN KEWENE**  
Masters Performance

**Allen Hall Theatre**  
17 Oct & 18 Oct 7pm  
19 Oct 5.30pm

\$10 (cash door sales no eftpos)  
Bookings [music@otago.ac.nz](mailto:music@otago.ac.nz)

**"He matahiapo te ora"**  
**Thinking & doing things differently**



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NEW ZEALAND

## Appendix 9: Barrier Ninja Programme

### A SPECIAL THANK YOU TO

#### The 9 Participants

**Hilary Halba**  
**Stuart Young**  
**Marty Roberts**  
**Kewene Whānau Waiata Singers; Tristan, Ariana,**  
**Jeremy Niwa, Maria, Rickie, Masin, Frank, Rhianna & Phobe**  
**Mike, Masin & Iona Kewene-Masina**  
**Anna Dawson**

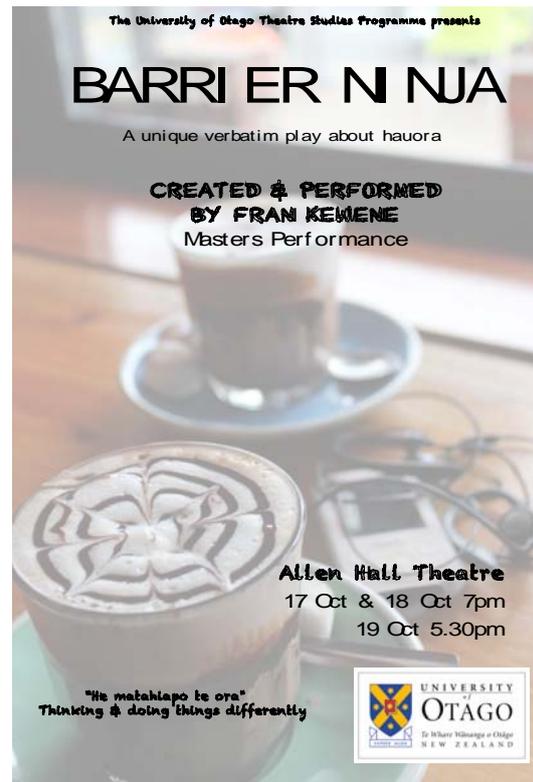
#### THANKS TO

Louise Kewene	Cindy Diver
Frank Edwards	Kelly-Anne Tahitahi
Wendy O'Connell	Joanne Baxter
Rose Richards	Ryan Metzler
Masin Kewene-Masina	Kiri Bell
Rua McCallum	Emer e Leitch-Munro
Kōhatu Centre for Māori Health	

#### WAIATA

Serenity-Grace Nielsen – *I am the God my healer*  
 Soul Paua – *Ua marama koe (Do you understand)*

[www.otago.ac.nz/theatrestudies](http://www.otago.ac.nz/theatrestudies)



## programme

### **Barrier Ninja: A unique verbatim play about hauora**

*Barrier Ninja* is a verbatim play based on the personal and professional testimonies of nine Dunedin people about hauora. Hauora can be translated as 'hau' breath and 'ora' life, the breath of life and health. These nine amazing people's conversations were recorded and then edited to create an audio score. What is unique about this form of verbatim theatre is the way the audio score is played through headphones on an MP3 player that are then spoken word-for-word in the performance. This 'headphone' technique ensures the actor, Fran Kewene, stays true to the nine people's vocal inflections and intonations. In rehearsal the filming of the conversations is then studied to inform the body language and gestures for the performance. This 'headphone' technique also makes overt the mediation process between the nine participants, the actor, and the audience.

A Kaupapa Māori approach underlines the research, editing and production of this play putting Māori experiences and observations of hauora centre stage.

### PRODUCTION TEAM

Created and Performed by Fran Kewene  
 Dramaturg: Janis Balodis  
 Stage Manager, Front of House &  
 Sound Operator: Shannon van Rooijen  
 Lighting Operator: Anna Sinton



"He matahiapo te ora"  
 Thinking & doing things differently

*Appendix 10: Video file of Barrier Ninja*

A video file has been created to house a copy of the live performance of *Barrier Ninja*. These video files can be accessed through the University of Otago Unitube via these two URLs.

Part one: *Barrier Ninja* <<https://unitube.otago.ac.nz/view?m=ngkA8t-ni4h>>

Part two: *Barrier Ninja* <[https://unitube.otago.ac.nz/view?m=BsAr8t\\_aN5f](https://unitube.otago.ac.nz/view?m=BsAr8t_aN5f)>