

**POWER OF MY MAORI NAME:  
STORIES OF INDIGENOUS STRUGGLES IN WHITE NEW ZEALAND**

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## Nga Mihi / Greetings and Karakia / Prayer

*Ka tangi te titi ka tangi te kaka e tangi nei  
ahau. Tihei mauri ora. Te mea tuatahi, ka  
mihi ki te Kaihanga nana nei nga mea katoa.  
Ka mihi hoki ki nga mate.  
Koutou kua wheturangitia  
Haere, haere, haere.  
Haere mai ki tenei huihuinga  
Haere mai hoki i runga i te karanga o tera.  
Ka nui te hari o te ngakau kua tae ma o  
koutou.  
Apiti hono, tatai hono, te hunga mate ki te  
hunga mate.  
Apiti hono tatai hono, tatou te hunga ora.  
Tena koutou tena koutou tena tatou katoa.*

Tirikatene, (2010)

The *titi* (sea bird) beckons, the *kaka* (parrot)  
beckons I also beckon. The breath of life.  
Firstly, we greet the Creator of all things.  
We also greet the memories of our loved  
ones. You who have become like stars in the  
galaxy of life.  
Farewell, farewell, farewell.  
Prestigious ones, the many voices, you of  
many callings.  
Welcome welcome welcome.  
We are gladdened by your arrival.  
Therefore welcome welcome welcome.  
Joined together the lines of men.  
The dead to the dead join us the living.  
Greetings, greetings, greetings to you all.

Tirikatene, (2010)

## Whakapapa / Genealogy

<i>Ko Ngatokimatawahaorua te waka</i>	My ancestral canoe is <i>Ngatokimatawahaorua</i> .
<i>Ko Hokianga te awa</i>	My ancestral water is the <i>Hokianga</i> .
<i>Ko Mangataiore te marae</i>	My ancestral <i>marae</i> is called <i>Mangataiore</i> .
<i>Ko Manga taniwha te manga</i>	My ancestral mountain is called <i>Manga taniwha</i>
<i>Ko Ngapuhi, Ngati Kahu, Waikato te iwi</i>	My tribal connections are <i>Ngapuhi, Ngati Kahu, Waikato</i>
<i>Ko Heta Tipene te tupuna tane</i>	My grandfather is Heta Tipene
<i>Ko Florence Nopera te tipuna wahine</i>	My grandmother is Florence Nopera
<i>Ko Alexander Windsor Stevens te papa</i>	My father is Alexander Windsor Stevens
<i>Ko Alison Ellen Holt te mama</i>	My mother is Alison Ellen Holt
<i>Ko Alexander Windsor Stevens II ahau</i>	I am Alexander Windsor Stevens II

## Abstract

Every day in *Aotearoa* (New Zealand), people of Maori ethnicity (the aboriginal peoples of *Aotearoa*) will experience their indigenous names being mispronounced when accessing health and social services. The New Zealand Government and the Ministries that come under including The Ministry of Health and The Ministry of Social Development continue to work towards reducing barriers for Maori who access their services. Despite this work there appears to be a gap in addressing this specific issue around pronouncing Maori peoples names correctly. This report investigates the gap identified by working with 20 Maori participants that have Maori names over a six month period in 2011.

This research report used a mixed method approach of narratives and statistics, overarched by a Kaupapa Maori methodological approach. The aim of this report is to capture the lived experience of the effect of mispronunciation of a Maori name when accessing health and social services. The desired outcome of the research is to inform medical and social service practice, by encouraging *Professionals* (my emphasis) to find solutions to support better outcomes for their Maori clients from their first *ka nohi ki te ka nohi* (face-to-face) interaction.

In this report the writer refers to the Maori as the indigenous people of New Zealand in contrast to *Tauiwi* (other). It is acknowledged that there is no single way of being Maori as Maori people's values, beliefs and practices are diverse and different within whanau, iwi to iwi, hapu to hapu. However from the literature there are common threads and values that the Maori population generally engages in. This is what is drawn upon and woven from the literature and into this report while recognising the many ways that Maori people express their identity and experiences.

**Keywords:** Kaupapa Maori, Mispronunciation, Maori names, Indigenous, Health, Social Services, Cultural identity.

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Finally the participants who gave their time and shared their experiences I deeply appreciate your stories. The *aroha* (love) and *wairua* (spirit) given to assist in the creation of this report was a wonderful blessing. In return I hope your experiences shared in this document will be a doorway in which healthcare and social services can gain an understanding of your stories, in order to create a positive change and thus make a visible difference to services received.

*Me te whakaaro nui* (with kind thoughts)

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## Glossary of terms

The following glossary of terms is based on my interpretation of the Maori language.

<i>Aotearoa.</i>	New Zealand.
<i>Aue.</i>	Shock / Surprise.
<i>Hapu.</i>	Sub-tribe.
<i>Hinengaro.</i>	Psychological health.
<i>Iwi.</i>	Larger tribe.
<i>Kaitiaki.</i>	Guardian.
<i>Kaka.</i>	A large forest parrot - indigenous to New Zealand.
<i>Karakia.</i>	Prayer.
<i>Karanga.</i>	Call.
<i>Kaumatua.</i>	Elder.
<i>Kaupapa Maori.</i>	A Maori methodology.
<i>Manaakitanga.</i>	Hospitality.
<i>Maori.</i>	Indigenous peoples of Aotearoa.
<i>Pakeha.</i>	White New Zealanders.
<i>Pouri.</i>	Grief.
<i>Rangatiratanga.</i>	Refer tino rangatiratanga.
<i>Raruraru.</i>	Problem.
<i>Tamariki.</i>	Child.
<i>Tane.</i>	Male.
<i>Taonga.</i>	Treasure.
<i>Tauiwi.</i>	Other than Maori.
<i>Tawhara.</i>	Type of fruit.
<i>Te Reo Maori.</i>	The Maori language.
<i>Te Tiriti O Waitangi.</i>	The indigenous version of the Treaty of Waitangi.
<i>Te Wha Tapa Wha.</i>	A model of practice used when engaging with Maori.
<i>Tikanga.</i>	Guidelines.
<i>Tinana.</i>	Physical health.
<i>Tino rangatiratanga.</i>	Sovereignty, autonomy, control.
<i>Titi.</i>	A type of sea bird.
<i>Wahine.</i>	Female.
<i>Wairua.</i>	Spirit (can be interchanged with <i>wairuatanga</i> ).
<i>Waramanga.</i>	(See above)
<i>Whakapapa.</i>	Family tree, connecting, making connections.
<i>Whakatauki.</i>	Proverb.
<i>Whanau.</i>	Family.
<i>Whanau ora.</i>	An approach to providing health and social services. Connected by blood ties and in-laws, extended family however small.
<i>Whanaunga.</i>	Relationship building.
<i>Whakawhanautanga.</i>	(Similar to above) making connections with others.
<i>Whanaungatanga.</i>	

# Chapter 1: Introduction

The aim of this research report is to investigate the experiences of Maori people (the indigenous population of *Aotearoa* - New Zealand) who have their legal indigenous names mispronounced by Health and Social professionals, when accessing services that they need. A review of the data shows that by investing time (as a currency) to rectify the mispronunciation of a Maori person's name, it will produce better outcomes for both professionals and Maori clients in terms of building a quality relationship.

While looking at Health and Social services the research collected can also be used in other service areas to help reduce the same barriers Maori experience there. The results generated from this research also have the ability to cross over into the general population group. Auckland City has the second largest multicultural population group in the world (after Toronto, Canada), (TV3, 2010). From observation like Maori the names of recent arrivals to *Aotearoa* where English is not the dominate language are proving just as challenging for professionals to say. The learning from the research could be quite vital in improving outcomes for all population groups "that are growing rapidly" [like Pacific people and] new Asian migrants," (Ministry of Health, 2007). However the priority from the writer's perspective is that Maori people's needs must come first as this was guaranteed in Article 2 and 4 of *Te Tiriti O Waitangi* (1840).

Pronouncing names are and can be absolutely critical if you want to start interactions on a positive note. Whether you are applying for a job, attending an important function, or accessing a health or social service the ability to engage with a person by name can have an impact on how you and your organisation are perceived. From a business perspective in *Aotearoa* and overseas this knowledge is used in three ways to gain profit. Firstly many businesses "train their staff to correctly say their customers name which has also proven to be an effective training tool for gaining new customer accounts," (Hereora, 2010). Secondly Businesses such as Vodafone, Air New Zealand and major banks use celebrities that have an established celebrity name that can easily be lent to their advertising. For example Adidas was reported in *Bloomberg Business Week* (October, 2011) that if the All Blacks won the World cup the brand value would be worth an estimated NZD \$100 million, (para.3). Thirdly from personalised license plates, stationery, mugs, key chains, super yachts and buildings

every year billions of dollars of business products are sold worldwide just by putting customer's names on it, (Hereora, 2010). As an example of a personalised item customer names feature on bank cards with the business logo next to it which provide that personal touch of feeling valued from their bank. This kind of training and psychology can be traced back as early as 1959 where Dr David Schwartz former Professor at the Georgia State University (considered at the time as one of the foremost experts on motivation) wrote;

“Practice calling people by their names. People like to be called by their name. It gives a boost to be addressed by name. If you mispronounce or misspell someone's name, that person can feel that they are unimportant,” (p.144). [...] People have a fetish about the correct spelling of their own names, and [...] be mighty sure you have pronounced it right (p.156).”

Giving good customer service from a business perspective by getting a persons name right is not only a social pleasantry but also a financial profit from big multi conglomerate companies through to small businesses. In fact it could be said that it not only does it make good financial sense it also makes good common sense as well. This valuable observation of relationships and connections has long been understood by Maori society prior to colonisation where in Maori cosmology there are clear relationships between *wairua* (the spiritual realm) and *tinana* (the physical world). The ability to be able to connect with Maori on all levels is paramount and has recently been described as “a process of getting to know each other through a process of relationship building called *whakawhanautanga*,” (Counties Manukau District Health Board, n.d. and 2006; Auckland District Health Board, 2003; Ministry of Health and Associate Minister of Health, 2006).

When working with Maori the ability to make them feel important and valued is the key. This notion was emphasised by the development workforce of *Whakatatake Tuarua Maori* health action plan (2006 – 2011) which includes *Whanau ora*, (Ministry of Health, 2006; CMDHB, 2006) as a process that centres positively on the individual and their *whanau* (family). As with any other person in New Zealand, Maori people are no different in terms of seeking good health outcomes and adequate access to services that they and their *whanau* (family) can engage with in a meaningful way in which they feel respected and safe. “Government support Maori to achieve these outcomes through a broad range of policies,

programmes and services,” (Te Puni Kokiri, n.d) and are a priority population group which continue to feature heavily in Ministry of Health and Ministry of Social Service literature. What also feature in the same literature are the recommendations for new innovative ideas to improve services to Maori by giving adequate cultural support and improving experiences of physical, spiritual, mental and emotional health, (Ministry of Health and Associate Minister of Health, 2006, p.7).

### ***Chapter outline***

Chapter two is divided into six sections beginning with an outline of how names are intertwined with our identity. The second section discusses the impact that colonisation has had on the Maori language and by extension Maori names. The third section looks at the research from both a New Zealand and worldview perspective which then leads on to a review of health and social professions code ethics and the law. Following this is the literature of building relationships with Maori people. This is then followed by the conclusion to the review.

Chapter three is the Methods and Methodology chapter. This section outlines the approaches taken when working with 20 participants consisting of ten males and ten females who were involved in the research. The research for this report was guided by a Kaupapa Maori approach. A prerequisite was that all participants had an indigenous Maori name (either first, last or a combination of both) and identified as Maori. The sample group described in this section came from utilising the Maori concept of *whanaungatanga* (making connections) in the Maori community.

Chapter four is the heart of the report and outlines the challenges from the research including power dynamics, cultural practices and participants feeling embarrassed. Of the 19 people out of 20 who confirmed that they have or will have children, two participants noted that they would not give their children indigenous Maori names. One participant spoke of attending counselling as a child through to a teenager after being teased for having a Maori name. Another spoke of a suicide attempt on their own life, which led to their parents changing the participant’s school and the participants name to an English equivalent. While there are many negative experiences the findings also show there are positive ones.

Chapter five discusses other themes identified from the research where they did not fit neatly into the findings section. This includes professional responsibilities to ensuring pronunciation of a person's name is correct. The second point of discussion is the rural and urban experiences of mispronunciation of people's names which is further explored. This is concluded by the discussion of social inequality and economic factors that hinder Maori and how the research impacts on top of these factors.

Chapter six outlines the areas where gaps have been identified from the findings and discussion chapters. It provides recommendations that are drawn from participant's experiences and the researcher's collaboration with them. What is clear from the findings chapter is that Indigenous names have suffered owing to the negative effects of mispronunciation that occur. It is for this reason that the recommendations have been developed including a system created by the researcher which has an acronym called CARE. CARE stands for Check in, Apologise, Rectify situation and Evaluate systems.

The creation of this report is an attempt to answer the *karanga* (call) of improving services for Maori by getting their indigenous name right. As the research will show it will not only help Maori but also have positive benefits for other minority groups, various professionals and their communities. A literature review will now follow giving a critical assessment of the relevant literature for this report.

## Chapter 2: Literature review

This literature review is divided into six sections beginning with an outline of how names are intertwined with our identity. The second section discusses the impact that colonisation has had on the Maori language and by extension Maori names. The third section looks at the research from both a New Zealand and worldview perspective which then leads on to a review of health and social professions code ethics and the law. Following this is the literature of building relationships with Maori people. This is then followed by the conclusion to the review.

Names play an important part to how people identify themselves. Maori names come from the native language of Aotearoa, commonly known as *Te Reo Maori* (The Maori language) and has been identified in the literature as an important aspect of “identity and considered a *taonga* (treasure),” (Todd, 2010, p.27). In fact the influence of ones ethnic culture including language is well recognised as a health determinant in the literature that will be examined in this review. Maori people accessing health care services successfully depend on the ability for a range of factors and systems to be in place. This should include *Te Reo Maori* because (as mentioned in the introduction section) it was guaranteed in Article 2 and 4 of *Te Tiriti O Waitangi* (1840) as having protective rights.

Ellen, (2010) states that *Te Reo Maori* is “dying out and needs life support, [and that] the Governments Maori language strategy has done little to stop steadily declining numbers of *Te Reo Maori* speakers.” Language death is not only facing Maori, internationally this has become a common occurrence with linguistic diversity being threatened around the world, a threat acutely felt by indigenous peoples, (United Nations, 2007). The United Nations Educational, Scientific and Cultural Organization reports that “approximately 600 languages have disappeared in the last century and they continue to disappear at a rate of one language every two weeks,” United Nations, (n.d). Nicholson, (2003) argues “successful Maori language revitalization will depend, at least in part, on the attitudes and commitment of Maori [and Tauwiwi] speakers as a whole to maintaining and revitalizing the language,” (para. 2). It is hoped that this literature review will increase the understanding of the impact

of mispronunciation as a factor to health and provide an opportunity to challenge health care professionals [more than one professional] attitudes towards understanding other forms of care that maybe are considered outside the scope of normal practice of health. The following sections of this literature review outline the importance of names and its place in health and social services in further detail.

## ***2.1 Names and our identity***

Our personal name is woven into self and identity and can indicate many factors including culture, ethnicity, gender and other layers that we can take for granted in everyday life. For Maori the first people to arrive on the shores of *Aotearoa* names were passed down from generation to generation, or were created through an event that had taken place. This process can be referred to as *whakapapa* (family lineage) and can be seen in the following story taken from the Ngati Tuwharetoa tribe, and cited in the Kawerau District Council website, (n.d);

Kawerau was an ancestor of the tribe Ngati Tuwharetoa, a grandson of the great Toi-Kai Rakau, a famous chief who lived in the Bay of Plenty before the 1350AD Maori fleet arrived. Toi gave his grandson the name Kawerau, meaning "carrier of leaves". He chose this name because, in those days, the people used to live on berries, fern roots and tawhara. Tawhara is the fruit of the kiekie plant, [...] (pp.2-4).

In this example above the story outlines the *whakapapa* (family tree) of Kawerau citing his tribe Ngati Tuwharetoa and his grandfather Toi-Kai Rakau. It also provides the origin of Kawerau own name. *Whakapapa* for Maori is crucial to acknowledging those who have gone and maybe named after. A Maori persons name has great significance as it represents not only a person and their *whakapapa* but also a language that is native in *Aotearoa* New Zealand. Evidence of how important a name is and its correct pronunciation was a repeated finding reported in *Te Kotahitanga* report (Bishop, Berryman, Tiakiwai, and Richardson, 2003). For example one participant stated that;

Many Maori children feel excluded, often by the language used in the classroom, by the mispronunciation of their names, their culture being ignored or being made into a subject of study or being subject to interpretation by “ignorant” others (p.30).

Both Maori and Tauwiwi names are often attached with a story of some consequence in terms of how a person received it, and so from this perspective of understanding its *whakapapa*, (origin) it can be seen how getting our name right is important to us as human beings. Counter arguments to this could debate that a lot of people pick names out of a book and that it may not be a story of consequence but maybe talking on the name of a parent, grandparent or other relative or family friend. From an indigenous perspective this argument does not consider the vital role of *whakapapa* (relationships and connections) in acknowledging the interactions and relationships with *whanau* (family), and *whanaunga* (those connected by blood ties and in-laws, extended family) however small.

From a media perspective names are also newsworthy events with the Ministry of Internal Affairs releasing the top 100 names for boys and girls that New Zealanders have given their children in 2011, (Ministry of Internal Affairs, 2011). A review of that list over the last eight years (2004 – 2011) shows that no Maori names feature in the list for males or females. However, quintessentially British names such as Jack, James, Oliver for males and Ruby, Emma and Jessica feature for females, have regularly featured throughout the list during these years. This suggests that English names are the preferred choice for New Zealanders to give to their children.

From a business perspective there is a psychological fact that is of paramount significance to the research and has been known in businesses for over 50 years; whether Maori or Tauwiwi, a University graduate or a high school dropout, young or old, male or female, rich or poor, the desire is the same, “each human being wants to feel important,” (Schwartz, 1965; Cohen, 2010). This desire to feel important can come in many complex layers. It could be determined by a person’s income or our status in the community but also it can be interpreted on how people pronounce our name correctly. The next section reviews the role

and place that colonisation has taken on the Maori language and subsequently Maori peoples indigenous names.

## **2.2 Colonisation**

Maori language as a whole was significantly destroyed through the impact of colonisation. Firstly in the nineteenth century as reported in the Waitangi Tribunal in the *Te Reo Maori* claim (1986), was “that European New Zealanders [in the early 19<sup>th</sup> century] believed that Maori were dying out and that those who survived would be assimilated into the European population as the decades went by, (p.16).” Less than one generation after “Pakeha settlement their numbers increased until they eventually surpassed the Maori population. This then resulted in English becoming “the dominant language while *Te Reo Maori* becomes a minority language in Aotearoa - New Zealand,” (Tetaurawhiri, n.d, para. 4). The Maori community would fight to have the language survive, however attempts by European settlers at assimilating Maori into the new dominant culture resulted in further long term effects. This included the implementation of laws by the New Zealand Government in Native Schools such as the Native School Act (NSA) of 1867, (Powell, 1955, p.263). These laws were “rigorously enforced,” for Maori children to speak only English in schools to the detriment of Maori society. Urban migration in the 1940s and 1950s, ensured through government policies that Maori communities would be 'pepper-potted' in predominantly non Maori - suburbs, preventing the reproduction of community and speech patterns that had enabled Maori to continue as they had done so previously, (Ministry for Culture and Heritage, 2008). Powell (1955), Parsonage (1953) and Metge (1952) note that Government in the fifties wanted Maori to speak English and subsequently changed approaches to Maori educational methods so that Maori students could be more actively involved in the educational process so that their language difficulties would be minimised.

Walker (1995) suggested that in 1979 “after signing *The Treaty of Waitangi* (less than 139 years prior) the loss of the language was so great that it was thought to suffer a language death” (p.1). With the threat of the Maori language heading into extinction, both Taiwiwi and “Maori people were committed wholly to its revival,” (Counties Manukau District Health Board (CMDHB), 2005, p.3). Te Puni Kokiri (2006) stated that by 1970s organisations and groups came together with the goal of developing “a range of initiatives to revitalise the

Maori language” [further] (p.3). With the implementation of *Te Kohanga reo* (preschool for developing Maori language), *Kura Kaupapa* (primary and secondary schools) and *Wananga* (tertiary level) programmes in the nineteen eighties to address the Maori language, funds were being rolled over by successive Governments into these programmes and also in their policies,” (*Te Puni Kokiri*, 2010). For a time the language appeared to be able to survive. Despite these efforts made the flow on affects of colonisation would further damage the Maori language and create further inequalities of treatment against Maori people by “not recognising the indigenous language” as being important, (Langford, Ritchie & Ritchie, 1998).

This continuing lack of recognition that Maori is an official language of *Aotearoa* results in a national average rate of fluent speakers being approximately 9% (29,000) of Maori, (Maori Language, 2007). Keegan (2009) suggests however that this 9% rate of fluent speakers were likely to be over 50 years old. In other research however such as a national census undertaken in 2006 suggests that there were approximately 157,000 speakers including children and adults, which equates to approximately four percent of all those living in NZ. Although there is some variance in terms of numbers, what stands out is the small Maori population that can speak fluently compared to the majority of the Maori population. To help with increasing the speakers of the language in more recent times the Maori Language Act 1987 was passed, declaring it to be an official language of New Zealand. A Maori language week was also created to promote *Te Reo Maori*, (Tetaurawhiri, n.d). However despite the efforts made to revive the language, the Waitangi Tribunal, (2010) states the Maori language is still in crisis, and the Government is not doing enough to keep it alive. Language and its people are interconnected in a symbiotic relationship. For Maori in particular this is even more so and the importance of meeting dual needs of the client and the language ensures success of engaging Maori in the future.

Having now understood a small aspect of the impact of colonisation what learning can be taken away and used in the health and social sector? Firstly this kind of treatment and discrimination has gone on for generations to the point where Maori “justifiably perceive the system as being inherently biased against them,” (Victoria University of Wellington, 2008, para.1). Secondly the first language of the country has been oppressed and disempowered almost into extinction, a mirror reflection of the Maori people. Lastly, that

recognising the significance of colonisation is instrumental when engaging with Maori people. What research has been conducted on this topic of people's names?

### ***2.3 Previous research conducted on peoples names***

The research conducted on names both nationally and internationally clearly indicate that names can have a profound impact on a child that will continue well into adulthood. For example in research conducted in *Aotearoa* the subject of names and mispronunciation was conducted by Pitama, Ahuriri-Driscoll, Huria, Lacey and Robertson in 2010. The research involved 30 Maori participants who were aged between 25 – 70 years. The aim of the research project was to investigate how the Maori language could improve services for Maori. This also included correctly pronouncing their names. The findings clearly indicated that name pronunciation was absolutely critical with participants giving negative accounts of how their names were bastardised by Pakeha professionals. This impacted their self esteem and perception of service given (p.126). The research also provided evidence of how Maori participants struggled to have their culture recognised in a predominately white environment which left them ostracized and struggling to fit in (p.127). A similar finding was also made by Thompson (2006) when conducting interviews with Korean American women. The participants in this case were either natural born citizens of America or came from South Korea as a child. The findings from this research indicate that the majority of participants reinvented themselves as Americans by changing their Korean names to fit in and “exist in social networks of which they desire to be a part [of]” (p.203). In Bryer (2010) a “British study of 3,000 parents released in May 2010 [revealed] that “one-in-five parents regret the name they chose for a child, many of whom were distressed over the unusual or oddly spelled names (para. 4). On the topic of choosing a name for a child, The University of California, Los Angeles Psychology Professor Albert Mehrabian (In Asthana, 2007) write the following observation;

Names immediately aroused images of success, others of popularity or kindness. On the whole, people judged to have more traditional names such as Rachel and Robert did extremely well. More alternative names scored badly. A name is part of a profile of a person. Parents who make

up bizarre names for their children are ignorant, arrogant or just foolish (para.7).

Bryer, (2010) supports this view stating that "just as a person's accent or clothing can indicate something about that individual's background or character, so can a first name." David Figlio, (Professor of economics at The University of Florida) supports both Mehrabian and Bryer (2010) stating that;

People draw subconscious cues all the time about people. You meet a person for the first time and without thinking about it on an explicit level you're looking at the way they're walking, what their accent sounds like, how they're dressed, whether they smell ... and you're developing these immediate reactions (para.8).

The desire to fit in while also linking to cultural heritage is a real struggle. This is reflected in this research report as well. In the next section of this chapter a review of the professional's ethics and legal obligations is reviewed to outline their obligations to assist people who face this issue when accessing health or social services.

#### ***2.4 Professions codes of ethics and the law***

This section reviews the literature of five professional registration boards that engage with Maori people in areas that the Ministry of Health and Ministry of Social Development, recognise as having high population groups of Maori clients (refer MOH, 2007; MOH, 2008 a; MOH, 2008b). These registration boards include those who manage medical, mental illness, addictions and social services organisations. The object of this review is to determine what structures are in place for professionals to ensure the highest standards of ethical behaviour is maintained in keeping with "professional standards that incorporate an ethical approach of science, technology, holistic approaches and the humanities" (Royal Society of New Zealand, 2010, 2). The literature of these five professions reviewed are the New Zealand Medical Professional Association, (NZMPA), Registered Nurses, (Nursing Council of New Zealand, (NCNZ), Addiction Practitioners (Drug and Alcohol Practitioners Association of New Zealand, (DAPANZ), Social Workers, (Aotearoa New Zealand Association of Social

Workers (ANZASW) and the New Zealand Association of Occupational Therapists (NZAOT) which comes under the Occupational Therapy Board of New Zealand.

The review of this literature from the five professions clearly shows that people are the most important priority for each of them, (refer NZAOT, 2008; ANZASW, 2008; DAPANZ, 2011; NCNZ, 2003; and NZMPA, 2008). While the professions acknowledge the need to respect individual cultures, DAPANZ and the ANZASW especially mention the relationship of Maori in relation to the Treaty of Waitangi and its implications to its working practice. All five groups also have common themes of respect, dignity and autonomy although again DAPANZ specifically mentions all of them in their code of ethics. The NZMPA, (2008) notes the importance of Doctors to, “strive to improve knowledge and skills,” to enhance service to patients safety (p.5). While the NZAOT, (2008) acknowledge the “holistic and cultural consumer care, [needed for indigenous people], (p.3). Additionally the NCNZ (2003) states “unsafe nursing practice is an action or omission that dangers the wellbeing, demeans the person or disempowers the cultural identity of the patient/client” (p.13). The ANAZASW (2008) states; “members engage in constructive action to change the structures of society that create and perpetuate injustice,” (p.2) while DAAPANZ, (2011) states; “The practitioner ensures that the care is delivered in such a fashion that is acceptable to the client and his/her family” (para. 15).

Based on these examples of ethical codes, it can be concluded that professions have a strong ethical obligation to ensure due care is given not only in providing a high standard of care in terms of physical needs but also of indigenous emotional care. All professions outline clear expectations of what is required from their members and also provide a clear path of what happens if they are breached. In being able to achieve this it can be said with little doubt that when such practices are implemented this would allow a person to feel important and safe.

What legal acts also ensure that the professionals are not only giving an ethical service but also a legal one? Currently New Zealand has a wide range of laws that exist to protect consumers of health and social services. Key laws contained in this review are drawn from The Human Rights Act (1994) and the Health and Disability Commissioner Act (1994). A review of these acts makes it very clear that professionals have a legal duty to ensure great care is taken. When considering the topic of Maori language in relation to a Maori person

accessing a place for goods and or services e.g. Health and Social services. The Human Rights Act 1993 states;

“It shall be unlawful for any person to use language (whether written or spoken) [...] that (b) is hurtful or offensive to that person [...] and is (c) repeated and or of such a significant nature, that is has a detrimental affect on that person [...], (p.63).

In addition the act also includes provision for further accountability of professionals to ensure legal care is taken to prevent indirect discrimination, and victimization (The Human Rights Act, 1993, p.66). The Health and Disability Commissioner Consumer Code of Rights Act (1996) also supports consumers stating;

You have the right to be treated with respect when you're provided with health or disability services (Right 1).

People providing you with treatment or services should also take into account the needs, values and beliefs of your particular cultural, religious, social or ethnic group (Right 1, #3)

Codes of Ethics and laws should be seen as thinking right about people in that they not only protect them but also make them feel safe. Considering the effort made to create such robust codes and laws it is important that they actually be used to build good relationships with people. When considering the ideals of respect, wellbeing and empowerment it makes sense that a professional who can conduct themselves ethically is more likely to be thought of highly given the importance of relationship building as seen in a Maori worldview. The ability to be able to get a persons name right is not only an ethical and legal requirement in terms of a duty of care it also makes people feel important an absolute key ingredient to relationship building between client and profession. This last section discusses this further.

## **2.5 Building relationships with Maori people**

*Te Reo Maori* has been identified in the literature as an important aspect of identity and is a valuable key when working with Maori people. Although the literature shows the majority of the Maori population do not speak *Te Reo Maori* fluently, Maori people do however use basic Maori words to engage with other people in everyday language (Pitama et al, 2011). This section will highlight two points. Firstly how from a practical sense engaging in the use of some basic Maori words can be shown to enhance practice while secondly understanding the importance of this from a Maori worldview.

From an indigenous perspective the use of some language while engaging with respectful relationships ensures that Maori people feel safe. In *Te Ao Maori*, relationship building is paramount and can be seen in the following *whakatauki* (proverb) taken from Ihimaera & Macdonald (2009);

*Hutia te rito o te harakeke, kei hea te komako e ko? Ki mai ki ahau. He aha te mea nui o te o? Maku e ki atu e he tangata, he tangata, he tangata e (p.27).*

If the seed of the *harakeke* is destroyed, the plant will die and the bellbirds that perch on the flower stalks will have no place from which to sing. We must care for the world around us for the future of humankind (p.27).

The need to ensure that great care is taken to look after things around us including each other and has real practical implications for Maori as everything is connected. This can mean that that actions taken by people can either enhance the relationship, (caring for those around us), or risk jeopardising it (where the relationship dies). This then flows on and affects current and future generations. From a Tauwiwi perspective this can be seen in terms of alienation and isolation where the inability to connect with people can result in people feeling vulnerable. These feelings of alienation and isolation among Maori have been connected with Maori having high a suicide rate. The MOH (2005) states “young Maori need to have some sense of being connected and related” (p.17). Thus negative attitudes

between Maori and professionals appear to have long-term consequences that go beyond the experiences of the site where services are given. When considering building relationships with Maori there are a number of models that have been created, one of the most well known is *Te Whare Tapa Wha*. This understanding of *Te Ao Maori* acknowledges the connection between the *tinana* (physical), *wairua* (spiritual), *whanau*, (family) and *hinengaro*, (emotional) (Todd, 2010, p.30). The focus of *Te Whare Tapa Wha* is acknowledging that all areas are connected and support each other. Where one area is affected the balance of the other three will also be affected. For the purpose of this research understanding this basic concept it is important. The key learning that must be taken from here is that the need to feel important and connected in a way in which a Maori person feels valued is essential. This is an imperative for *Tauwi* engaging with Maori. Therefore the ability to be able to use Maori words and understand *Te Ao Maori* is very likely to increase professional's chances of forming good relationships. The writer recommends the MOH literature in 2005, 2007, 2008a, 2008b and Todd (2010) to under *Te Whare Tapa* further.

## **2.6 Conclusion**

The special relationship between Maori and the Crown as laid down in the Treaty of *Waitangi* give “Maori specific rights, which include self-determination and equitable access to appropriate health care” (Todd, 2010, p.26). Maori receiving appropriate services is a right, “not simply a matter of good clinical practice” (Todd, 2010, p.26). To that end there are a wide range of determinants that ensure that Maori are supported with this. However the literature also show there are also barriers that hinder Maori people in receiving culturally enhancing support and this does not even include pronunciation of Maori names. Providing an approach where health care professionals actively make the effort to pronounce Maori words as accurately as possible demonstrates not only a more comprehensive approach to Maori health care but also demonstrates Maori values of *mana* and *tikanga* (Todd, 2010; Patterson, 1992; Durie 2001; and Mead, 2003). Evidence in the literature clearly indicates that Health care professionals not only have a legal obligation but also an ethical one in ensuring an enhanced therapeutic relationship with *Te Reo Maori* is factored into health and well being of the client. In the long term this can not only benefit the individual but also their *whanau* and extended community groups (Todd, 2010; Patterson, 1992; Durie 2001; and Mead, 2003.). The flow on affects from a *mana* approach could create stronger links that establish and maintain connections that are mutually beneficial and from a health professional perspective needs to be “considered in the clinical process” (Todd, 2010, p.29). Gaps in addressing and understanding the use of *Te Reo Maori* in pronouncing Maori words (including a person’s name) need further research and discussion. In conclusion the ability to speak Maori is not an all or nothing affair, “even correct pronunciation of a person’s indigenous name supports the Maori language” (Tetaurawhiri, n.d). The next chapter discusses methods and methodologies which were influenced by the literature review.

## Chapter 3: Methods and Methodology

“Interest in names is peculiarly widespread. They are a by product of human activity as important to the hopeful parent and the inquiring child as to the philologist or historian”

(Collins, 1972, p.5).

This chapter presents methods and methodologies that were used for this research report when engaging with participants and is organised into eight sections. Firstly the purpose of the research (3.1) is then followed by a brief description of the setting where the research took place (3.2), this leads onto the sample group data (3.3). Interviews and meetings (3.4) is followed by the data collection procedure (3.5); guiding principles of the research covers the key methodological principles that were implemented (3.6). Information about the researcher (3.7) outlines the relevant experiences of the researcher when engaging with Maori participants. Finally, the limitation section (3.8) reviews the gaps that were identified in the research.

### **3.1 Purpose**

The purpose of the research was to understand the impact of having a persons Indigenous Maori name mispronounced (specifically accessing Healthcare and Social Services). In being able to gain insight into this phenomenon the information collected will be used to educate people in professional roles as part of their on going professional education and learning development. A research decision was made to only look at first and surnames to establish how many people had Maori names. The rationale was that only first and last names are used with clients in health and social services.

At the time of the 2006 census there was an estimated 675,700 Maori people in New Zealand (Maori Health, 2010). However information pertaining to how many of the 675,700 people has Maori names is not collected by Statistics New Zealand. To overcome this challenge in producing an answer, it was decided to implement a systematic sample of counting 5% of people’s names of every page of the Maori electoral roll of the *Tamaki Makaurau* (Auckland) 2012 area. The electoral roll has a total of 33556 registered people and is divided into 200 people per page with each person assigned a number from 1 – 200.

The exception to this was the last page which only contained 168 names. The electoral rolls are structured in alphabetical layout from surnames starting with A and ending with Z. From each page ten lines were chosen. The lines were 6, 15, 42, 80, 103, 122, 146, 159, 175, and 198 of each page. The rationale for this approach was to ensure an even coverage of names across the 200 listed. In total, 1680 names were reviewed which ensured a wide spread of names was looked at.

Once that information was collected the next phase was then noting whether the name on each assigned line was Maori or not, if yes, then whether the person had a first name surname or both that were Maori. Out of the 1698 names that were reviewed 750 people were found to have Maori names. From those 750 people 263 had first names that were Maori while Maori surnames totalled at 487. There were 154 out of 750 that had first and last names that were Maori. In total 53 percent of the population group reviewed had one or more Maori names.

### ***3.2 Setting***

The research was conducted in Auckland (specifically South, West and Central), New Zealand. Interviews took place in participant's homes and workplaces.

### **3.3 Sample group data**

The sample group described below came from utilising the Maori concept of *whanaungatanga*. *Whanaungatanga* has many meanings in both *Te Ao Maori* and Tauiti worldviews. In this report *whanaungatanga* refers to a process of getting to know each other through the process of networking with people who work in the same areas as the writer namely, Counselling, Mental Health, Addictions and Education sectors. In keeping with the research a prerequisite was that all participants had an indigenous Maori name (either first, last or a combination of both) and identified as Maori. The second priority was to get male and female perspectives to gain a variation in experiences from not only a cultural but also a gender perspective. A third priority from the writer perspective was to create a questionnaire that acknowledged diversity and difference that social norms in heterosexuality often exclude. This took the form of including a transgender option which participants could tick in the gender section of the questionnaire. Options for writing in Maori were also given.

From the total population of the sample group the gender of the participants was an equal split of ten males and ten females with no transgender people identified. The age range was from 18 - 45 years old reflecting a young population group. Out of those 20 participants, 16 filled in a questionnaire aimed at identifying experiences of mispronunciation occurring, while four participants were asked the same questions in four separate semi-structured interviews. Those four participants engaged in one face-to-face interview lasting between 30 – 60 minutes. The list of face-to-face participants was chosen based on their availability of their time and gender balance in keeping with the previous priority statements. They comprised of two *tane* (males) and two *wahine* (females). In the research report they have been given the names of Maori gods which were used because they had the same number of syllables in their own names. The female pseudonym names are *Papatuanuku* and *Mahuika*; the male names are *Tangaroa* and *Tanemahuta*. Their narratives have been woven into the findings and in keeping with ethics of the study have been changed to protect their identity, (refer Appendix 2: Ethics form).

The specific professions of the participants were wide and included; counselling, nursing, occupational therapy, student teachers, social workers, Maori education liaison officers, psychologists, business managers, programme coordinators as well as those in labouring / trade professions. To give back to these participants who contributed their stories, a copy of the final results will be sent to each person once approval has been given.

### ***3.4 Interviews and meetings***

The interviews and meetings of participants were guided by a Kaupapa Maori approach (refer 3.7). Identification of key subject areas for the research to consider had come through consultation with the Maori community in the form of two *hui* (meetings) where the processes of *kanohi ki te kanohi* (face-to-face) conversations were held. From there in consultation with the supervisor, Dr Lachy Paterson, a questionnaire was developed. As the interviews and meetings occurred additional information was collected and was based on the *korero* (conversation) being shared by the participants. For example wanting to know more about the negative experiences of mispronunciation occurring. All interviews were semi-structured and involved informing the participants about the research, confidentially and the right to stop at any point if they felt uncomfortable. The face-to-face interviews involved questions being read out and then followed up where clarification and further information was sought. The participants who filled out the questionnaire did so with the writer nearby to answer any questions that they had. In some cases to further protect identities in the findings where participants have shared information considered to be deeply personal people's gender and iwi have not been included.

### ***3.5 Data collection procedure***

The information was collected electronically and in written format over a period of two months. All face-to-face interviews were transcribed by an outside source. However the researcher listened to the audio clips extensively on multiple occasions over a three month period. The questionnaire was designed as a sample survey and given to participants in paper format. Additional information was written down by the writer when reviewing the questionnaire to seek clarification. To ensure cultural safety and understanding of Maori terms that were expressed in the interviews, the transcriber employed a person of Maori

ethnicity who is culturally competent and qualified in *tikanga* Maori practices and guidelines. All transcripts were emailed to the participants who were advised to read over the transcripts to ensure content and communication had the intended meaning they wanted to convey. All participants approved of their individual transcripts. This process would not have been possible without gaining the full trust of the participants. There were many discussions regarding how the information would be used and to ensure that it would benefit both Maori and Tauwiwi. In being able to demonstrate trust the data collection provided rich narratives that will aid in benefiting the community.

### **3.6 Guiding principles of research**

A Kaupapa Maori research approach was used as the overarching method of the study. The rationale for this approach as stated by Bishop, (1996), Cram, (2001), Powick, (2003), Smith (1990) and Smith (1999) is to use “a philosophy that guides Maori research and ensures that Maori protocol will be followed during the research process.” Milne (2005) states that “Maori often see themselves as thinking differently to Pakeha,” and so the ability to engage with Maori people in ways that Maori people understand was very important.

This was implemented by utilising Maori *tikanga* (customs, values and systems) that will now be explained in further detail beginning with *Tino rangatiratanga* described online by Smith (1990) as relating to “sovereignty, autonomy, control, self-determination and independence, [while] allowing Maori to control their own culture, aspirations and destiny” (para. 3). In a practical application sense this would mean that information gathered would be resting with a Maori researcher who understands the culture, its practices and ensures the information collected will aid Maori in helping themselves towards individual autonomy. The second Maori cultural value was *manaakitanga*, described in several ways by the Maori Language Commission as; “caring for others, making someone feel at home, being a responsible host, showing kindness, hospitality, treating people with respect nurturing relationships and caring for the environment (Korero Maori, 2011). The term *mana* in this instance refers to honouring the participant’s stories which at times reflected their *whakapapa* (genealogy) of their whanau (family) who shared the same name. As a result of this process the *wairua*, (spirit) of the participant was able to flow freely allowing the findings to be rich and insightful for both the researcher and participants.

Bishop (1996) argues that a Kaupapa Maori approach may not benefit all Maori. This certainly makes sense when one considers the impacts of colonisation on Maori culture and its people (refer literature review section). A large proportion of Maori people have been disconnected from *Te Ao Maori* (Maori worldview) while Todd (2010) suggests that Maori people “blend Maori and Pakeha values, beliefs and practices” (p.26). Having considered this the strengths of Kaupapa Maori the following is noted. Firstly the approach challenges the dominant powers that disadvantage Maori through “inappropriate ideologies of superiority and power relations” (Gibbs, 2001; Kiro, 2000). Secondly, as a Maori researcher, using this indigenous approach was natural in so far as implementing *tikanga* systems and processes that the writer is very familiar with. This not only made the participants feel safe but also the writer as well. Although Kaupapa Maori research aims to encourage the research to be spoken and written in *Te Reo Maori* the writer is not able to do this because the Maori language is not the main language that he was raised with. However Pihama et al (1992) acknowledge that “English and Maori maybe used when considering the reality that not all “Maori researchers are fluent in *Te Reo Maori*” (p.334). Both the participants and the researcher reflect this in this report where Maori words and phrases are used.

### ***3.7 Information about the Researcher***

The purpose of this section is to highlight the relevant experiences of the researcher who has a background working in healthcare as a qualified counsellor and clinician in mental health, addictions, sexual violence and also an advocate in social services. This is important to note as the results section of this report reflect skills, clinical terms and experiences drawn from these backgrounds over the last 12 years. Ten of those years have been working specially with Maori people and the Maori community.

### **3.8 Limitation**

Finally in this section there have been four limitations identified in the research. Firstly the participants are predominantly from health and social services roles and their perception of the patients/clients role would be different compared to non health or social service professionals. Secondly the research does not have unemployed participants or participants who do not have a formal qualification. Thirdly the research reflects a population group that are relatively young with no older adults who are aged (65 years and over). In all three cases this can be explained by the random sampling process where the first 20 people who met the criteria outlined in the purpose were interviewed. Lastly the research was conducted in Auckland however the information collected could be initialised in other areas of Aotearoa New Zealand. Despite these limitations, many of the experiences of the participants are likely to be replicated in other situations for people with Maori names. It is the researcher's opinion that other ethnicities, such as Pacifica and Asia might also encounter the same issues given the high numbers of these population groups in Auckland.

## Chapter 4: Findings from the research

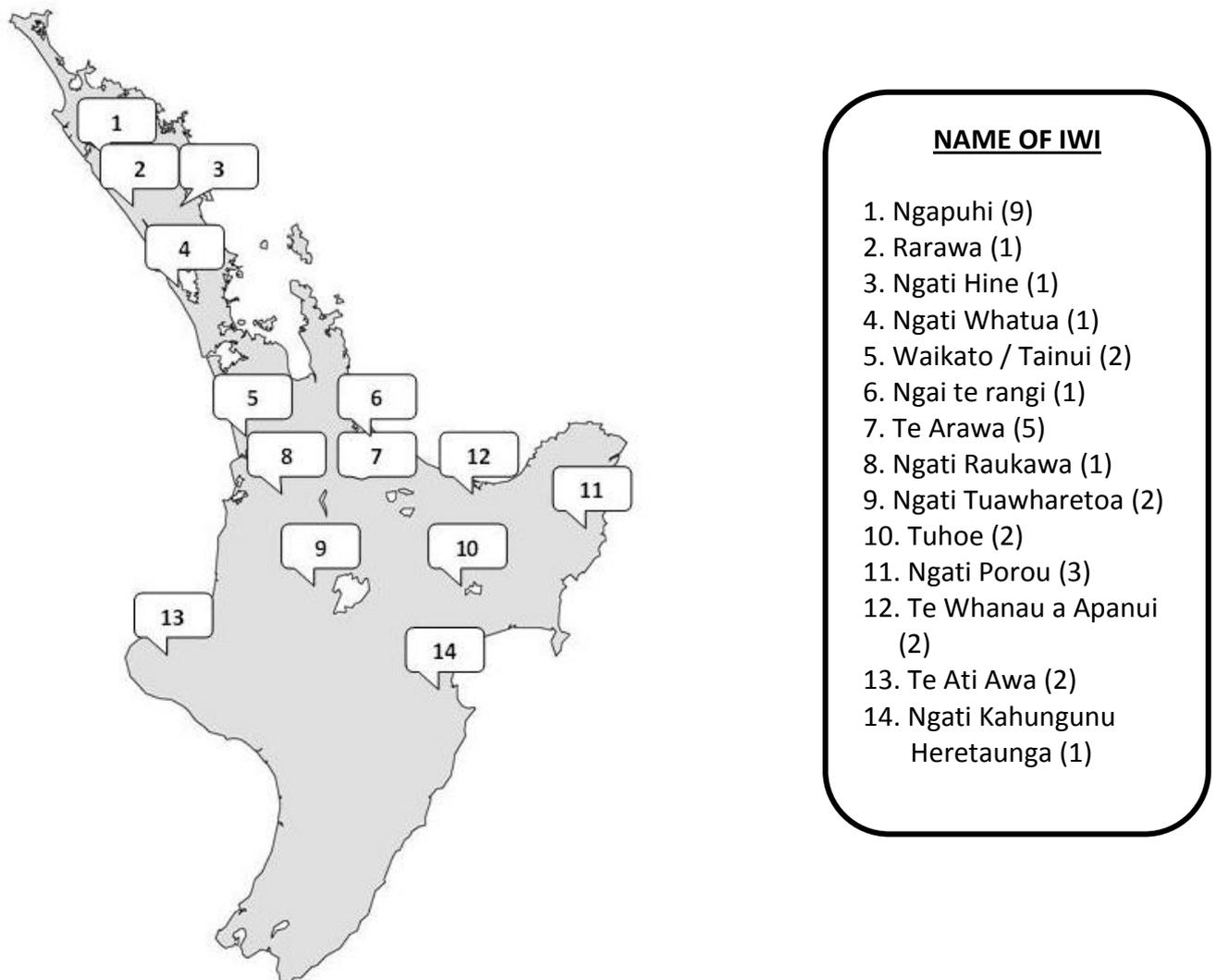
*...tenei to tatou iwi, he iwi kaha ki te tu marae. Heoi ano kei konei e noho ana, engari e kore e putaputa mai, e kore. Koira te ahua o to taua iwi; kia tika ra ano te Kaupapa, katahi ano ka puta mai; katahi ano ka kite etahi.* ...these are our people, they are truly magnificent orators. Even though they live locally, they do not grace us with their presence, not at all. It is so typical of our people; they will only appear after the work is done; only then will they come forward to see for themselves.

(Glossary of Maori proverbs, sayings and phrases, n.d)

This chapter focuses on the findings of the research and have been grouped together under broad interview topics. A discourse analysis was used in considering the underlying themes. To capture the essence from the narratives this report uses extended quotations from participant's face-to-face conversations and from the questionnaires. To that end the writer edited sentences (using square brackets) in order to capture the essence of the *korero* (conversation) being spoken. While this approach was taken every effort has been made to ensure the *mana* (integrity) has been made in keeping with the *korero*.

The findings demonstrated a wide range of experiences many of which have been reoccurring events in participant's lives and are raised under all of the themes. The use of tables and graphs has been designed to provide an easy visual display of the information that has been collected. Finally the writer does acknowledge that it will be inevitable that there will be overlap between some of the themes and topics discussed.

#### 4.1 Tribal affiliations of participants



Although information about the participants has been given previously the purpose of writing this particular section is to highlight the wide range of *iwi* (tribal areas) that participants identified with. In total 14 *iwi* were identified a relatively large number given the sample size. As shown in the visual diagram they cover the far North (1) continuing to Auckland (4) and then extending into the Waikato (5) and Taupo region (9) before diversifying out to Tauranga (12), Hastings (14) and over to the *Taranaki* region (13). Participants were given a choice of giving multiple *iwi* to *whakapapa* (connect) too. This diverse range of *iwi* would prove to be of great value in terms of experiences of people living in rural areas before moving to Auckland a theme explored in various sections.

Ngapuhi make up the biggest numbers of participants in the research with nine participants.

Note: Numbers by *iwi* indicate the amount of participants who identified with that region.

## **4.2 Historical impacts**

A key feature appeared from the early stages of the research. Every person who participated in the research has had their indigenous name mispronounced at some point of their life in Aotearoa New Zealand. Eleven participants would state that the frequency of having their name mispronounced at the current stage of their lives is similar to their childhood experience (17 years and under). Four people stated that it happened similar to now while three participants stated it was less often. Only two people were not sure or did not recall. For the majority of participants however mispronunciation would start occurring in the formative years of primary school (5+ years old) and would lead on to it occurring in other environment outside their own *whanau* (family). The face-to-face interviews highlight these experiences in detail with participants recalling their earlier memories of when mispronunciation occurred.

Papatuanuku: - *“My earliest recollection would be about six. [...] My family had always pronounced my name properly and I knew that they were loved and cared for me. Then at age six I learnt that there was a division between things that were Maori and things that were Taiwi. I remembered thoughts being put in my head about how you know teachers were important they were the authority figures, you didn’t question them. So going to school meant that I was exposed to a different way of life and [...] when mispronouncing my name occurred (by teachers) I felt devalued like they didn’t care for me. School kids would also deliberately mispronounce my name and make fun of it.”*

Interview: - *“What’s an example of having your name mispronounced?”*

Papatuanuku: - “[...] the teacher is reading out the roll. [...] I wouldn’t correct people because I was taught you don’t question authority even if they did mispronounce my name. Often I wouldn’t hear it (my name) when they first called it out because it was mispronounced, not even the second time but the third time I definitely heard it because that’s when the tone in the teachers voice changed.”

Understanding the role the professionals in this case teachers as being seen as the experts would also be a shared theme for Tanemahuta;

Tanemahuta: - “You go to school and they say it differently from whanau. [...] and then you think wait a minute, is it pronounced properly from the people that are teaching you at school or from my parents and whanau. Teachers are teaching you stuff that’s gonna help in the future and you think their always right and then your parents tell you they (teachers) got my name wrong I’m totally confused. [...] Pakeha teachers, Asian teachers Indian teachers (would not get my name right) but the Maori teachers did.”

As the face-to-face interviews progressed new layers and themes emerged. In the next set of narratives both Mahuika and Tangaroa discuss rural and urban experiences regarding pronunciation of *Te Reo Maori*;

Mahuika: - “I was nine or ten when I moved Auckland primary schools. Up until then I was in a primary school in the Coromandel. The main population was Maori and Taiwi [...] they pronounced my name correctly then I came to Auckland they didn’t. I felt a bit sad. It was quite conflicting when you go from one environment where they say your name correctly and then go into a different environment where they say it incorrectly.”

Tangaroa: - *"I remember it well I was six and moved from a rural area near Kaitaia into Auckland. [...] I remember a Pakeha teacher who I did not like. He kept mispronouncing my name wrong. I didn't realise he was talking to me until he grabbed my arm and forced me up. [...] He strapped me for not listening. You got to remember this was at a time when a teacher strapping you was the norm."*

Researcher: *"So you got strapped for not looking at the teacher because they said your name wrong?"*

Tangaroa: - *\*Shakes head in disbelief and laughs\* "Yes it was first and last time it happened from that teacher. When my dad picked me up in his truck he saw the marks and asked what happened. I told him. They next thing I knew we were out of the car and my dad confronted my teacher. He then grabbed the teacher around the throat and said if you ever lay your hands on my son again I'm going to kill you." I got taken out of that class and put into another one. [...] to make things easier my parents changed my name by shorting it. It was hard I was used to my name and sometimes it felt like a split personality thing going on having two names (laughs)."*

For those who would move from rural areas to urban areas as adults the same experiences would also be felt. From the questionnaire group a 35 year male from *Te Whanau a Apanui* (Bay of Plenty) also gave a brief account of his experience having moved to Auckland at aged 30 and having his name mispronounced.

Tane, (Te Whanau a Apanui) *"The problems started almost the first day I moved to Auckland, on a job promotion. My boss introduced me to the team and I cringed. I didn't want to correct him in front of everyone. As a result the whole team call me by the wrong name."*

Researcher: - *“Had this occurred before you lived in Auckland?”*

Tane, (Te Whanau a Apanui): *“No it was a new experience.”*

Tangaroa gives his experiences of rural living before and after moving to Auckland;

Tangaroa: - [...] *“Never had a problem before I moved to Auckland. [...] You go back home (Kaitaia) and hear you name and it’s like magic. When I hear my name correctly said I smile inside and outside its mean Maori mean!!”*

Researcher: - *“Does everyone say it right back home?”*

Tangaroa: - *“Yeah Maori and Pakeha get it right no problems there.”*

Mahuika would discuss similar experiences to the two tane about the conflict of urban and rural setting regarding her name stating;

Mahuika: - *“I don’t know why it occurs what I do know is that it annoys the hell out of me. [...] When you’re with your whanau you don’t get the urge to cringe. When I come back to Auckland however it’s a different story.”*

The findings thus far show a very negative picture overall about the failure of recognising the affects of getting a participants name wrong in various settings. As a result the ability to form relationships between Maori and Tauwiwi is being fought with multiple challenges often from a very young age. The challenges are many, including power dynamics, cultural practices and participants feeling embarrassed to let people know. How can this be overcome given that teachers maybe unaware of this and children are not likely to let their teachers know given, their ages and upbringing not to challenge “experts”? This is an area that needs further exploration.

In the research the question of whether participants minded having their name said incorrectly was asked. Although three participants out of 20 noted that it did not concern them, further inquiry into this showed that originally it did bother them but they had found ways to overcome it. A theme explored further in the next section. Given all of these experiences how do these shape participants experiences in the present day?

### **4.3 Present day**

As the research continued to unfold to the present day many themes and layers would continue to surface. In this process some participants become distressed at how their experiences had affected them. One participant spoke of attending counselling as a child through to a teenager after being teased for having a Maori name. Another spoke of a suicide attempt on their own life, which led to their parents changing the participant's school and the participant name to an English equivalent. In relation to parenthood, a question was asked as to whether the participants had or planned to have children. Of the 19 people who confirmed that they have or will have children, two participants noted that they would not give their children indigenous Maori names. The sole participant who did not plan to have children discussed why she thought giving a Maori name was not a good idea.

*“Not many people know this but I can't have children but even if I could I wouldn't give them a Maori name. My niece has a Maori first name and an English surname. I had taken her to the doctors for her vaccinations. The nurse said the other children's first names and when it came to us she just said Ms (Surname) [...] it brought it all back from my childhood where the nurse would either say it wrong or not at all.”*

Despite mispronunciation occurring, the majority of participants (17) have given a Maori name to their *tamariki* (children) or will do so when they have a child. However of those 17 participants nine would opt for this to be their child's middle name. In a way this is a defence mechanism by Maori to ensure that a cultural connection is made but by being a middle name there is less chance of mispronunciation occurring. The research supports this

finding and suggests this tension of wanting to acknowledge *Te Ao Maori* is fraught with the challenge of living in the dominant discourse of *Tauiwi*. This is reflected again with the next findings of five other participants who call their child by their English equivalent name despite their Maori name being on the birth certificate. For other participants and their whanau other people chose to shorten their indigenous name. In some cases this could be considered a preventative strategy. A wahine participant from the *Ngapuhi / Ngati Hine* region discussed this from a personal perspective of having her parents abbreviate her name;

*Ngapuhi / Ngati Hine (27): - “[...] my parents gave me an abbreviated name [...] and I have since taken the whole name. Every now and then I use the abbreviated name to make it easier for someone and I kick myself for it!”*

How many participants had various versions of their name to help fit in? The questionnaire data indicates that an equal split of 10 people would opt to use a nickname as their first name to prevent mispronunciation occurring while the other ten participants would not. The other ten participants however had surnames that were Maori rather than their first names. The findings also show that whether a participant has a one – two syllable name compared with those who have four – seven syllable names *Tauiwi* continue to have problems with people saying Maori names correctly.

These historical experiences in various forms shaped the ways that participants who identified as mothers talked of the research. At times this took very interesting twists and turns that were unexpected. Initially, female participants felt a strong sense of motherly protection recounting their decision to give their children their names. A female participant from *Ngati wai, Tainui* regions gives a verbal account of a heated discussion between herself and her mother;

*Ngati wai, Tainui (32): - “My mother would growl me and my partner when she heard me call the kids by the Pakeha nicknames. She said you have given them Maori names and call*

*them Pakeha ones why bother! [...] I didn't realise it til then but I was making them fit in this Pakeha world."*

The notion of cultural identify was prominent as was the need for participants wanting their children to fit into a *Tauīwi* world. A lengthy conversation was held on this topic from Papatuanuku. What follows is part of that transcript where historical events in her life had shaped future generations of her lineage;

Papatuanuku: - [...] *"When I named my children I gave them an English name first and foremost. I didn't want their first names mispronounced and I didn't want them laughed at."*

The *wairua* became heavy at this point as Papatuanuku spoke. In an act of what can only be described as "sacred trust" Papatuanuku began to weave a *korero* linking her past experiences as a child and what that meant now as a mother. The scars of these experiences would be plain to see and as *korero* continued the writer knew that the ground that was being walked on at this moment was very sacred.

Papatuanuku: - *"I didn't want them made fun of the way that I was laughed at and made fun of as a child. I didn't want that for them, but I still wanted them to hold on to tikanga [...] and hold on their Maori essence of who they are because it is something to be proud of, it is something [...] to take pride in."*

Papatuanuku would then go on to explain her rational for giving her *tamariki* Maori middle names.

Papatuanuku: - *"I still wanted them to hold on tikanga because if people were to ask do you have another name [...] I wanted to give a Maori one and for them to say yeah I'm from Aotearoa (if they're on the other side of the world). I am Maori and this is my tikanga."*

There was great pride expressed at being able to incorporate a preventative strategy into the conversation. As this specific topic ended the final words given provided much food for thought about the damage done to Papatuanuku from people of her past;

*Papatuanuku: - [...] "I just didn't want them ridiculed the way that I was ridiculed. [...] Its sad [...] there's a lot of it still happening. Even now I feel it shouldn't be the case but at the same time I want my children to be able to move from culture to another culture without any obstructions."*

The Tauwiwi system that Papatuanuku had been brought up with had given her examples of being undermined and ridiculed. This was not the only isolated case. Other wahine experienced the struggle between Te Ao Maori and the Tauwiwi world. From the questionnaire group a wahine would write how she became distressed at losing her Maori name;

*"I gave my girl my first name as her middle name. I don't even use my Maori name; people can't say it right. I didn't want that to happen to my baby."*

*Interviewer: "If people can't say your name right why give it to your daughter as a middle name?"*

*"It's been passed down from my great grandmother down the female line I don't want to lose it."*

While the bulk of the feedback regarding this topic was from *wahine* (female), Tanemahuta provided a *tane* (male) perspective that at first was different to the conversations previously held. In this insert the conversation was based on why he gave his children Maori names.

*Tanemahuta: - [...] "at the time, we chose the names from Maori people we liked and are important to us."*

However similar themes of using a mix of English and Maori names were discussed during the course of the interview;

*Tanemahuta: - [...] “they don’t get their names fully pronounced they have nicknames. [...] because no one can pronounce their name.” [...]*

*Researcher: - “But when they’re in their own whare (house) you call by their full name or nickname?”*

*Tanemahuta: - “Both.”*

From the findings it is clear, negative experiences over a lifetime have resulted in participants finding ways to overcome it. More often than not this involves adapting to a Tauwi environment in order to fit in. This clearly highlights the continuing affects of colonisation in that the Maori language is marginalised and not given the *mana* as its English counterpart. Subsequently Maori people with indigenous names are being affected more so than Maori with English names. Despite the many positive steps towards promoting the Maori language through Television and signage, the problem is with Tauwi in situational encounters who are not accustomed to the domain of Maori or do not care. What are the emotional impacts of this for indigenous people hearing *Te Reo Maori* misused in Aotearoa / New Zealand?

## **4.4 Emotional responses**

Through the research process the range of emotions that was expressed by participants were strongly felt in their *wairuatanga* (spiritual), *tinana* (physical) and *hinengaro* (mental / emotional) health as they recounted multiple experiences of how their name was inaccurately used. The reason that this section is titled “emotion responses” is that the emotions expressed were either felt at the same time or at different times depending on the *korero* shared and their response to it. The creation of this section is to provide an insight into these experiences using the framework of *Te Wha Tapa Wha* approach mentioned earlier in the methodology section. This particular understanding of *Te Ao Maori* features highly in training seminars for both health and social organisations.

### **4.4.1 Tinana / Physical**

During contact with participants general observations were made in relation to how participants were responding to the questions, there were many non verbal communication signals that arose. Non-verbal communication can be defined “as sending messages in a variety of ways without the use of verbal codes [words]” (Zohar, n.d). For example some of the facial expressions reflected feelings of anger, annoyance and frustration as they gave verbal examples of people getting their name wrong. This could clearly be seen in their eyes and faces and in the example of Tanemahuta the following narrative emphasizes this.

Researcher: - *“How often do professionals get your name right?”*

Tanemahuta: - *\*rolls eyes looking unimpressed\* [...] “Once in a million, pretty much.” \*bemused smile.\**

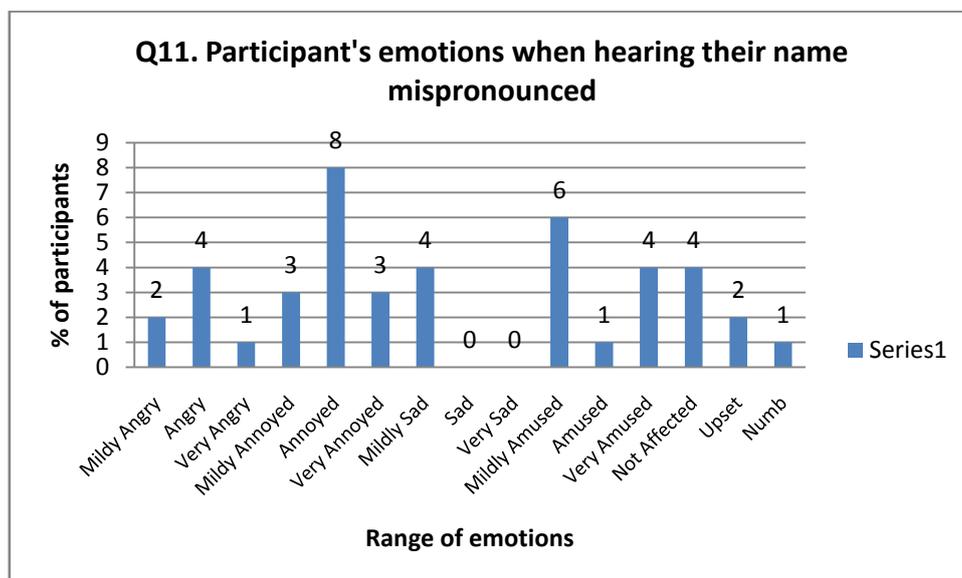
Researcher: - *[...] “do they make the effort pronounce you’re Surname?”*

Tanemahuta: *[...] \*shakes head\*” I would say no.”*

For Mahuika the physical responses would be similar with eyes looking unimpressed, turning red with frustration with head shaking;

Mahuika: - [...] “about 95% of the time they (professionals) mispronounce my name. I feel annoyed because I get their name right so they should get mine right. I then feel amused because it happens so much, it’s just seeing how many ways people can say my name now.”

From a quantitative perspective this can also be seen in the following graph. This was in relation to question 11 from the questionnaire; “When you hear your name mispronounced how do you feel emotionally?”



For this question participants were able to tick multiple options for this question given the circumstance in which mispronunciation occurred. Both “annoyed” and “amused” in their many forms appear to be the highest results of this figure with no feelings of being sad or very sad indicated by participants. However as previously seen in this chapter sad was discussed verbally in the face-to-face *korero*.

The feeling of being mildly amused / amused is worth noting. While amused could be described as a positive word of feeling good or pleasant for the participants that would not be the case. In fact amusement was used in a sarcastic form where the participants implied it to mean unimpressed as stated in this example;

Female, Ngati wai, Tainui: - *\*arms crossed and leg shaking\* "I'm always amused now [...], Even when they keep getting it wrong I'll still tell them that's not how you say it,"*

Other participants looked confused by how their name could be mistreated;

Female, Ngati Porou: - *\*eyes appear lost in thought\* "confusion in general over the mispronunciation of my name [it sounds] like some other person than me."*

One participant in particular became very animated with eyes appearing wide, hands gesturing anger and frustration;

Tangaroa: - *[...] \*Right hand rubbing temple crossly \* [...] "it frustrates me sometimes to no ends. I work in health myself I make an effort to pronounce really hard names and so when a Pakeha person doesn't even bother saying your name let alone care you just think to yourself what a lazy sod."*

Interviewer: - *"Are you saying that only Pakeha people in Auckland mispronounce your name?"*

Tangaroa: - *\*Nods head very assertively\* "Yes it's my experience that Pakeha people get it wrong every time. It's not a hard name they're just lazy. Immigrant nurses get my name right first time round I always find it amusing they can get it right yet New Zealand Pakeha can't."*

#### 4.4.2 Hinengaro/Mental Health

Thoughts and feelings have been expressed throughout this chapter and this important in two ways. Firstly it allowed the participants to express their *pouri* (grief) and *raruraru* (problems); secondly it gives insight into their world. Thus far multiple layers of understanding have been discussed at length. This section builds upon that to further highlight other obstacles that participants face daily. Firstly we discussed variations of their name and how it was pronounced.

Tangaroa: - (Laughs), *"I can't remember where I heard it from but to answer your question, once you use up your fingers and toes for counting you just stop counting altogether."*

Papatuanuku would also give a very similar response;

Papatuanuku: - *"I've lost count"* (laughs).

When prompted further on how many ways had Papatuanuku heard her first and surname name pronounced she would respond;

Papatuanuku: [...] *"Less than ten or up around the ten mark. [...] that's just my first name."*

Researcher: [...] *"for your surname how many variations have you heard?"*

Papatuanuku: [...] *"Oh I think I've heard about six or seven different variations"*.

Researcher: [...] *"so six or seven for your surname, less than ten, so round figures about 20?"*

Papatuanuku: - *"Yip."*

While Tanemahuta only has a Maori surname the variations of it being said would be similar to Papatuanuku:

Tanemahuta: *“Oh man I can recall maybe five different ways (laughs), [...] and all of them not the right one.”*

This would be similar for Mahuika who would verbally respond that she had heard at least six different ways of hearing her name said. Given the various ways in which people have said participant’s names, it would only be natural to ask how long participants had been enduring this kind of distress where they experience the bastardisation of their name.

Papatuanuku: *“it started at school when I was five so all in all 29 years”*

Tangaroa: *“Ten years all up it’s not as bad as other people in my whanau down here. They’re lived with it their whole lives.”*

For Mahuika the youngest face-to-face participant the response came as a surprise to the writer when asked how long her name had been mispronounced while living in Auckland.

Mahuika: *“About 90% of the time.”*

Researcher: *“Nine Zero!!”*

Mahuika: *“Yip.”*

Perhaps what is even more troubling is that for three of the face-to-face interviews their name had significant meaning to them. For example;

Mahuika: [My name] *“is my great grandmother’s name. [...] When I was born my Aunt named me after her. My aunty and her Nan were very close to each other.”*

Writer: *“So your name has quite a bit of mana attached to it.”*

Mahuika: *"Yip."*

For Tangaroa being the first child and son of the whanau his name would involve drama between his father and his mother's father;

Tangaroa: *"After I was born my grandfather said we are going to call him..... My father stood up and said not gonna happen this is his name....." (Long pause).*

Researcher: *"Go on don't leave me in suspense then what?"*

Tangaroa: *"While they were busily arguing my mother spoke and said considering I've been in labour for almost 16 hours I get dibs on his name. They both looked at her and knew to back off [...] She named me after her best mate that had died when they were children."*

A similar story would also be shared with a questionnaire participant who had commented;

Male, Ngapuhi: *"My dad and grandfather almost came to blows about my name as the first child of the family. To resolve it my mother took my name from an old Maori dictionary she had been given by her mother before she had passed away."*

#### **4.4.3 Te Taha Wairua / Spiritual Health**

A challenge as a Maori researcher is to encapsulate and construct *Te Taha Wairua* in a meaningful and tangible way for Tauwiwi to understand given that "Maori often see themselves as thinking differently to Pakeha," (Milne 2005). In attempting to understand this aspect of wellbeing consider for a moment the *korero* held by Papatuanuku when describing her *aroaha* (love) for her *tamariki* (child) and not wanting to put them at risk of

cultural isolation. In this example the spiritual essence of this participant came to life in her words, thoughts and actions which revealed the spiritual essence of the person.

Te Taha Wairua would also be shown in other ways with the participants humour was used as a kind of spiritual lubricant to ease the tension felt in their *Te Taha Tinana* and *Te Taha Hinengaro*. For instance when participants were asked about how they felt about correcting people;

Mahuika: - *\*Laughs\* "annoyed because I get their name right so they should get mine right. [...] But then amused because it happens so much, it's just now a matter of how many ways people can say my name. \*Laughs.\*"*

Papatuanuku would sum up it her feelings in one word

Papatuanuku: - *Frustrated \*Laughs\**

Tangaroa provides a very visual example of how his *wairua* was affected and how humour was used to ease the stress;

*Tangaroa: - [...] "As the nurse says my name wrongly again I say to her that's not how you say my name. She looks at me embarrassed, giggles, and says "have you got an English version that's easier for me to say \*laughs\* [...]. I just sit there annoyed and thought wow you just bitch slapped me twice without even realising it."*

Interviewer: - *Aue!! [...] Then what happened?*

*Tangaroa: - "Then she asked me why I came in today and I looked at her and said to get a new prescription for my blood pressure medication \*laughs\*. Can you believe that in my own country I have to put up with this kind of crap!"*

*Wairua* is about connection on multiple levels both a physically and spiritually an essential component of healthcare for Maori this is best summed up in the following statement;

*Papatuanuku: - [...] "I'm the type of person who does believe that everything is connected to something else like the land, the way that we care for things the way that we carry ourselves the way we sit down and choose to engage with people and have those connections in a way that we respect people. [...] Working in Aotearoa people really need to understand those things. I know when I correct people I sense sheer arrogance. I just think to myself actually you know what I'm not going to waste my time on someone who's going to be that arrogant."*

The need to address the aspects of ones health goes beyond western traditions of just physical symptoms. If this is to be corrected the key issues are focusing on an overall approach of working with peoples mental, physical and spiritual wellbeing. By supporting this approach of overall care, professionals start and maintain a culturally acceptable practice.

#### **4.5 Who gets it wrong?**

Are these events of mispronunciation occurring only in the realms of professions? The short answer is no. While 16 participants identified professionals as the types of people that they felt are most likely to mispronounce their names, an equal number of participants would also state that strangers (other than professionals) did as well. In the questionnaire participants were able to indicate professionals as being doctors, teachers and lawyers. However the face-to-face interviews and *korero* from the questionnaire participants would also identify other professions. This included nurses, social workers and business managers. From the questionnaire data the next highest categories of people would be work colleagues (7), social acquaintance (7) and friends (7). Within two participant's inner circles they noted that partner and family members (cousins) also said their name incorrectly.

Papatuanuku, Mahuika, and a questionnaire participant describe their experiences of people failing to mispronounce their names.

Papatuanuku: - [...] *"I'm less likely to correct people now because I think well if they didn't take the time to actually pronounce my name properly to begin with then the likelihood of them pronouncing my name anyway regardless of how many times I correct them is highly unlikely."*

Tanemahuta: - *"Its annoying [...] the Maori language is the national language you should learn it and pronounce it properly. Everybody should learn Maori language first and then English should be a second language."*

Female, Ngati Porou, Nga puhi: - *"It's important to always be direct yet polite when correcting people. Be proud of your name it is an indication of your cultural awareness."*

Given the high number of people that feel that it is important, does getting it wrong stop people accessing health and social services? The numerical data indicates the majority (19) of participants would continue to access services despite mispronunciation occurring. Only one person would indicate they would not go back. In the writer opinion this is still a concern that a professional's inability to not get a persons name right would stop a person going back. Further research to explore this barrier is recommended. In terms of perceptions of being treated unfairly because of their indigenous Maori name 14 participants responded no. However four participants would say yes and that it was more than 12 months ago. Only one person answered yes (within the last 12 months) while one person was not sure.

How are participants letting professionals know that there is a problem? Do participants make a complaint? This could assist with raising awareness and promote self-advocacy. In the research this was not specially asked. However there were two conversations where this topic was discussed and may provide an insight into why this may not happen.

*Researcher: - "Have you thought of making a complaint when accessing health services in regards to a person incorrectly pronouncing your name?"*

*Tanemahuta: - "No I have never thought of it"*

*Researcher: - "Is there any particular reason why you didn't think that it might be something you would consider?"*

*Tanemahuta: - "[...] probably didn't think really much about it, [...] it's an everyday natural thing, something like that."*

*Researcher: "Ok, [...] so what I'm hearing is because its happened so often you've just become accustomed to it?"*

*Tanemahuta: - "Yeah that's it."*

Papatuanuku took a similar perspective when asked how this could be addressed;

*Papatuanuku: "it's just a waste of breath \*laughs\* I would rather spend my time with people who are actually going to care."*

Given the views of these two people what were the rest of the group's responses around correcting people? From the data just over half of the participants (11) indicated that they would be more likely to correct people who mispronounced their name. Of those who were unlikely (2) and less likely (3) to correct people the age range and gender varied. Some of the feedback around this is given;

Ngapuhi, Female: - *“no problems just want to educate on how to say it properly.”*

Te Arawa / Ngaphui: - [...] *“its” annoying and sometimes embarrassing.”*

Is there a particular ethnicity group that participants felt got it wrong more than other ethnicity groups? The overwhelming response was Pakeha; however the research indicates that the participants have come to expect it from Pakeha. Regardless of participants expectations this is not acceptable. Would a Maori person mispronouncing a Maori name make a difference? The feedback was overwhelming clear that if a Maori person mispronounced a person’s Maori name the participant was much more likely to think negatively of that person.

*Tangaroa: “That’s never happened to me but if it did, I would be gutted [...] honestly I would feel like I got a kick in the guts. You expect it from Pakeha [...] in Auckland anyway. Not from Maori though. Never!!”*

Asked a similar question Papatuanuku would respond:

*Papatuanuku: “No it doesn’t [...] but then again it depends on if they were brought up in the city or whether they have been brought up in the country.”*

Regardless of ethnicity the fact remains that when people get it wrong it impacts the perceptions of how participants perceive them. While it could be argued that Tauwiwi professional’s perspectives were not included in relation to their views on this matter, the point of this section is to gain an insight from a Maori world view. Both Te Ao Maori and Tauwiwi worldviews interact with each other highlighting differences in approaches and views on relationship building. In this section the research focuses on the perceptions of Maori participants that have their name mispronounced.

## **4.6 What happens when people get it right?**

While the bulk of the experiences are very negative there is hope. This section explores what happens when people get it right. How important is it though to get a persons name right? From the findings 15 out of 20 participants believe it is important or very important for people to say their name correctly. Of particular interest in this result is that three people were not concerned. Further inquiry into this highlights that this was not necessarily true, all three people did care about their name however they had come to expect it from professionals and over time had become accustomed to having their name said wrong. This has been touched on previously. Based on this evidence the ability for professionals to make an effort in engaging with Maori people by pronouncing their names correctly is vital given both the verbal responses and quantitative data collected.

The following abstract from Tanemahuta highlights his thoughts on the subject;

Researcher: - *"[...] Say a doctor or nurse [...] correctly pronounced your surname, what kind of impact would that has on you're perception of them?"*

Tanemahuta: - *"Oh, I would feel pretty much surprised [...] like wow you said my name properly. Awesome!! \*Laughs\*"*

Researcher: - *"Really, so you would actually feel a sense of being surprised?"*

Tanemahuta: - *"Yip, I'd just feel like surprised, like oh gosh," [...] especially if [...] a different culture said my name properly."*

Researcher: *"and would like change your perception about how you think you might get treated?"*

Tanemahuta: *"Oh definitely would think better service."*

Mahuika was asked to recall over the last five years if any health professionals, lawyers, teachers had ever asked how to say her name;

Mahuika: - *"[...] Yes a lecturer that was [...] three years ago [...] in 2009. [...] then the doctors when I went in last year, (2010)."*

Researcher: *"[...] do you remember how you reacted?"*

Mahuika: *"Oh I was a bit shocked."*

Researcher: *"[...] did you [...] perceive them differently?"*

Mahuika: *"Yeah I thought [...] I respected them more."*

For Papatuanuku this would be the moment that would lift the heaviness of the conversation held previously about her negative experiences.

Papatuanuku: - *"[...] our family nurse changed. "This new nurse asked me [...] how to pronounce both my first and last name properly."*

Researcher: *"Was this person Maori or Taiwi?"*

Papatuanuku: *"Taiwi, [...] I was shocked [...] she said I don't want to pronounce your name incorrectly so can you [...] tell me how to pronounce it right so that I get it right every time you have to see me. I was just shocked, I said yeah sure, very excited and pleased, yeah so we went over it 3 or 4 times."*

Researcher: *"Wow"*

Papatuanuku: *"[...] Yeah she kept going until she got it. [...] she was really good at pronouncing it, [...] she just repeating it after I said it. The second time I slowed down a little bit"*

*and then I said there's an r in my name I said you have to roll the r."*

*Researcher: "So did you apply any phonetic language, [...]? [...] What was your perception of that person afterwards?"*

*Papatuanuku: "No, not with her, [...] she continued to be really careful around the way that she asked questions about everything."*

*Researcher: "What's your perception around professionals who can correctly pronounce your name?"*

*Papatuanuku: "That they care, [...] you know that they take the time out to pronounce Maori words properly or name properly, I mean they care and you're guaranteed to get an exceptional quality service."*

The experience of a nurse getting a name right was so positive for Papatuanuku that she recommended the general practice to other people of Maori ethnicity. Additionally she shared that particular story with other people in the Maori community. Although this is indeed positive Papatuanuku could not recall another experience previously. In the interview with Tangaroa a similar questions was asked;

*Researcher: - "Can you recall a time when a Taiwi person got your name right when you accessed healthcare or a social service?"*

*Tangaroa: - "Hmmm, [...] once this would be about four years ago I guess."*

*Researcher: - "Describe what happened".*

Tangaroa: - *“I went to see my doctors to get a check up, and the nurse called out my name. [...] I was stunned it felt buzzy that this Tauivi nurse got my name right on the first go.”*

Researcher: - *“What happened next?”*

Tangaroa: - *“I told her straight up that I was impressed that she got it right, [...] I found out her boyfriend was Maori and she had also learnt the Maori language at high school and carried it on into university.”*

Researcher: - *“Sounds like you were impressed?”*

Tangaroa: - *“Majorly impressed I wish I could bottle that kind of attitude for other Tauivi that I interact with.”*

Ensuring the Maori language is used correctly ensures the client’s needs are met. It is clear from the results that the overall well-being of Maori and their language are intimately linked. For some people this may require to understand that their understanding of health is different for Maori. Considering the excellent service given from the narratives what are professionals responsibilities? Granted there are a number of layers that professionals need to be aware of however the responsibility comes with the job. Being a professional requires the ability to learn new ways and skills of interacting with people. A discussion of this will now follow.

## Chapter 5: Discussion

The creation of the section was to discuss themes further whether they did not fit neatly into the findings.

### ***5.1 Professional responsibilities***

A number of examples from the research point to professionals who give inadequate culture care while other professionals would provide the very best quality (refer p.42-47). Based on the narratives from those participants who have felt they had poor experiences it is likely that ethical and legal care has been breached. The example of the nurse's response to Tangaroa, "have you got an English name that's easier for me to say," is a clear example of this. Reflecting back on the literature review the nurse in question is clearly in the wrong.

What can be learnt from these experiences? Professionals need be aware of how their interactions with Maori can make a big difference in perceptions of care. Breaching ethical codes and laws place people at risk and in danger. Mistrust is instantly formed and the Maori patient feels stigmatised. This requires further research to expand on this experience from Maori participants. Clearly for those people who struggle with getting the Maori language within their grasp and desire to improve their service given guidance is required.

### ***5.2 Rural and Urban experiences***

Many comparisons made between participants urban and rural experiences regarding how rural Pakeha get indigenous names right compared with their urban counterparts have been made. Two questions come from this; firstly how is rural defined? Waikato District Health Board defines a rural community "by the lifestyle or employment of its residents with a population group of 300 – 999 in a reasonably compact area," (p.3). Secondly how can rural Pakeha pronunciation skills for Maori words differ from urban Pakeha?

This answer can partly be found in the visual data of the geographical locations of participant's iwi. Many of the iwi identified have high areas of Maori population group's

particular the Far north, Waikato region, Taranaki and Gisborne areas. Statistics New Zealand (2011), states that most Maori speakers in rural areas live in the North Island. “A total of 13,896 people or 6.5 percent of the population in this profile area speak Maori, compared with 4.5 percent of New Zealanders. Gisborne region had the highest proportion, with just under one-third of people in rural areas with low urban influence speaking Maori, (para.12).” Because Pakeha population groups are smaller in these rural areas it makes it necessary for Pakeha to learn about *Te Ao Maori* and be able to reciprocate Maori values and beliefs in order to fit in. Failure to do so will more likely result in isolation.

In a similar way when Maori are a minority in an urban setting then Maori are expected to integrate into the dominant language and customs of a western paradigm or face isolation. As a result *Te Reo Maori* becomes a second class citizen. In reality there is no serious pressure for Tauwi to learn the Maori language because of its minority status in non-rural areas.

### ***5.3 Social inequality and economic factors***

Socioeconomic status is a theme that was not discussed specifically in the research. However the World Health Organisation (WHO) defines it as determining how people live, how they are treated and how they are perceived in society, (WHO, p.9). In addition a socioeconomic position “is regarded as a major determinant of health,” (Maori Health, n.d). Factors such as income, employment status, housing and education can have both direct and indirect impacts on health and have cumulative effects over lifetimes (Robson and Harris, 2007).

The views expressed by participants reflect a group that are employed who are qualified and for all purposes “middle class.” In the process of their *korero* they have revealed harmful and damaging experiences. While it is encouraging that many participants would continue to let professionals know how to pronounce Maori words, would the same also be said for those who are poverty-stricken and/or minimal education background? Research from the MOH clearly outlines how lower social economic factors affect Maori accessing health and having poor health outcomes, (refer MOH documents for more information). Would this group of people have similar experiences? Would they feel just as comfortable letting

professionals know about their name being mispronounced? Would participants make a complaint to ensure changes occurred? This points to another area of research that could be worthy of exploring and could be of use in understanding potential barriers and deserves further exploration.

## **5.4 Conclusion**

Mispronunciation of peoples Maori names has resulted in serious impacts on emotional, physical, family and spiritual levels of participant's wellbeing. For many, these experiences have been life long and have resulted in their *whakapapa* being continually affected by the affects of colonisation. If Maori people are to achieve similar rates to health outcomes as Tauwiwi regarding living longer and fulfilling their "potential to participate in New Zealand society then the factors that cause inequalities in health need to be addressed" (Maori Health, n.d). The next chapter gives recommendations to professionals from participants and the researcher. This also includes a system designed by the writer called CARE (refer page 56) which has been designed to create positive changes and close some of the gaps discussed in this section.

## Chapter 6: Recommendations

*Naku te rourou nau te rourou ka ora ai te iwi*, (Maori, n.d).

With your basket and my basket the people will live, (Maori, n.d).

The research has identified that participant indigenous names have suffered owing to the negative effects of mispronunciation from various sources. For many this has occurred over long periods of their life. The next section of this chapter gives participants the opportunity to give their own recommendations. The researcher's recommendations will then follow on page 55.

### **6.1 Participants recommendations**

Firstly 15 out of 20 participants highly recommended that Tauwiwi professionals take a Maori language course. The purpose of this is to learn how to pronounce the vowels and consonants of Maori words and names. Learning how to say Maori words properly cannot be over emphasised. Participants have commented how it creates a space of respect and trust.

Secondly there is a need to build relationships with Maori clients. Participants advised professionals to take the time to ask their clients if their name is said correctly. In addition professionals should attempt to pronounce words phonetically as well as be sincere, genuine and address any problems immediately.

Finally professionals should not ignore peoples concerns as being trivial.

## **6.2 Researchers recommendations**

Developing a system that is capable for dealing with mispronunciation of Maori names is the main focus of this chapter section. Given the various feedback from participants the researcher has created an easy to use memory aid - CARE.

**C – Check in** with the person.

**A – Apologise** if you get it wrong.

**R – Rectify** situation.

**E – Evaluate** systems.

The rationale for using this particular memory aid ensures that professions provide an approach in which their client feels important by taking the time to ensure that CARE is taken. CARE works with an ethical and legal approach that enhances professional practice. Secondly the approach has multiple benefits when used with Maori including partnership, participation and protection, effective service delivery (MOH, 2006; MOH, 2010b; Ihimaera & Macdonald, 2009). Although this approach aims to assist the Maori population first and foremost it can be implemented in the wider community.

This approach can be used at any stage of engaging with clients and then ensuring that it is used on a regular basis thereafter. While this is not a cure-all approach the aim of CARE is to assist in reducing boundaries and empowering both the professional and the participant. A real benefit of the CARE approach is that it is not complicated nor is it rigid. CARE allows the flexibility of working with each other to address concerns and find solutions. The following section covers this memory aid in further detail and then gives recommendations based on strong evidence discussed in previous chapters.

The next sections introduce the key concepts of CARE by firstly checking in with a client to ensure their name is correct (6.3). If a name has been mispronounced that this be followed up with a sincerely apology (6.4), this begins the rectifying situation process (6.5). Lastly that evaluation of systems is done to ensure CARE is working (6.6).

## 6.3 Check in

All people with Maori names should be asked at the earliest possible opportunity if their name was been pronounced correctly. Whether this is the receptionist behind the counter or a clinician giving a patient assessment, a professional in whatever capacity they are in should be asking the question. If it is not being correctly said intervention is necessary and it should be noted. Clients should be made to feel important in that they are taking part in the process of their care thus reducing barriers that could exist between them and professionals based on the findings. From a Maori perspective this approach works with the concept of *Whanau ora* and *He Korowai Oranga*, (Maori Health) in that it identifies; *Rangatiratanga* (recognising Maori aspirations to have control over the direction and shape of their autonomy) and reducing inequalities in health outcomes and improving access to services (MOH, 2006b, p.15).

Beginning the conversation could be started with “would you mind giving me a couple of minutes of your time as we want to improve our service to you by ensuring we pronounce your name correctly. Would you like to help us with this by taking part?” Should the person say “yes”, move onto rectifying the situation if not thank them and suggest if they change their mind that they can come back to you. Additionally if the person looks distressed or annoyed ask. “I noticed you looked uncomfortable when I said your name did I get it right?” Note: If the person automatically responds by saying, “that’s not how you say my name” or “you say my name like this,” consider this as a person wanting to engage in the step of “rectifying the situation.” In this case a professional should move on automatically to the next steps. This then ensures that the client feels important in having their concern met.

A recommendation of this section is to take some time to build the relationship by checking in to see if pronunciation is correct. If it is correct thank the person for taking the time to help you with your query. However also ensure that as the transfer of care happens between professionals that each person is aware of how to say the clients name correctly. Observe the clients response to how you say their name. If in doubt let the person know by stating “it’s important that we get it right.”

## 6.4 Apologise

Giving an apology may seem to be cliché and perhaps even overused. However from the researcher's clinical perspective giving a genuine sincere apology are a vital ways of building strong relationships, making a person feel important and thinking right towards people.

An apology can be seen as taking responsibility for ones actions that may have caused an offence to happen in the professional - client relationship. As this research has shown, people believe they know when someone is being genuine and when a person is disingenuous. A useful apology as defined by O'Leary (2012) "always acknowledges that you regret your part in the disturbance and are trying to stop or reverse its occurrence." From a Maori worldview this action begins the process of *manaakitanga* which refers to "caring and nurturing [...] acting in a way that enhances mana of others," (Todd, 2010). Mead and Mead (2003) continue this theme describing it as "looking after guests" (p.120). This is a good analogy of seeing your clients as guests whom you want to look after and treat right.

As a recommendation give a sincere genuine apology to the client for the mistake. See this as an opportunity to increase the relationship with you and your client and follow this through by moving onto the next stage of the CARE system, "Rectify situation."

## ***6.5 Rectify situation***

There is substantial evidence that rectifying the situation at the earliest possible times “builds and maintains the relationship (MOH, 2008c; Medical Council of New Zealand, 2006; Laveist and Nuru-Jeter, 2002; and Durie, 2001). *Manaakitanga* is also part of this process. The ability to rectify the situation ensures that culturally competent care is being practiced at the earliest stages in dealing with cultures that fall outside the worldview of the professional. This also aligns with the various professional’s code of ethics and laws of New Zealand referred to in the literature review.

This section can be seen as a solution focused, strength based approach as it seeks new ideas and innovations that actively seek positive solutions to enhance clinical practice. The key component of rectifying the situation is the understanding that practitioners need not find all the answers themselves. In fact the opposite is true in that it encourages professionals to work with their clients in coming up with ways that work both for parties thus working in partnership and participation to protect the client.

What does this involve in a practical sense? Kukupa Tirikatene, (2011) regarded as a foremost Maori leader, Maori educator and Kaumatua (Elder of importance) for Ngai Tahu, (Manukau Institute of Technology, 2011) states that “most Maori sounds have a written equivalent sound in English” (p.9). To rectify the situation the professional could write the spelling of the name phonetically (that is, with “English” sounds) ensuring the client is happy with this. The following are examples of Maori names that can be sounded in English;

Tangi (Tongue-E)

Hone (Hor-neigh)

Tipene (Tea-pee-knee)

Wairua (Why-ru-are)

Marama (Mar-ra-mar)

Names that involve rolling the 'R' like Aroha could prove to be more a challenge, Tirikatene, (2011) suggests that this could be overcome by sounding the R like "rattatat" (p.9). By actively engaging in this step the professional is acknowledging a number of key factors including; the importance of the person and also the Maori language by making them feel valued, a sense of belonging, and that their concern has meaning and significance (MOH, 2008c; MOH, 2008d). Additionally utilising medical administration systems such as MedTec used in general practices and patient information management system (PIMS) used in DHB's, are wonderful examples of using technology to assist in this process.

A key recommendation to this process is to invite clients to take part in this process by seeking solutions in partnership with them. Follow this up by making a note on the phonetic spelling of the clients file or create a prompt (or have an admin person do this for you) that comes on screen to let people know how to pronounce their name correctly using phonetic spelling. For those organisations that use a paper system use a post it note or some kind of other sticky paper on the client's physical file as a visual reminder before you engage with that person.

## ***6.6 Evaluate systems***

It is vital that the system be reviewed on a regular basis to ensure the processes and solutions discussed are working. Evaluations review how well a system has been going, what could be added or removed to improve the service. This should be seen as a positive tool to ensure the professionals are engaging in the best possible care and participants feel valued and safe. The evaluate systems process does not need to be complicated. It could involve a chosen person of the team giving observations of what they saw, contacting clients to find out how they perceived the service. Alternatively inviting someone from outside of the organisation often referred to in retail business as “mystery shopper” to come in as a perceived client and report their experiences of the service given.

Evaluating systems uses the values of *Maanakitanga* ensuring the relationship is working, *Kaitiaki* (Guardianship) reducing risks and restoration and *Tikanga* (respect, protection, recognition). Moewaka Barnes (2009) discusses how perceptions are likely to be different between how Maori may evaluate systems compared with Tauwiwi and notes that evaluations meet Maori needs (although it may meet others are well), and that it aims to make a positive difference (p.ii). The CARE approach addresses this concern by ensuring a bi cultural approach is used. This has been achieved by ensuring that the strengths of both Maori and Tauwiwi concepts discussed in this section have been woven together.

A recommendation for this section is to follow up with client (when they return to the service) and ask if they have noticed an improvement to having their name said. Discuss the CARE approach in a team meeting to gauge staff feedback. Ask the team / client of other improvements that could be made to enhance the service. Note what benefits and learning's have been gained so far.

## **6.7 Concluding summary**

While professionals will not always get it 100% right, with time and use of the CARE approach it is hoped that their pronunciation will get better. In addition to the CARE approach professionals should be seeking to improve their skills through the use of *tikanga* training and refresher courses to bridge their gap in knowledge regarding Te Ao Maori. Actively wanting to engage in appropriate training courses that build on understanding a Maori worldview helps enable the best possible service given. It is also an essential element to the successful connections made to clients and their whanau. This is also supported in the literature review and research. The ability to have an understanding of a Maori world view is absolutely paramount to enhancing the perceptions of how Maori people perceive you. In the findings section participants respond in a positive manner feeling surprising shocked, impressed about the service, (refer page 47). The flow on effects has resulted in participants letting their *whanau* (family) know which results in them recommending that particular service to their community.

A hindrance to training staff can be lack of financial resources to pay for training, as well as organisations being short staffed and therefore unable to attend. While this can be a barrier, it is noted that *Tikanga* training programmes are available in the Auckland area which are free or are at a very low cost that have been funded by the Ministry of Health and Ministry of Social services to assist individuals. Additionally, at the time of writing this report *Te Wananga o Aotearoa* also offer free courses in *Te Reo Maori*, (*Te Wananga o Aotearoa*, 2012, para. 4) to keep the language alive. In short there are many options available for people to be taken and used.

The dividends in terms of attending such programmes has the potential from an organisations perspective of building stronger relationships with Maori clients based on the research. As well, with greater understanding and knowledge people develop their confidence to engage with Maori people. While the recommendations have a consistent theme around a Maori worldview in working in a bi cultural relationship they also cover the general population group in terms of valuing individuals and thinking of creative solutions to overcome problems.

## Closing Karakia

*Matua Tama Wairua Tapu me nga Anahera  
pono.*

*Tenei ahau e inoi atu nei ki a koutou.*

*Kia homai te piki ora, piki kaha piki,  
maramatanga.*

*Ki o matou tinana me o matou wairua.*

*Kia kaha ai matou ki te mahi nga mahi.*

*Kei mua i a matou.*

*Kia inoi mo ratou nga ratou ahau i takoto  
ahakoa nga piki me nga heke.*

*Manaakihia ratou me o ratou whanau.*

*Ko te Mangai te kaiwhakamarama o tenei.*

*whakapono ko Ihoa te kaiwhakaora, aeanei  
akenei ae amene.*

I pray to the father the Son the Holy Spirit  
and the Holy Angels.

I pray to you.

To give us good health strength and  
enlightenment.

To our bodies and our spirits.

So that we are able to do those activities.

Before us.

So that they be completed well, with aroha  
and peace.

I pray for those who helped me in the ups  
and downs of time.

Care for them and their family.

The *Mangai* is the enlightenment of this  
belief and God Almighty the giver of life now  
and forever more amen.

(Tirikatene, 2012)

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# Appendices

Appendix 1: Name change for research report.

Appendix 2: Ethics form.

Appendix 3: Information sheet for participants.

Appendix 4: Consent form for questionnaire participants.

## ***Appendix: 1 Name change for research report***

The original working title of the research report was called; “Is Patutai Toki or Tangi Poko really hard to pronounce? Effects of mispronunciation of Maori Indigenous names: A mixed method study.” This can be seen in the documentation listed in the appendices below. This title acknowledged whanau members who continued to have their name mispronounced in New Zealand.

However in August 2011 the new and current title became; “Power of my Maori name: Stories of indigenous struggles in white New Zealand.” The reason for the name change occurred during the collection of data stage where Maori participants discussed the struggle of having a Maori name in Pakeha New Zealand culture. This title became more appropriate and subsequently implemented.

## ***Appendix 2: Ethics form***



Form devised May 1995; updated May 1997; June 1998; May 1999, Dec 2000, June 2002

### **ETHICAL APPROVAL AT DEPARTMENTAL LEVEL OF A PROPOSAL INVOLVING HUMAN PARTICIPANTS (CATEGORY B)**

***PLEASE read the important notes appended to this form before completing the sections below***

**NAME OF DEPARTMENT:**

Te Tumu

**TITLE OF PROJECT:**

Is Patutai Toki or Tangi Poko really hard to pronounce? Effects of mispronunciation of Maori Indigenous names: A mixed method study.

**PROJECTED START DATE OF PROJECT:** May 2011

**STAFF MEMBER RESPONSIBLE FOR PROJECT:** Dr Lachlan Paterson

**NAMES OF OTHER INVESTIGATORS OR INSTRUCTORS:** (Please specify whether staff or student. If student, please give the name of the qualification for which the student is enrolled)

Alexander Stevens (INGX501 research report as part of the Master of Indigenous Studies degree).

**BRIEF DESCRIPTION OF THE AIMS:** Please give a brief summary (approx. 200 words) of the nature of the proposal:

The purpose of this study aims to explore the experience of adults who identify as Maori having their name mispronounced. The methods used will be a qualitative questionnaire and a small-scale qualitative study using personal interviews with participants (male, female or transgender) who have experienced this phenomenon. The research will analyse the thick description that precisely captures and communicates “the meaning of the lived experience for the participants being studied,” (Cohen et al, 2000, p. 42) and will define a thick description as one that captures the experience from the perspective of the participants in

its fullest and richest complexities. The research project is of a six month duration, ending 28 February 2012.

**BRIEF DESCRIPTION OF THE METHOD:** Please include a description of who the participants are, how the participants will be recruited, and what they will be asked to do:-

Participants for this research will be selected from a network of adult Auckland Maori workers from a number of social services and health care providers. Four participants will be invited to take part in on-on-one interviews, and 16 people will complete a questionnaire (attached) on the impact of hearing their name mispronounced on their mental health. This includes information on situations in which their name might be mispronounced and how they perceive their experiences of this. Interviews will be conducted in a counselling room that will be on site at the researcher's home. They will use an open-questioning technique to seek similar information to the questionnaires, to produce richer data to enable the researcher to give texture to his final written output. The personal interviews will be recorded via a voice recorder with transcriptions made from the interviews. The questionnaires will be given in person to workers at social services in the Auckland area. All information will be used anonymously.

**DETAILS OF ETHICAL ISSUES INVOLVED:**

There are no major identified or perceived ethical issues at this time. The research report is investigating the experiences and emotional responses of participants, not the actual names that they might have. All names of participants, and specific information concerning settings, specific tribal affiliations, workplaces or any other personal identifying information will remain anonymous within the report, and if need be, pseudonyms will be used.

All interviewees are known to the researcher. The student researcher conducting the interviews is Maori, and a trained and experienced professional counsellor knowledgeable in Kaupapa Maori. He can thus ensure that interviews are contained within the defined boundaries of the research and ensure a relaxed environment for participants. Interviews will be recorded with participants' permission and scripts will be shown and appropriate changes made before inclusion into the research project.

The investigator is a distance student. For the duration of the research project he will keep all physical, non-electronic data collected from participants securely in a locked cabinet. Some electronic information will be housed on a password protected computer. On the completion of the project, all data will be transferred to Te Tumu where it will be securely stored for five years, and then destroyed.

**ACTION TAKEN**

Approved by Head of Department Committee

Approved by Departmental

Referred to University of Otago Human Ethics Committee

Referred to another Ethics Committee

Please specify:

.....

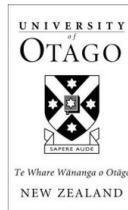
**DATE OF CONSIDERATION:**

**Signed (Head of Department):**

## ***Appendix 3: Information sheet for participants***

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

[Date]



### **Is Patutai Toki or Tangi Poko really hard to pronounce? Effects of mispronunciation of Maori Indigenous names: A mixed method study.**

#### **INFORMATION SHEET FOR PARTICIPANTS (INTERVIEWS)**

Kia ora, my name is Alexander Stevens and I am a research student at the University of Otago conducting a Research Report that contributes to my Masters in Indigenous Studies. The aim of the research project is to find out about the effects of mispronunciation of Maori people's names and the problems people may experience from it. The research could be of use to those who provide services to Maori by identifying the importance of correctly pronouncing Maori names. I will be interviewing four Maori people, and also conducting further research with questionnaires and I would like your help with my study by allowing me to interview you.

All information collected will be used anonymously and I will endeavour not to use any personal information that might identify participants. The research will not only explore your experiences of having your name mispronounced, but also the story behind your name, experiences of growing up and family.

- Participation in this study is voluntary and you do not have to take part if you do not want to.
- You can withdraw from this study at any time.
- You can choose not to answer a question if you do not want to.
- You can also ask questions about this research at any time.
- You can request an audio copy of *your interview only*.

If you choose to participate you will sign a consent form to indicate that you are happy to take part and understand what you are being asked to do. Everyone who is interviewed will be offered a snack and drink.

If you have any questions that may think afterwards regarding the project please feel free to contact either:-

[*Alexander Stevens*]

Researcher

Te Tumu: School of Maori, Pacific & Indigenous  
Studies

alexanderstevens@rocketmail.com

(021) 146 6719

[*Lachlan Paterson*]

Supervisor

Te Tumu: School of Maori, Pacific &  
Indigenous Studies

University Telephone Number:

(03) 479 3972

lachlan.paterson@otago.ac.nz

This study has been approved by the Department stated above. 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). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

**Appendix 4: Consent form for questionnaire participants**

Information sheet for participants

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

[Date]



**IS PATUTAI TOKI OR TANGI POKO REALLY HARD TO PRONOUNCE? EFFECTS OF MISPRONUNCIATION OF MAORI INDIGENOUS NAMES: A MIXED METHOD STUDY.**

CONSENT FORM FOR QUESTIONNAIRE 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:-

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. All data collected for this project will be retained in secure storage for at least five years, and then destroyed.
4. The results of the project may be published and available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity.

I agree to take part in this project.

.....

(Signature of participant)

.....

(Date)