

October 2016

The power of hope for Māori youth suicide prevention: Preliminary themes from the Aotearoa/New Zealand HOPE studies

Keri Rose Lawson-Te Aho Dr

Otago University Wellington, New Zealand, keri.lawson-teaho@otago.ac.nz

Follow this and additional works at: <http://digitalcommons.usu.edu/kicjir>

Recommended Citation

Lawson-Te Aho, Keri Rose Dr (2016) "The power of hope for Māori youth suicide prevention: Preliminary themes from the Aotearoa/New Zealand HOPE studies," *Journal of Indigenous Research*: Vol. 5: Iss. 2, Article 1.

Available at: <http://digitalcommons.usu.edu/kicjir/vol5/iss2/1>

This Article is brought to you for free and open access by the Journals at DigitalCommons@USU. It has been accepted for inclusion in Journal of Indigenous Research by an authorized administrator of DigitalCommons@USU. For more information, please contact dylan.burns@usu.edu.



The power of hope for Māori youth suicide prevention: Preliminary themes from the Aotearoa/New Zealand HOPE studies

Cover Page Footnote

1 Takatāpui is a Māori word used to describe ‘intimate partners of the same sex’ 2 The workforce development focus of this study is the subject of a further academic paper and will not be expanded upon in this article. 3 Marae is a Maori meeting house, especially as a social or ceremonial forum. 4 Kapa haka is the term for Māori performing arts and literally means to form a line (kapa) and dance (haka). Kapa haka is an avenue for Maori people to express and showcase their heritage and cultural Polynesian identity through song and dance. 5 The koru, which is often used in Māori art as a symbol of creation, is based on the shape of an unfurling fern frond. Its circular shape conveys the idea of perpetual movement, and its inward coil suggests a return to the point of origin.

Full Circle: Returning Native Research to the People

Article Title:

The power of hope for Māori youth suicide prevention: Preliminary themes from the Aotearoa/New Zealand HOPE studies

Abstract

Hope is considered a protective factor for suicide prevention in Māori communities. In this small study, twenty-one Māori youth in four at risk communities participated in a digital media project on the constituents of HOPE. The preliminary results show that a positive relationship with peers and family is critical for the maintenance of hope in the lives of these Māori youth. The constituents of HOPE identified in this study include; a supportive non-judgemental family, particularly important for queer/LGBTI Māori youth; stable family relationships; knowledge of one's cultural identity, exposure to opportunities to learn about being Māori; faith and capacity to envisage a life beyond the immediate struggle for survival and to set and achieve personal goals. This preliminary study will inform an extended study with Māori youth and development of a Māori measure of HOPE to guide suicide prevention efforts in the future.

Recommended Citation:

Introduction

Hope research in indigenous populations is a very under-developed field. Research from the relevant general population hope literature informs this study of the relationship between hope and suicide prevention in the Māori/Indigenous population of Aotearoa/New Zealand. Overall, hope and indigenous suicide prevention research is almost non-existent. The need to correct this knowledge gap underpins the Aotearoa/New Zealand hope study which focuses on identifying the constituents of hope through the eyes and voices of twenty-one Māori youth from four at risk communities where multiple evidenced risk factors for suicide intersect (Lawson-Te Aho, 2015). Key findings from the literature have been extrapolated for specific relevance for Māori youth suicide prevention. Hope is hypothesised to be an important idea/construct with particularly critical applications for suicide prevention (Lawson-Te Aho, 2014a; Rodriguez-Hanley & Snyder, 2000).

In psychological literature, hope is a construct, central to the developing field of positive psychology (Snyder, 2000). Snyder's (1994) theory of hope in which the ability to have and hold hope is positively associated with agency and pathways thinking underpins much of the hope scholarship (Tong, Frederickson, Chang & Lim, 2009). Overall, hope is typically characterised by an expectation that life goals can and will be reached (Tong et al., 2009) Agency (agentic) thinking in hope theory refers to the personal appraisal that a person is capable of executing the means to attain desired goals (Tong et al., 2009:1207). Pathways thinking relates to the appraisal that a person is capable of generating the means to achieve desired goals. Snyder's hope theory posits that "the experience of agency plus pathway thinking is the experience of hope itself" (cited in Tong et al., 2007:1208). However, the pathways component of Snyder's theory is contested by some researchers who assert that 'lay people' understand hope in terms of agency only and not pathways, that is, some people have hope that they can achieve their goals even when they don't have the means to achieve their goals (Tong et al., 2009). For example, Bruininks and Malle, (2005) assert that Snyder's model of hope cannot explain why some people remain hopeful even when they cannot do anything to achieve their goals. Hope is considered to be foundational to trauma work (Simpson, 2000) which perhaps relates it to suicide risk where trauma histories are present.

Māori and indigenous suicide is often attributed to a loss or absence of hope (LaFromboise and Howard-Pitney, 1995; Lawson-Te Aho, 2014a) with hope implicated in the will to endure regardless of life's challenges (Hunter and Milroy, 2006); foundational to the capacity for self-determination and cultural continuity which has been shown to reduce suicide in indigenous communities (Chandler and Lalonde, 2008) and critical to understanding the relationship between historical trauma and healing so that suicide is not employed as a way to end suffering (Lawson-Te Aho, 2014b). Hope can flourish even in the midst of trauma histories, inter-generational suffering, and where pathways to the achievement of goals are unattainable (Lawson-Te Aho, 2015b).

O'Keefe, Tucker, Wingate and Rasmussen (2011) speculated that if hope is a protective factor against suicidal thinking for AI students, interventions might teach students about ways to accentuate hopeful-thinking. Farrelly (2007), Duran, Firehammer and Gonzalez, (2010) and Lawson-Te Aho and Liu, (2010) assert the need for interventions and research applied to indigenous populations to be cognisant of the parameters and limitations of western psychological theories and practices (such as Snyder's hope theory). Some indigenous researchers advocate for an integrated approach to psychological treatments and interventions using the best of both western psychology and cultural therapies (Bennett, 2007; Valentine, 2009).

Methods

A total of 21 Māori youth aged 16-22 years from four communities featuring a preponderance of suicide related risk factors (Clark et al., 2011; 2013) were invited to participate in this study. The study participants were recruited and supported by locally based Māori youth leaders. Three methods were employed 1. Hui/group discussions on the constituents of hope 2. Photo-voice in which the youth were asked to take images of their ideas about hope and translate these into 1-3 minute digital stories (DS) and 3. DS presentations and discussions with invited peers, family and community members completed the community based part of the study. Thematic analysis was used to identify overarching themes which are reported here. Three of the groups of Māori youth were living in rural communities (Kawerau – population (p) = 6,660; Whanganui p= 46,000; Kapiti Coast comprised of 7 distinctive geographically spread communities/towns with a total population of 51,400). One of the groups was attached through family, to a Christian church and had experiences of suicide in the family in 2012. The second group was comprised of young

women, connected to each other, through a Māori language school (*Kura Kaupapa Māori*). This group had knowledge of two completed suicides within the 4 weeks leading to the study. The third group was situated in a town with a previously high suicide rate, high unemployment and an involvement in suicide prevention work through a locally based tribal health/mental health service. The fourth group, based in Wellington city with a population of 471,000 identified as takatāpui/queer/LGBTI¹. The takatāpui group images reflected a strong political analysis about the intersecting challenges of being Māori and queer with experiences of homophobia and racism apparent in their projects.

The study served as an opportunity for Māori youth workforce development with the employment of Māori Youth Research Assistants (MYRA) in the four sites and an overall Māori youth support worker working alongside the Principal Investigator (PI). By way of addressing any safety issues, the study took place in communities with pre-established youth support programmes and networks².

Results and Discussion

These results are preliminary only. Further analysis is currently underway. The overarching major theme unanimous across the four communities was a *relational theme* with positive whānau/family, peers and support networks being attributed as both ‘hope-giving and ‘hope-undermining’. This finding is consistent with known protective factors for suicide prevention (Clark et al., 2013) and risk factors for suicide (Lawson-Te Aho, 2014a). Takatāpui/queer youth often face discrimination relevant to being both Māori and queer/takatāpui (Kerekere, 2015). Moreover, this group is believed to be at highest risk of suicide although further evidence is required as disclosure of sexuality and gender identities are not always forthcoming and there are multiple under researched complex issues involved.

.

¹ Takatāpui is a Māori word used to describe ‘intimate partners of the same sex’

² The workforce development focus of this study is the subject of a further academic paper and will not be expanded upon in this article.

Racism and discrimination are known risk factors for adverse health and mental health outcomes for Māori (Lawson-Te Aho, 2014a). Sexual and gender identities are also known risk factors for suicide particularly where there is a lack of acceptance by family members (Lucassen et al., 2014; Lyte, DeLuca & Blosnich, 2014). Finally, judgemental attitudes towards takatāpui youth force them into compromised and unsafe situations. It also drives them to find their communities and support networks often away from family. This was discussed by the takatāpui youth in this study and images of hope included friends and other LGBTIQ/takatāpui youth with whom they seek out common understanding and solidarity.

Dysfunctional relationships with family are a risk factor for indigenous youth suicide (Brave Heart, Chase, Elkins & Altschul, 2011; Hunter & Milroy, 2006). Parenting through inter-generational trauma is a further threat to the emotional, psychological, physical and spiritual security and wellbeing of indigenous youth and families (Tatz, 2004). Conversely functional relationships help to prevent suicide (Lawson-Te Aho & Liu, 2010; Clark et al., 2013). In this study, all of the participants commented on the importance of acceptance by family and a secure family context as vital for hope. This is consistent with the indigenous suicide prevention (Lawson-Te Aho & Gray, 2015, under review) and resiliency literature (Wexler, 2014; Wexler, Gubrium, Griffin, & DiFulvio, 2014). All of the participants talked about family relationships as a source of hope. Many of the images from the Kawerau, Paraparaumu and Whanganui project sites showed inter-generational family relationships including parents, grandparents and children/babies engaging in family events. Peers are a source of relationship for Māori youth wellbeing (Clark et al., 2013). In this study, peers/mates were named as a source of hope second to whānau/family. Selfies were in all of the DSTs with these ranging from images of engagement with friends in protests and activism; parties and other social events targeting youth except for the Wellington youth images which were more symbolic depicting beneficiary status, poverty (rotten fruit), gambling (lotto ticket); student ID card (aspirations for the future and goal setting) etc.

Cultural identity and opportunities to learn about who they are and to strengthen existing ‘cultural knowledge and competency’ was a further hope-related theme from the initial conversation about the meaning of hope. However, when translating this theme into images for a DS format, only three of the 21 participants included cultural images such as marae³ and kapa haka⁴ cultural performance or cultural iconography such as koru⁵. Faith and spirituality are both protective factors for suicide prevention (Fleming & Ledogar, 2008; Osafo, Knizek, Akotia, & Hjelmeland, 2013). Church and a relationship with God and Christ were named as constituents of hope in two of the sites whereas the imagery did not match up with the DS’s although music glorifying God was used in two of the DS’s. Finally, the capacity to set and achieve goals was associated with hope for most of the youth in this study with two thirds of the youth voicing their own goals and hopes for the future. The association between agency thinking and pathways thinking was not examined in this study. However, the capacity to imagine a future was a source of hope for all of these youth.

Although the conceptualisation of hope as a critical construct for suicide prevention in indigenous populations is widely assumed further evidence is required. Such evidence has to move beyond the association between hopelessness, depression and suicide (Lawson-Te Aho, 2014). Bolland et al. (2005) found that hopelessness in youth is either positively or negatively associated with disrupted life events such as traumatic stress and exposure to violence and social connectedness such as a sense of community. Research with Indigenous communities has identified the importance of factors such as connectedness and self-determining strategies for suicide prevention generally (Chandler & Lalonde, 2008). Māori suicide prevention has tended to support a risk reduction approach with the accentuation of known protective factors (Lawson-Te Aho, 2014a). However, this has been problematic. For example, suicide prevention related talk has been framed as high risk by clinical researchers, potentially undermining the power of cultural conversations and narratives for Māori suicide prevention (Milne, 2010).

³ Marae is a Maori meeting house, especially as a social or ceremonial forum.

⁴ Kapa haka is the term for Māori performing arts and literally means to form a line (kapa) and dance (haka). Kapa haka is an avenue for Maori people to express and showcase their heritage and cultural Polynesian identity through song and dance.

⁵ The koru, which is often used in Māori art as a symbol of creation, is based on the shape of an unfurling fern frond. Its circular shape conveys the idea of perpetual movement, and its inward coil suggests a return to the point of origin.

The silencing of indigenous histories is implicated in the demise of those identities and knowledge, distancing indigenous communities from their own histories and opportunities to look to the past for the solutions to the present and the future (Pihama et al., 2014). Some of the indigenous suicide prevention literature points to inter-generational historical trauma as explanatory of hopelessness leading to an elevated suicide risk (Duran, 2006). This points to the need to consider collective impacts of ‘disrupted life events’ through generations. Māori researchers report that cultural identity constructs are critical for positive Māori youth development and psychological resiliency (Clark et al., 2011). However, some scholars working in suicide prevention do not take into account the realities of Māori youth as a colonised population, legacy bearers of generational historical trauma advocating instead for future focused research.

Māori scholars assert the need for Māori to understand our colonial histories and the impacts on successive generations of cultural loss, land loss, impoverishment and subjugation. Finding the capacity and will to live might be found in the extensive stories and cultural narratives of survival and resilience thereby offering a source of hope for young people in the present and future. This has yet to be comprehensively researched. However, in this small study, generational survival and the role of family and other significant social relationships, faith and spirituality, were considered to be foundational elements of hope.

Bibliography

1. Arnau, R. C., Rosen, D. H., Finch, J. F., Rhudy, J. L., & Fortunato, V. J. (2007). Longitudinal effects of hope on depression and anxiety: A latent variable analysis. *Journal of personality*, 75(1), 43-64.
2. Bennett, S. (2007). Te huanga o te ao Māori: Cognitive Behavioural Therapy for Māori clients with depression: development and evaluation of a culturally adapted treatment programme PhD, Massey, Wellington
3. Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among indigenous peoples of the Americas: Concepts, research, and clinical considerations. *Journal of psychoactive drugs*, 43(4), 282-290.
4. Bruininks, P., & Malle, B. F. (2005). Distinguishing hope from optimism and related affective states. *Motivation and Emotion*, 29(4), 324-352.
5. Chandler, M. J. & Lalonde, C.E. (2008). Cultural Continuity as a Moderator of Suicide Risk among Canada's First Nations. In L. Kirmayer & G. Valaskakis (Eds.). The Mental Health of Canadian Aboriginal Peoples: Transformations, identity and Community. Canada: University of British Columbia press.
6. Cheavens, J. S., Feldman, D. B., Gum, A., Michael, S. T., & Snyder, C. R. (2006). Hope therapy in a community sample: A pilot investigation. *Social Indicators Research*, 77(1), 61-78.
7. Clark, T.A., Robinson, E., Crengle, S., Fleming, T., Ameratunga, S., Denny, S., Bearinger, L., Seiving, R & Saewyc, E. (2011) Risk and Protective Factors for Suicide Attempt Among Indigenous Māori Youth in New Zealand: The Role of Family Connection. *Journal of Aboriginal Health*, 2011, pp 17-31.
8. Clark, C., Fleming, T., Bullen, P., Crengle, S., Denny, S., Dyson, B., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J., & Lewycka, S. (2013). Health and well-being of secondary school students in New Zealand: Trends between 2001, 2007 and 2012. *Journal of paediatrics and child health*, 2013, Vol.49(11), p.925-934
9. Duran, E. (2006). *Healing the Soul Wound: Counselling with American Indians and Other Native Peoples*. New York: Columbia University Teachers College Press
10. Duran, E., Firehammer, J. & Gonzalez, J. (2008). Liberation Psychology as the Path toward Healing Cultural Soul Wounds. *Journal of Counseling and Development*, summer 2008, 86, 288-294
11. Elliott-Farrelly, T. (2004). Australian Aboriginal suicide: The need for an Aboriginal suicidology? *Australian e-journal for the Advancement of Mental Health*, 3(3), 138-145.
12. Elias, B., Mignone, J., Hall, M., Hong, S. P., Hart, L., & Sareen, J. (2012). Trauma and suicide behaviour histories among a Canadian indigenous population: An empirical exploration of the potential role of Canada's residential school system. *Social Science & Medicine*, 74(10), 1560-1569.
13. Farrelly, T. (2007). 'Aboriginal Suicide Prevention: Community-specific Research and Aboriginal Control over Interpretation of Data'. *Aboriginal and Islander Health Worker Journal*, 31(4), 32.
14. Fleming, J., & Ledogar, R. J. (2008). Resilience and indigenous spirituality: a literature review. *Pimatisiwin*, 6(2), 47.
15. Hanssens, L. (2007). Indigenous Dreaming: how suicide in the context of substance abuse has impacted on and shattered the dreams and reality of Indigenous

- communities in Northern Territory, Australia. *Aboriginal and Islander Health Worker Journal*, 31(6), 26.
16. Hunter, E., & Milroy, H. (2006). Aboriginal and Torres Strait Islander suicide in context. *Archives of Suicide Research*, 10(2), 141-157.
 17. Hunter, E., & Harvey, D. (2002). Indigenous suicide in Australia, New Zealand, Canada and the United States. *Emergency Medicine*, 14(1), 14-23.
 18. Isaak, C. A., Campeau, M., Katz, L. Y., Enns, M. W., Elias, B., Sareen, J., & Team, S. C. S. P. (2010). Community-based suicide prevention research in remote on-reserve First Nations communities. *International journal of mental health and addiction*, 8(2), 258-270.
 19. Kerekere, E. (2015). Takatāpui - Part of the Whānau. Auckland: Tīwhanawahan Trust and Mental Health Foundation.
 20. Kirmayer, L. J., Fraser, S. L., Fauras, V., & Whitley, R. (2009). Current approaches to aboriginal youth suicide prevention. *Cultural and Mental Health Research Unit working paper*, 14.
 21. LaFromboise, T., & Howard-Pitney, B. (1995). The Zuni life skills development curriculum: Description and evaluation of a suicide prevention program. *Journal of Counseling Psychology*, 42(4), 479.
 22. Lawson-Te Aho, K. (2015). *Joining the Dots between Māori Suicide Prevention, Indigenous Entrepreneurship Education, Resilience and Hope: A Review of Selected Literature*. Unpublished report for the research on entrepreneurship education and suicide prevention.
 23. Lawson-Te Aho, K. (2014a). *Whāia Te Mauriora (In Pursuit of Healing): Theorising connections between soul healing, tribal self-determination and Māori suicide prevention in Aotearoa/New Zealand*. A dissertation submitted for a Doctor of Philosophy in Psychology at Victoria University of Wellington, Aotearoa/New Zealand.
 24. Lawson-Te Aho, K. (2014b). The Healing is in the Pain Revisiting and Re-Narrating Trauma Histories as a Starting Point for Healing. *Psychology and Developing Societies*, 26(2) 181–212
 25. Lawson-Te Aho, K. & Liu, J. (2010). Indigenous suicide and colonisation: The legacy of violence and the necessity of self-determination. *International Journal of Conflict and Violence*, 4: 124-133.
 26. Lucassen, M.F.G, Clark, T., Denny, S.J., Fleming, T., Rossen, F., Sheridan, J., Bullen, P. & Robinson, E.M. (2014). What has changed from 2001 to 2012 for sexual minority youth in New Zealand? *Journal of paediatrics and child health*. 51(4): 410-418.
 27. Lytle, M., De Luca, S., & Blosnich, J. (2014). The Influence of Intersecting Identities on Self-Harm, Suicidal Behaviors, and Depression among Lesbian, Gay, and Bisexual Individuals. *Suicide and Life-Threatening Behavior*, 44(4): 384–391.
 28. Milne, M. (2010). He Rongoā kei te Kōrero: Talking Therapies for Māori. Wise practice guide for mental health and addiction services. Auckland: Te Pou.
 29. O'Keefe, V. M., Tucker, R. P., Wingate, L. R., & Rasmussen, K. A. (2012). American Indian hope: a potential protective factor against suicidal ideation. *Journal of Indigenous Research*, 1(2), 3.
 30. Osafo, J., Knizek, B. L., Akotia, C. S., & Hjelmeland, H. (2013). Influence of religious factors on attitudes towards suicidal behaviour in Ghana. *Journal of religion and health*, 52(2), 488-504.

31. Pihama, L., Reynolds, P., Smith, C., Reid, J., Smith, L.T., & Te Nana, R. (2014). Positioning historical trauma theory within Aotearoa New Zealand AlterNative: An International Journal of Indigenous Peoples, 10 (3).
32. Rodriguez-Hanley, A., & Snyder, C. R. (2000). The demise of hope: On losing positive thinking. Handbook of hope: Theory, measures, and applications, 39-54.
33. Snyder, C. R. (Ed.). (2000). Handbook of hope: Theory, measures, and applications. New York: Academic Press.
34. Snyder, C. R. (1994). The psychology of hope: You can get there from here. New York: The Free Press. .
35. Strickland, C. J., Walsh, E., & Cooper, M. (2006). Healing fractured families: Parents' and elders' perspectives on the impact of colonization and youth suicide prevention in a Pacific Northwest American Indian tribe. Journal of Transcultural Nursing, 17(1), 5-12.
36. Sympson, S. C. (2000). Rediscovering Hope: Understanding and working with Survivors of trauma. In C.R. Snyder (ed.). Handbook of hope: Theory, measures, and applications, 285-297. New York: Academic Press.
37. Tatz, C. (2004). Aboriginal, Maori, and Inuit Youth Suicide: Avenues to Alleviation?.
38. Tong, E. M., Fredrickson, B. L., Chang, W., & Lim, Z. X. (2010). Re-examining hope: The roles of agency thinking and pathways thinking. Cognition and Emotion, 24(7), 1207-1215.
39. Valentine, H. (2009). Kia Ngawari ki te Awatea: The Relationship between Wairua and Māori Wellbeing a Psychological Perspective. PhD, Massey University, Palmerston North
40. Wexler, L. (2009). Identifying colonial discourses in Inupiat young people's narratives as a way to understand the no future of Inupiat youth suicide. American Indian and Alaska Native Mental Health Research: The Journal of the National Center, 16(1), 1-24.
41. Wexler, L. (2014). Looking across three generations of Alaska Natives to explore how culture fosters indigenous resilience. Transcultural Psychiatry , 2014, Vol.51(1), p.73-92
42. Wexler, L., Gubrium, A., Griffin, M., & DiFulvio, G. (2014). Promoting Positive Youth Development and Highlighting Reasons for Living in Northwest Alaska through Digital Storytelling. Health promotion practice , 2013, Vol.14(4), p.617-623
43. White, J. (2007). Working in the midst of ideological and cultural differences: Critically reflecting on youth suicide prevention in Indigenous communities. Canadian Journal of Counselling and Psychotherapy 41.4.