

TE WHARE TAPA WHĀ

The impact of physical distancing on the health and well-being of kuia and koroheke

*Rāwiri Tinirau**

Ana Te Putere O Te Rangi Allen†

Miriama Cribb‡

Hine Maraku§

Susie Wakefield||

Abstract

The effects of the COVID-19 lockdown and physical distancing were broad, impacting multiple sectors, particularly health, for Māori and Indigenous peoples. This article considers health and well-being using Te Whare Tapa Whā, and looks at the experiences and voices of kuia and koroheke—considered to be at high risk of contracting coronavirus—to better understand their health and well-being impacts from physical distancing. This article then reflects on these experiences to identify how help groups can best support communities in future lockdown situations. The recommendations for future support efforts are threefold and centre on increasing coordination amongst the efforts of the different help groups, using a holistic approach such as Te Whare Tapa Whā to address the various pillars of health, and considering individual health and well-being needs.

Keywords

Te Whare Tapa Whā, physical distancing, kuia, koroheke,
health, well-being, COVID-19, pillars of health

Introduction: Lockdown, Te Whare Tapa Whā, and the institute

COVID-19 brought unprecedented efforts to
instate physical distancing, resulting in a change

of behavioural patterns and ordinary daily func-
tioning (Galea, Merchant, & Lurie, 2020), and
negatively impacted the health and well-being
of many. This was particularly true for Māori,

* Te Āti Haunui-a-Pāpārangī, Ngāti Tūwharetoa, Ngā Rauru, Ngāti Ruanui, Ngā Wairiki/Ngāti Apa, Ngāti Maru, Ngāti Kahungunu, Ngāi Tūhoe, Te Whānau-a-Apanui, Te Whakatōhea, Te Arawa, Rangitāne, Kāti Māmoe/Ngāi Tahu. Director, Te Atawhai o Te Ao, Whanganui, New Zealand. Email: rawiri@teatawhai.maori.nz

† Te Āti Haunui-a-Pāpārangī. Business Manager, Te Atawhai o Te Ao, Whanganui, New Zealand.

‡ Te Āti Haunui-a-Pāpārangī, Ngāti Pikiao, Ngā Wairiki-Ngāti Apa, Ngāti Porou. Research Manager, Te Atawhai o Te Ao, Whanganui, New Zealand.

§ Te Āti Haunui-a-Pāpārangī, Ngāti Rangī, Ngāti Tūwharetoa, Ngāti Maniapoto, Ngā Wairiki-Ngāti Apa. Administrator, Te Atawhai o Te Ao, Whanganui, New Zealand.

|| Ngā Wairiki-Ngāti Apa, Te Āti Haunui-a-Pāpārangī. Researcher, Te Atawhai o Te Ao, Whanganui, New Zealand.

a communal people whose activity is based on cultural obligations and actions of reciprocity (Robinson & Williams, 2001). During the first outbreak of the virus and lockdown, New Zealand Government messaging encouraged “social distancing” and “physical distancing” as a protection measure against the virus and used the terms interchangeably (Ministry of Health, 2020a). However, later messaging tended to favour the term “physical distancing”, so not to cause confusion between physical distancing measures and staying socially connected with whānau and others (Ministry of Health, 2020b).

Amongst other important cultural tenets, physical and social dimensions are evident within Te Whare Tapa Whā, a model considered essential by tangata whenua to promote and achieve good health and well-being (Ihimaera, 2004). Durie’s (1998) conceptualisation of Te Whare Tapa Whā involves four pillars that work together as a system to ensure strength and symmetry: (a) Te taha wairua, deemed the most essential, is concerned with faith and understanding between a person and their environment; (b) Te taha hinengaro focuses on the expression of thoughts and feelings; (c) Te taha tinana, a more familiar health dimension, looks at bodily health with a particular distinction between tapu and noa; and (d) Te taha whānau, which acknowledges the relevance of whānau to health. These four pillars are firmly anchored on a spiritual rather than somatic base (Durie, 1998).

In response to challenges to Te Whare Tapa Whā associated with maintaining social connections whilst distancing physically, Te Atawhai o Te Ao—an independent Māori research institute for environment and health—redeployed staff to contribute to the support efforts in Whanganui during the second week of Alert Level 4 of the COVID-19 lockdown, which came into force on 25 March 2020. The institute focused on supporting two local kuia and koroheke groups with whom Te Atawhai o Te Ao has an established relationship, and communicated with these groups throughout the lockdown, receiving their response and feedback. This article reflects on the responses and feedback of these kuia and koroheke to understand the effect of physical distancing on the different pillars of their health and how response efforts by help groups can better support this demographic in potential future lockdowns.

Response: Supporting the needs of kuia and koroheke

Māori models of health, including Te Whare Tapa Whā, were used throughout the lockdown period

to encourage good health and well-being (Ware, 2020). National policies and guidelines were also developed, including the *COVID-19 Māori Response Action Plan* (Ministry of Health, 2020c), providing a framework to protect, prevent, and mitigate the impacts of COVID-19 within whānau, hapū, iwi, and Māori communities, with particular attention paid to producing whānau-centred communications.

The support efforts of Te Atawhai o Te Ao used Te Whare Tapa Whā and, in so doing, was cognisant of two interrelated situations: first, physical contact is instrumental in Te Whare Tapa Whā and the individual health of kuia and koroheke; and second, the need to reinforce the pillars of health to mitigate the impact of a lack of physical contact. During this time, staff provided a sympathetic ear and had conversations with kuia and koroheke on various topics of interest, including what happened during each week at their homes, what they had been cooking and eating, how they were feeling, how the country was progressing with COVID-19, and enquiring if they needed anything in an attempt to understand how their health was being affected then identifying how they could be supported. Over a seven-week period (from 30 March to 17 May 2020), weekly phone calls and texts were made to 41 kuia and koroheke and staff distributed supplies including kai packs, boredom busters—Te Atawhai o Te Ao research publications, puzzle books, and magazines—hygiene packs, and phone top-up vouchers. Transport assistance was also provided for some kuia and koroheke who required flu vaccinations, doctor visits, and specialist appointments. During interactions with Te Atawhai o Te Ao staff, physical distancing measures were adhered to, whilst care and support were provided for one of the most vulnerable demographics within our community.

Methods: Kuia and koroheke guidance

Through the regular communications described previously, kuia and koroheke provided guidance to Te Atawhai o Te Ao staff throughout the lockdown on how they and other kuia and koroheke might best be supported. Institute staff reflected on kuia and koroheke conversations and needs to ascertain key issues and recurring themes arising from those conversations. These were then discussed at staff Zoom hui and decisions were made based on the needs of kuia and koroheke whilst being mindful of other support systems implemented by iwi help groups locally. Based on these reflections and discussions at staff hui, a short qualitative questionnaire was devised then

delivered to kuia and koroheke, asking for their views on what they found enjoyable about being in lockdown, what they found challenging, what support they or other kuia and koroheke would benefit from, and any other comments they might have. Their guidance in designing our institute's response, appropriate support systems, and the research was critical, given that related activities were based on issues that they experienced and needs that they identified during the course of the lockdown.

Of the 41 kuia and koroheke supported during lockdown, 17 completed the questionnaire. Data gathered through the questionnaire were analysed during staff hui as completed surveys were received. Thus, qualitative data were analysed inductively, where specific kuia and koroheke feedback informed our institute's response as well as the recommendations offered later in this article. Further, and being cognisant of Te Whare Tapa Whā in our approach, data were also analysed deductively, as the pillars of health were used to analyse our response efforts and mediate the challenges associated with physical distancing and providing support. The questionnaire and research were approved by Te Atawhai o Te Ao's Tikanga Rangahau Committee, Whanganui. Consent was obtained from kuia and koroheke for publishing their views in this article.

Results: Kuia and koroheke views of lockdown

The toll of physical distancing on the health of kuia and koroheke is evident in the feedback, as described by this couple: "Not being able to travel and catch up with friends and relatives, unable to leave the house to visit or be visited—missing whānau connections" (Kuia 1 and Koroheke 1, feedback).

While many maintained regular communication with whānau via Zoom or phone, for others who were widowed or living alone, the communication by staff was the only conversation they had. Pre-lockdown, these kuia and koroheke relied on social groups to fulfil their need for social connection. Te Atawhai o Te Ao staff also benefited from conversation, as staff cheerfully remembered and noted the joy in the voices and demeanour of kuia and koroheke when they answered the phone calls and saw them in person when delivering packs.

One particular kuia experienced the challenge of losing a relation during the COVID-19 lockdown. Being unable to attend tangihanga to offer their condolences in person or to receive aroha from those outside their bubble was difficult.

The disruption to their health was addressed by fortifying other areas of their health and ensuring each pillar was upheld. Kuia and koroheke strengthened their taha wairua through offering karakia and gratitude: "Before I unpacked anything, I did a karakia, shed a tear (thinking about other countries), truly grateful for my pepeha, my tipuna" (Kuia 3, feedback).

Kuia and koroheke appreciated and took time to enjoy aspects of nature—fresh air, birds, and insects: "I found nothing challenging. I noticed there were more bird numbers ... monarch butterflies, bees, worms, insects ... The animal kingdom we can learn from" (Kuia 3, feedback). They shared insights and moments of resilience and understanding—the same understanding between the human element and the environment promoted earlier by Durie (1998).

The impact of physical distancing on te taha hinengaro was also prevalent. Comments such as "without you all I would have been stress[ed] out ... without you all [and] the support and help and seeing you coming, I think I might have ended up in [a local mental health unit]" (Kuia 4, feedback) were indications of the impact that physical distancing had on the mind. Kuia and koroheke kept their minds active and enjoyed catching up on jobs at home, re-reading books, and gardening. One particular kuia shared: "My enjoyment was pulling out stacks of photo albums, old newsletters, documents from 1927 ... I had plenty of time to catch up with beautiful memories" (Kuia 3, feedback).

Te taha whānau was exercised through online technology to keep in touch with whānau. Virtual methods of maintaining relationships, otherwise known as "virtual whanaungatanga" (O'Carroll, 2013), promoted new and alternative ways of maintaining ties and fostering relationships. Despite physical distance, kuia and koroheke continued to pursue whanaungatanga and express their emotions.

Despite the challenges, kuia and koroheke had moments of enjoyment and aroha, noting fewer responsibilities and no need to rush, and being able to spend quality time with their partners, catch up on odd jobs and tasks, slow down, walk, and garden. All kuia and koroheke acknowledged the aroha and support received: "Lockdown has shown how much love and support by various organisations ... what would we do without you all" (Kuia 2 and Koroheke 2, feedback).

Kuia and koroheke identified areas of improvement for support responses and how responses could better address community needs by considering

individual health needs, such as the dietary limitations of diabetics and coordination amongst the support groups. One kuia noted: “Perhaps a more co-ordinated effort between the different help groups, to prevent a doubling up in the food parcels given to kaumātua” (Kuia 5, feedback).

Recommendations for future support efforts

The recommendations for future support efforts are threefold and centre on coordination among the different help groups, addressing the various pillars of health, and addressing the unique health needs of individuals: (a) Better coordination is required from health and social services, government agencies, iwi, research institutes, and help groups, as this is important when addressing the needs of our communities; (b) Support that encourages kuia and koroheke to be active and mentally stimulated is called for, and is appreciated by kuia and koroheke—an example of addressing a particular pillar of Te Whare Tapa Whā; (c) Individual and targeted communication is essential to ensure even the most modest of health needs (whether these be mental, spiritual, physical and/or whānau related) of an individual are met.

Conclusion

Kuia and koroheke feedback highlights the importance of recognising Te Whare Tapa Whā and the different pillars of health, their inalienability to each other, and the need to address each pillar individually when supporting health and well-being holistically. This reinforces the importance of Te Whare Tapa Whā as a model of health and well-being that can be used to support Māori and Indigenous communities during times of crisis.

The experience of offering support to kuia and koroheke during the lockdown period demonstrates the need for future support efforts to be flexible, responsive, and based on needs, which are varied and informed by the individual. Researchers, organisations, and funders also need to be flexible and agile to ensure all can respond appropriately to the health and well-being needs of Māori communities, particularly in changing social contexts.

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Glossary

aroaha	compassion and sympathy, love
hapū	cluster of extended families, descended from an eponymous ancestor
hui	meeting, gathering
iwi	tribe, nation
kai	food
karakia	ritual chants, invocations
kaumātua	elderly people
koroheke	elderly man; grandfather
kuia	elderly woman; grandmother
noa	unrestricted
pepeha	tribal saying, motto, proverb
tangihanga	funeral
tangata whenua	people of the land
tapu	sacred, requiring respect or reverence
te taha hinengaro	psychological aspects
te taha tinana	physical aspects
te taha wairua	spiritual aspects
te taha whānau	family aspects
Te Whare Tapa Whā	health philosophy based on a Māori holistic health and well-being model developed by Dr Mason Durie in 1998
tikanga rangahau	culturally relevant research protocols and practices
Tikanga Rangahau	a sub-committee of the Board of Te Atawhai o Te Ao, responsible for validating tikanga rangahau that is used in research programmes and projects
tipuna	ancestors; grandparents
whānau	extended families
whanaungatanga	relational systems
Whanganui	a river and city, based on the west coast of the lower North Island of Aotearoa New Zealand

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