A Living Curriculum: Interweaving Te Whare Tapa Whā, Model of Māori Holistic Health and Wairua, Into Postgraduate Mental Health and Addictions Nursing

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A primary focus on a Western model of care in clinical practice is seen to be conventional; however, a te ao Māori world view requires holistic thinking, which is universal. This article discusses the incorporation of Te Whare Tapa Whā into the curriculum of the Postgraduate Certificate of Nursing (Mental Health, Addictions and Disability) at Whitireia New Zealand and shares kaimahi reflections on the experiences of ākonga. The author, one of the kaimahi in the teaching team, completed a research thesis exploring wairua, which inspired the evaluation and review of a postgraduate mental health nursing programme. The teaching team identified the need to restructure the training to achieve a contemporary and scaffolded learning process, and the distinct inclusion of wairua, Māori spirituality, was recommended. Sir Mason Durie guided the use of Te Whare Tapa Whā model, which depicts the four ingredients of health, and in 2017, it was incorporated into the curriculum. Each of the four theory weeks was dedicated to one of the dimensions of Durie's model: taha hinengaro, taha tinana, taha wairua and taha whānau. The process of change occurred with very few challenges and seemed to be intrinsic. On reflection, after five years of embedding the new teaching model, it is clear that it has been transformational for kaimahi and ākonga alike.

KEYWORDS: hauora; health; holistic care; Māori health models; Te Whare Tapa Whā

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During a training session for fieldworkers in 1982, representatives from the Māori Women's Welfare League reported findings from their research titled 'Rapuora' (Ripia, 2013). Psychiatrist Sir Mason Durie framed four dimensions of health as four walls of a wharenui, meeting house, which he labelled Te Whare Tapa Whā model of Māori health. It was believed that the four ingredients of good health are firmly underpinned in spirituality, and at the conclusion of the meeting, Durie summarised the discussion and maintained that health is comprised of four dimensions or pou: taha hinengaro, mental and emotional wellbeing; taha tinana, physical dimension of wellbeing; taha wairua, spiritual wellbeing and taha whānau, family wellbeing (Heaton, 2015). While medical experts presented on some of the diseases that disproportionately impact on Māori, kaumātua concentrated on the importance of wairua (Canvas, n.d.; Heaton, 2015). Durie (1998) also understood that wairua is the most essential element of the whare. It is important that the four pou are symmetrical, being necessary for optimum health (Maxwell et al., 2020). When one of the four dimensions is weakened, the others are impacted, which results in instability in the whare and depletion in the health and wellbeing of a person. The wharenui also sits on whenua – connection with land, people's roots, and place of belonging – which is the foundation for the four dimensions.

Te Whare Tapa Whā model of holistic health has been identified as a heuristic framework that supports a Māori trauma-informed approach (Kiyimba & Anderson, 2023). Within a holistic lens, it avoids pathologisation (Momo, 2023), enabling individuals to understand their relationship with each corner of the whare. The model provides a framework for health practitioners wishing to provide holistic healthcare with tangata whaiora, and it is incorporated into numerous documents and policies within the health and education sectors, for example Health and Physical Education in the New Zealand Curriculum, which later changed to the New Zealand Curriculum (Ministry of Education, 1999; 2007). This is further supported by the most current New Zealand health plan, Te Pae Tata, which endorses the implementation of one system of care that works collaboratively to reinforce Te Tiriti o Waitangi principles and obligations. This is achieved by adopting the growth of te ao Māori health and services and changes that improve equity for Māori (New Zealand Government, 2022).

THE POSTGRADUATE CERTIFICATE IN NURSING (MENTAL HEALTH, ADDICTIONS AND DISABILITY)

When it was established in 1986, Whitireia New Zealand (Whitireia) offered many programmes in health and social services. In 1998, an audit of what was then called the Diploma of Entry to Specialist Psychiatric Mental Health Nursing Practice occurred. Eventually, the programme was purchased from a local health board, and a new programme titled the Postgraduate Certificate in Nursing (Mental Health, Addictions and Disability) was created (Haggerty, 1999). This qualification is a one-year Level Eight programme that graduate nursing ākonga complete while balancing full-time work, family and other commitments.

There was an increasing diversity of ākonga enrolling for each programme, and Whitireia held important relationships with external stakeholders who also valued research-based teaching that was holistic and driven to achieve equity for Māori. With the growing need for mental health nurses in Aotearoa New Zealand, the numbers of ākonga have continued to increase. In 1998, 10 ākonga enrolled in the initial cohort; this number has increased to over 70 ākonga annually in two separate cohorts.

WAIRUA WITHIN HEALTH AND EDUCATION

In te ao Māori, the Māori world or world view, wairua is a fundamental life force that is pivotal to wellbeing (Valentine et al., 2017). Wairua underpins tikanga and connects Māori to their whakapapa, whānau and whenua. Wairua is considered a 'delicate taonga (treasure) imbued with tapu (spiritual restrictions), which invoke certain restrictions in its utilisation and understanding, as well as raising issues of Māori

intellectual property' (Valentine et al., 2017, p. 66). The unique cultural care required for Māori is difficult to obtain when engagement in biomedical treatment leaves them marginalised (Maxwell et al., 2020). It could also be argued that holistic thinking and the inclusion of wairua is useful for all populations. One study within a palliative care setting found that both Māori and non-Māori benefitted from the holistic elements of Te Whare Tapa Whā equally and that the emotional, physical, spiritual and whānau wellbeing advice offered comfort for palliative care patients and their whānau (Maxwell et al., 2020).

The depletion of wairua practices for Māori was driven by colonisation – these practices were seen as superstitious and primitive when compared to Western religion such as Christianity (Barnes et al., 2017). It has been suggested that Te Whare Tapa Whā is at risk of being diluted when wairua sits in tension with the dominant Western ideologies that are perpetuated (Heaton, 2015). For instance, wairua is either overlooked, or Western notions of spiritually (as an individualistic rather than holistic concept) are perpetuated. When wairua is discussed in education models, it comes with challenges (Arnst, 2019; Mays, 2001; Jones, 2006). For example, the term 'spirituality' is often conflated with religion, and therefore kaimahi and ākonga can find themselves reluctant or find it difficult to discuss wairua (Jones, 2006). Since it cannot be seen or measured, wairua lacks a concrete definition. Given the uncertainty around the term, educators have previously lacked the confidence to discuss it in the classroom (Arnst, 2019; Jones, 2006). Western religious thinking is often compared to, or confused for, wairua (Sculley, 2019).

In 2017, while I was writing my thesis exploring wairua, I identified that the programme required a review to ensure that it was current, that it was meeting the needs of modern mental health and addiction practice and that it acknowledged holistic care with the reflection on wairua. I recognised that the traditional Western-focused curriculum was not meeting the health needs of all ākonga and mental health service-users. My research noted how the curriculum lacked any mention of wairua and so was also failing to engage with tangata whaiora regarding their spirituality.

A research study completed by Kuven and Giske (2018) reported an experience where nursing students were asked to complete an assignment about spiritual care and holistic nursing. The nurses were initially reluctant to talk about spirituality and felt it was confrontational and uncomfortable. The nurses also reported that it was unusual to have spirituality within the curriculum and shared that they were required to reflect on their own wairua and wellbeing to support tangata whaiora in exploring their own wairua.

When I shared my research with the teaching team, together we decided to change the curriculum. We agreed that embedding Te Whare Tapa Whā into the curriculum would improve the ability of nursing ākonga to provide healthcare for all tangata whaiora. The model incorporates te ao Māori and is specific to Māori tangata whaiora, helping to meet the commitment to being a genuine partner under Te Tiriti o Waitangi.

EMBEDDING TE WHARE TAPA WHĀ IN THE PROGRAMME CURRICULUM

Te Whare Tapa Whā was initially introduced into the curriculum of the Postgraduate Nursing Certificate during a four-week theory module in 2017. Since 2017, the four-week module has been repeated every year, with each one of the four weeks focusing on one of the four dimensions of Te Whare Tapa Whā. The traditional Māori tuakana–teina relationship is also fostered in the class where more experienced peers mentor the less experienced, which creates a sense of whānau. Recent graduates (tuākana who are more experienced) also share their experiences of working in the sector with ākonga.

The first week focuses on taha hinengaro, the ability to communicate, think, feel and express (Durie, 1994). In this week, ākonga hinengaro or minds are prepared for working within the mental health, addiction and disability space.

Ākonga explore the theory behind contemporary mental health nursing practices in Aotearoa and international contexts. They also engage in mental state examination scenarios where they incorporate the most recent Ministry of Health assessment, policies focusing on health and risk-assessment, as well as trauma-informed care, ethics and Te Tiriti o Waitangi. Overall, the taha hinengaro week is based on laying down expectations for the programme and preparing the hinengaro of ākonga for the parameters of mental health nursing practice.

The second week centres on taha tinana, the separation of tapu and noa and the capacity for physical growth and development (Durie, 1994). Here ākonga learn about the specific metabolic and health conditions associated with mental health, as well as the health disparities experienced by those with mental health concerns. This week is structured on the 2021 Equally Well plan for Te Pou, which is underpinned by the goal of achieving equity in health for tangata whaiora. Ākonga are taught about the green prescription, anxiety experienced in emergency rooms and specialist mental health areas of practice, such as older adult health, dementia and eating disorders. They also participate in all-day scenarios focusing on organic conditions that mirror mental health symptomology, such as hyperthyroidism and head injuries.

The third week focuses on taha wairua, the capacity to have faith, a connection to the land (whenua), birds, sea, forest, the relationship with yourself and with others, those who are present and who have passed, and that health is related to unseen and unspoken energies (Durie, 1994). In this week, kaimahi and ākonga alike explore their spiritual wellbeing. Ākonga practice meditation and reflect on their connection to the whenua and sea as well as their relationships with other people (present and past). They also learn about attachment theory, sensory-modulation, self-reflection and holistic wellbeing. In an all-day scenario, ākonga explore alternative therapies, for example homeopathy and traditional healing practices. This approach also focuses on self-regulation and substance use, de-stigmatisation and recognising intergenerational trauma. In a second all-day scenario, ākonga learn about working with the Rainbow community and the correct use of personal pronouns. A half-day class session focuses on promoting early intervention, the importance of harm minimisation and brief intervention (all concepts supported by the Ministry of Health Te Ariari o Te Oranga document) (Todd, 2010).

The final week centres on taha whānau, the capacity to share, connectivity, the roles within whānau constructs, shared beliefs and decision-making, and the health of the wider community (Durie, 1994). In this week, ākonga consider whānau connectivity; whanau-centred care; wider social structures, such as the link between poor housing, education and health determinants and the impact of these aspects on mental health and wellbeing. Ākonga explore the Whānau Ora initiative, which stresses the pivotal nature of family systems and dynamics for health and wellbeing (Durie et al., 2010). Ākonga learn about working with vulnerable whānau and the importance of peer-support workers in mental health. An all-day scenario focusing on Pacific whānau with health and social complexities highlights how ākonga will be working with diversity. This week also stresses the need for supportive relationships between nursing peers. Ākonga are challenged in this week to look to the wider social, historical and political constructs.

Hunter (2020) provides a critical analysis of the cultural appropriateness of using Te Whare Tapa Whā for non-Māori whānau. Her reflections include the need to move away from having cultural differences and to explore the interaction of shared values and wairuatanga for all people, which can be translated as having a spiritual awareness and a mauri, life force. Hunter argues that in order for nurses to demonstrate 'cultural competency', the curriculum requires Māori health and education.

KAIMAHI OBSERVATIONS

Prior to Te Whare Tapa Whā being embedded in the curriculum, ākonga were reluctant to discuss

wairua. However, during the first week when wairua was being discussed, the group of ākonga reported a sense of warmth and connection to the topic and the group. Some international ākonga, in particular, were noted as leaders in the space of reflecting on spirituality and responded favourably to the learning that occurred in the wairua week. Ākonga from the Philippines, China and India felt spiritual practices were second nature to them, and they enjoyed sharing their individual indigenous spiritual practices with the class. Māori and Pacific ākonga have also reported how these classroom discussions of wairua and the activities over the four weeks were transformational for them as self-defined spiritual people. Ākonga opened conversations in the classroom around spirituality, which required courage and developed knowledge and the ability to feel comfort in a bicultural world (Hunter, 2020).

A research study that reviewed the use of Te Whare Tapa Whā as a rural revitalisation strategy in China likened the diversity of the population in China to the diversity in Auckland – one of the most ethnically diverse cities in the world (Boddie et al., 2021). Boddie et al. (2021) suggested the model offered a rich application to China and its diverse ethnic minorities. There is a need to embrace oral histories, lifestyles and languages of ethnic minorities to reach understanding, value and recovery for tangata whaiora.

In the week where taha wairua is discussed, kaimahi endeavour to promote the notion that all people have a spiritual connection. This could be to a higher power, ancestors or the whenua/environment, offering them a sense of belonging and connection. Kaimahi consider that ākonga experience such components of the curriculum as nourishing during times of heightened stress. The natural progression for ākonga is the understanding that to care for others, they must first practice self-care. There is also a responsibility for educators to provide safe learning conversations and 'facilitate learning so that "actionable knowledge" can ensue – i.e. for all nurses in Aotearoa "to know how to enter a Māori world", safely, and to significantly to improve Māori health outcomes' (Hunter, 2020, p. 25).

Many ākonga are inspired to pursue a career in mental health nursing through an interest in and connection to working with mental distress. Some ākonga have had their own experience of mental distress or had a whānau member or friend with mental distress. Kaimahi have noticed in-depth learning and transformation in thinking when Te Whare Tapa Whā is used to engage in their practice. Some ākonga report a sense of peace, warmth and connection in the room.

Hunter (2020) introduces the concept of single and double loop learning. Single loop learning is achieved when ākonga make incremental changes to their practice following learning without in-depth change to one's beliefs or values. Double loop learning occurs when ākonga develop new practices following realisation through inquiry and awareness, challenging assumptions and becoming open to changing their values and beliefs. This in turn enables ākonga to have a deeper understanding of the lived experience of mental health and wellbeing for themselves and for others.

Ideas of holistic health that accompany Te Whare Tapa Whā promote group discussions. Moreover, each week, ākonga reflections have an impact on the learning that occurs and on the teaching of the programme. The programme is reviewed regularly to evolve and improve the student experiences and facilitate new learning for ākonga and kaimahi alike. Kaimahi learn alongside ākonga, and a sense of whānau, that is, connection and belonging, is created in the classroom. Te Whare Tapa Whā has offered a transformational change in the programme, where ākonga and kaimahi are able to facilitate a living curriculum that aligns to academic process, and offers double loop learning, critical reflection and whānau-centred care.

CONCLUSION

Te Whare Tapa Whā is a model that has become widely used in health and education in Aotearoa and is beginning to evolve in other countries. It is evident in the research that wairua is

acknowledged as the most essential element in the model. As a result of my research thesis exploring wairua, the Postgraduate Certificate of Nursing (Mental Health, Addictions and Disability) was reviewed in the hope of increasing knowledge and understanding of wairua, promoting scaffolded learning and improving learning outcomes for ākonga. Reflecting after five years of using the new curriculum, it is acknowledged that the use of Te Whare Tapa Whā has been transformational for kaimahi and ākonga alike. The programme maintains academic scholarship, honours Te Tiriti o Waitangi and promotes equity for Māori. Research has also supported the use of the model for a diversity of ethnicities and cultural safety. Being able to experience wairua in the classroom has encouraged bravery and openness from the ākonga group, and Te Whare Tapa Whā has offered double loop learning for a diverse class and kaimahi. Ākonga have reported an ability to engage with tangata whaiora on the topic of wairua after being reflective of their own wairua experiences and needs. Kaimahi also noted that ākonga are confident in their use of Te Whare Tapa Whā and leadership in teaching the model to tangata whaiora. Ākonga are championing Te Whare Tapa Whā with tangata whaiora – this provides anecdotal evidence suggesting the curriculum change has been transformational; however, further research evidence is needed. In future research, it would be useful to capture and report the experiences of ākonga and the outcomes for tangata whaiora. Educators should challenge themselves to think critically, review the importance of teaching Māori models of practice, include more bicultural concepts in mental health nursing practice and have a greater influence on holistic care.

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