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## Te Whakatara!—Tangihanga and bereavement COVID-19

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### Abstract

*New Zealand responded swiftly to the Covid-19 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) to prevent the spread of sickness and prevent unnecessary deaths. The government initiated a four-level social distancing alert system with specified measures at each level to manage and minimise the risk of COVID-19. By late March 2020, Alert Level 4 required people to stay in their homes in their 'bubbles' or family units. Social contact was restricted other than for essential personal movement and travel was severely limited. The Ministry of Health (2020) produced tangihanga (funeral rituals) policy guidelines for Māori, requiring the immediate collection of the deceased's body by a funeral director. Gatherings to do with death and post-death customs were severely restricted and all marae (indigenous gathering places, land, buildings) were closed and burials could only include the immediate family bubble. In this autoethnographic paper, we draw on one Māori family's experience of the birth and death of a baby with an anticipated life-limiting illness, during the most restrictive lockdown phase, level 4. We describe the impact COVID-19 tangihanga policy restrictions had on the family. The guidelines prevented them from conducting timely customary internment rituals with support from kaumātua (older men and women) and whānau (family including extended family and friends) in accordance with their cultural preferences. To prepare for future pandemics we recommend mana whenua (local Māori who have authority over their lands and marae) have autonomy to plan and manage tangihanga to avoid unnecessary distress, particularly where there is a known palliative condition.*

### Keywords

COVID-19; death; end of life; funeral directors; indigenous; Māori; tangihanga



## Introduction



*Figure 1. Racheal, Phil and baby Te Minaora.*

It was two weeks into COVID-19 Alert Level 4 when we welcomed Te Minaora into our hearts and into our whānau (family, including extended family and friends). The photo of my daughter Racheal, her partner Phil and my mokopuna (grandchild) Te Minaora is especially important to us because it was taken just thirty minutes before she died. Previously, the signalling of a global pandemic by the World Health Organization (2020) sent a ripple of fear across the world, to which New Zealand was not immune. Covid-19 was causing severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) resulting in sickness and death. In March 2020, New Zealand's government initiated a four-level (4 being the most restricted) social distancing alert system (New Zealand Government 2020) with specified measures at each level to manage and minimise the risk of COVID-19 (Wilson 2020). As the death toll in China and Italy was mounting, New Zealand moved to a nationwide Alert Level-2 state of emergency (March 21); this increased to Level 3 (23 March); then we moved to Alert Level 4 (25 March). Alert Level 4 required people to stay in their homes in their 'bubbles' or family units. Social contact was restricted other than for essential personal movement. For example, travel was severely limited; all gatherings were cancelled and public venues, including schools and businesses, were closed. Only essential services remained open, including pharmacies, supermarkets, petrol stations and lifeline utilities.

Te Minaora's arrival was welcomed during a time of national and international uncertainty. Born on April 5, 2020, her presence strengthened and confirmed our interconnections with each other and with our tūpuna (ancestors). The day after her birth, Te Minaora transitioned the ārai (veil) to join our tūpuna. At six months gestation, Racheal's unborn baby had been diagnosed with restrictive cardio myopathy—a rare heart disease. She was not expected to live through birth, much less live long after birth. As a whānau, we welcomed the miracle of Te Minaora's birth, and we came to accept the timing of her death. The profound presence of her short life was celebrated when she took her first breath, and she let out her first tangi (cry); it signalled to us the embodied arrival of her wairua (spirit of a person which exists beyond death) ki te ao mārama (to the world of light). No matter how long or short her life was going to be, we accepted that it was divinely arranged; we knew that her last breath would carry her wairua across the ārai transcending time and space, to return home, welcomed home by our tūpuna.

We provide an autoethnographic reflection of one Māori whānau (family's) experience of an infant birth and death during the period of living under Alert Level 4 and 3 COVID-19 restrictions in a small town in Aotearoa (Māori name for New Zealand). 'Whakatara' means 'challenge' and the title of this article references to the challenges that we negotiated around the internment of our deceased baby during lockdown. Autoethnographic accounts seek to move people to action and to consider more deeply how lives are impacted through the social and political environments within which they live (Ellis, Adams, and Bochner 2011). For the most part, the first author (Tess Moeke-Maxwell) has written this article autoethnographically as it concerns the death of her grandchild. The second author,

Linda Waimarie Nikora (LWN), played a supportive role by engaging in discussions with Moeke-Maxwell (TMM) over the interpretation of *COVID-19—Kua rāhui te motu*, the Ministry of Health's COVID-19 tangihanga (funeral customs) policy, during lockdown Level 4 (Ministry of Health 2020). Both the third and fourth authors are colleagues of the lead author and were involved via social media (telephone, Facebook and Zoom) in supporting TMM during the birth and death of Racheal and Phil's daughter and through her initial bereavement. All authors are Māori health researchers of Māori descent. Melissa Carey (MC) is an experienced autoethnographer.

### Home birth under COVID-19, Alert Level 4

We were processing the implications that Racheal's impending labour was coinciding with a global pandemic. My partner (Nette) and I knew we had to take immediate action so that we could be present for the birth of our mokopuna (grandchild). We immediately left our Auckland home for the Bay of Plenty to join Racheal, Phil and Dante (Racheal's youngest son) in their bubble. Racheal's eldest son (Raven) was in his bubble in Auckland and her step-daughter (Demi) was in her bubble in the same town. I started searching my inbox for updates about tangihanga funeral policy as soon as we went into lockdown. MC was following updates through the Māori nurses' association and had received the policy as it was produced, and she forwarded it to me. Through my research activities with whānau manaaki (family caregivers) over the previous decade, I knew that planning for death and post-death were important factors in supporting whānau to prepare for an anticipated death. I was in a privileged position—I had knowledge. We were extremely concerned about the wellbeing of other whānau during this time.

When we arrived at Racheal and Phil's home, I realised that planning for baby's death was not something at the forefront of their minds. After the baby's prognosis, I discussed Advance Care Plans with Racheal and shared what I knew with her. However, Racheal and Phil wanted to focus on keeping themselves positive. Future planning focused on life with a baby, albeit an ill baby. For them, it was most important that the baby's mauri (energy life force) be given the optimal experience of being physically uplifted during birth and afterwards for the best outcomes to arise. Prior to her birth, I was aware that the enquiries I had made with the medical professionals about palliative care for a neo-natal home-birth had gone nowhere—nothing had been put in place by Racheal's health care team to provide palliative care of a neo-natal.

Once our bubbles were joined it was only a few days later that we had a sign that the baby was on her way. Reflecting back, our whānau was in a heightened mental and emotional state. There was a pandemic and we were anticipating the birth of a baby. Moreover, I had been unwell. My blood pressure was high which led to my own hospitalisation. I stayed connected to the whānau bubble via telephone, Facebook and private messenger. After two days, I was transferred to the High Dependency Unit. Nette rang me—Racheal was giving birth. From my bed, while connected to a cardiac monitor, an automatic blood pressure cuff and an intravenous drip, I watched my beautiful mokopuna come into the world via FaceTime. I waited, hardly breathing, my ears straining to hear her voice. Then it happened. She cried and I felt the tears roll down my face in deep gratitude. I tried to karanga (ceremonial call), to call her into the world, but I was so unwell the words kept dropping, falling untidy from my throat, disconnected somehow. I heard Phil say a karakia (prayer) and in my heart I joined with him, "What's her name?" I heard myself ask. "Te Minaora." My heart was so full of love and pride—Te Minaora was my grandmother's name meaning, 'deep desire, longed for'. She was also given ancestral names from Phil's side of the whānau. This was a baby whose presence connected us deeply with our tūpuna.

Being hospitalised during COVID-19 lockdown restrictions meant I could not have any visitors. Connecting via technology became critically important for my wellbeing and that of the whānau. Pre-

birth conversations about birthing preferences led to a decision to have a home-birth to avoid any issues arising involving visiting restrictions—I recalled thinking how ironic that I ended up being in hospital. I relished seeing photos of this thriving little baby—a miracle baby—she made it into the world and what’s more, she was eating, feeding, sleeping and Racheal said she was “doing all the normal things a new born baby would do”. I recall feeling grateful that she survived birth, but I uncannily felt somewhat bewildered, as my spiritual guidance system was prepared for a baby that might die within a few days. Seeing and hearing about her milestones that first day was a miracle, but I felt an underlying anxiousness.

The next day Nette called. During the night, Te Minaora had lost interest in feeding and her breathing had changed. Racheal and Phil were hoping the doctors might be able to do something to help their baby. They were taking her to be assessed. COVID-19 restrictions prevented Nette attending the appointment. The new parents were welcomed at the hospital by caring staff and baby was examined. They were given morphine to give to Te Minaora. This would help with her breathing and would relax and comfort her. It was 6 April, and I was given leave to return home by my medical team.

### Leaving te ao mārama (world of life and light, Earth, physical world)

Racheal held Te Minaora on the couch and moistened her lips with the water Phil had fetched. Phil had arranged a Zoom hui (gathering) with his mother and two brothers and their wives for 7pm to inform them of what was happening with Te Minaora. Seeing the whānau in our living room helped to make us feel connected to everyone. Racheal and Phil held Te Minaora in front of the camera so the whānau could get a good view of her little face. We all felt this was a very special time.

Nette handed me the tiny white feathered korowai (cloak) to place around Te Minaora’s shoulders. The korowai symbolises the protective relationship the wearer has with their tūpuna. Manu (birds) are recognised as conduits between tūpuna and the physical realm and their presence symbolised by feathers offer protection. In death, korowai are also used to cloak the deceased before they are interred. The korowai was named Te Ūrunga Tapu (Sacred Celestial Realm). Nette and I made Te Ūrunga Tapu especially for Te Minaora under the tutelage of kuia (respected older woman) Whio who understood the role Te Ūrunga Tapu would play in supporting our mokopuna to transition into the next realm; she gifted the name of the korowai. My karanga (ceremonial call) acknowledged Te Ūrunga Tapu as the korowai was placed and tied around Te Minaora’s shoulders. It felt healing to perform this ritual karanga after being unable to when Te Minaora was born.

Now cloaked in a cloud of white feathers, Te Minaora was snuggled in her mother’s arms on the couch. Phil’s brother led us in karakia from the large television screen on the lounge wall. Talking and singing continued. After about 20 minutes, the korowai was removed as Racheal noticed Te Minaora was getting warm. Around 8 pm, a spiritual force prompted me to sing *Brahms Lullaby*, a favourite melody I have sung to all our mokopuna. During the first verse, Racheal cried out “she’s going” and Te Minaora quietly left her body. With her father’s arms wrapped around Racheal and baby, Te Minaora peacefully transitioned through the ārai (veil) and ascended into te ao wairua (the spiritual realm). The lullaby continued.

Tears flowed as more prayers were said and waiata (songs) were sung as Te Minaora’s paternal grandmother arrived on Zoom as well as her uncle and aunty. It was an extremely sad and yet beautiful occasion, one that was made much more special because it was shared with whānau whose wairua reached out through the television screen to embrace our baby and her grieving parents.

After an hour of holding baby and talking with whānau on Zoom, Racheal wanted to prepare her baby to lie in her wahakura (woven flax baby carrier) that had been made by a friend who lived locally. For one precious day the wahakura functioned as a sleeping carrier for Te Minaora but now it was transformed into her waka tūpāpaku (burial canoe).

I gathered towels, face cloths and bathing items to help Racheal wash and prepare her baby. She carefully selected the garments her baby would wear while lying in state. Racheal talked to Te Minaora as she gently washed her body. She spoke gently and lovingly as if her baby was still alive, as is our custom. I asked Racheal if she would like me to take photos to provide her and Phil with a record of their daughter's post-death care. She did. As Racheal washed Te Minaora, she told her how beautiful and perfect she was. When she finished, Te Minaora looked like a little doll; she was dressed in a little cream coloured French dress splashed with bright blue painted flowers and a handmade cream lacy woollen matinee coat and bonnet, with pink leggings and booties. Then Racheal carefully and lovingly placed Te Minaora in her waka tūpāpaku and covered her with her lace knitted shawl. Karakia (prayers) followed and Nette and I placed Te Ūrunga Tapu on top of her small body. The korowai was placed upside down (neck closest to her feet) as Racheal and Phil had decided it would not be buried with their daughter<sup>1</sup>; they wanted to keep the korowai as a taonga (treasured object) to remind them of her.

### **Decision to delay obtaining a death certificate**

We knew that under *COVID-19—Kua rāhui te motu* tangihanga policy restrictions, a death certificate would need to be immediately completed for Te Minaora (Ministry of Health 2020). This would kick-start a process that would lead to the funeral director uplifting Te Minaora's body thereby shortening precious time Racheal and Phil could spend with their daughter. Our whānau knew that Te Minaora's death was due to a critical health condition and was not a COVID-19 related event. No one in our bubble was showing any signs of being unwell with COVID-19-like symptoms. Te Minaora's parents decided not to contact a doctor to sign her death certificate and prioritised spending the time we needed to be with her and to mourn her, as is our custom. It is normal for us to be with the tūpāpaku (deceased person's body), never leaving it left unattended until disposal.

Racheal and Phil knew that having Te Minaora at home was the only opportunity they would have to share her short life with their whānau and friends. If circumstances were normal, our home would be swarming with whānau and friends who would begin arriving as soon as they heard the news. They would come to bring their aroha (love, concern, compassion, empathy) and spiritual and practical support. Normally, kaumātua (older men and women) would provide cultural advice and support especially to plan for her tangihanga. At that point, we would have ordinarily taken Te Minaora to Phil's whare tūpuna (ancestral house) where she would have been mourned for several days. Instead, our mourning space was our lounge and our mode of engaging with grieving whānau was the big screen on the wall.

### **Post-death decision-making**

It was important for our whānau to exercise our tino rangatiratanga (self-determination, autonomy) in everything that happened with our baby. After Te Minaora's transition we found it very difficult to make a decision about the best way to farewell her. COVID-19 tangihanga policy restrictions prevented other whānau from attending her tangihanga (only the deceased's bubble could view the body at the funeral directors and attend the burial). I reflected to Racheal and Phil that our tūpuna had lived through, and overcome, many challenges during their lifetime. For example, our tūpuna broke with burial and tribal internment customs during wartime and the 1918 influenza epidemic (Anon 1918). We were living in our own historical moment. History has shown our ancestors' flexibility as they adapted and took extraordinary measures to honour the dead and protect the living. Now it was our generation's turn. Somehow, we had to navigate our way through this COVID-19 terrain.

Options were limited and a tangihanga on our ancestral lands was not one of them. How could we care for our baby and farewell her properly under these conditions? How could we look after our grieving whānau also living under COVID-19 restrictions? Te Minaora had whānau who would never see her to say their hellos and goodbyes; their eyes, lips and hands would never touch her precious little face.

Tangihanga death rituals comprise a rolling cycle of rituals (Beaglehole and Beaglehole 1945, Phillipps 1954). It would typically include pōwhiri (formal welcome) onto the marae (space in front of the meeting house) where the hāu kāinga (whānau custodians of the marae) would greet the deceased, and their close whānau pani (bereaved family, chief mourners). Manuhiri (visitors) who come to share their love and respect would be cared for. We would have observed prayers morning and night according to our spiritual practices and Phil would have been with his brothers and whānau hunting and gathering to contribute to the kai hākari (celebration, funeral feast). We would have collectively joined in a service at the marae before the nehu (to bury, inter). None of this was available to us under COVID-19 restrictions.

Our stress mounted as we continually reviewed our options for her burial. Te Ūrunga Tapu's white feathers danced in the cool breeze, set in motion by the air conditioning system. It was comforting to watch the delicate feathers move softly above the baby's body, breathing life into the atmosphere. It was as if she lay sleeping beneath them. Our eyes fixed upon her. It was not until two days after her death that Racheal and Phil found that they were able to read and understand the fullness of the COVID-19 Tangihanga Policy restrictions. Time was running out. We faced a dilemma. Te Minaora needed to be buried and we needed to have pastoral support to do this. It was also important to have immediate whānau present.

### **Navigating a world filled with obstacles**

Our discussions revealed several obstacles. Firstly, all marae in New Zealand were closed—there were to be no marae-based tangihanga during lockdown. Secondly, although our bubble was permitted to have a gravesite service, the church minister could only attend on Zoom. Although we could bring whānau to the urupā (burial ground) via Zoom, we were unsure that we could get internet access at the rural burial site as it was situated on a hill high above Lake Taupō. Thirdly, COVID-19 Tangihanga Policy restrictions prevented us from travelling outside our own region and if caught by police we could be turned around and sent home; we could face legal charges. A fourth and least desirable option was for us to leave baby at the Funeral Directors in a temperature-controlled room deferring her tangihanga until after lockdown ended. A final option we considered was cremation, a disposal option that neither Phil's side of the whānau or ours wanted to consider. We felt stuck and a decision had to be made quickly as we knew Te Minaora's body was deteriorating.

During these discussions, I contacted LWN to discuss her interpretation of the COVID-19 Tangihanga Policy restrictions, which I then relayed back to Racheal and Phil. We reflected on the pre-colonial tangihanga customs our tūpuna observed; we admired their flexibility and adaptability during challenging times. We discussed taking baby across two regional borders to Phil's whānau urupā to inter her without involving the funeral directors. Then we heard the national news. It was two days before Good Friday and many people were breaching COVID-19 travel restrictions to travel to beach homes to enjoy the Easter holidays (Anon 2020). All of a sudden, the site of Te Minaora's nehu was a police hot zone with road checks to catch and prosecute those not following COVID-19 restrictions. Phil's wish to take our baby to his ancestral home was blocked. We were upset and frustrated.

### **Kaumātua involvement and spiritual support**

Phil contacted a respected kaumātua and church minister and explained the situation to him. The kaumātua helped to ease our anguish explaining that baby had died during the time of Easter. He drew

a parallel to the time of Passover, the day following Jesus's crucifixion. He explained that this was why Jesus did not have the normal preparations or funeral rituals accompanying his death. The people had to comply with the rules of Passover. In this way, we came to see that Te Minaora had perfect timing; she died before Easter and like Jesus over 2000 years ago, she would lie in state without our tangihanga rituals or ceremony.

Our struggle to do the right thing for Te Minaora was juxtaposed against the COVID-19 restrictions. It just seemed too much for us to bear and we felt angry—it seemed that some people could openly breach the rules while others could not. Phil handed the decision around burial over to the wāhine (women) in the whānau to decide. Phil's sisters-in-law entered into the discussion with Racheal, Nette and me. The decision weighed heavily on our hearts. Racheal reflected on the minister's wise words and said, "Te Minaora has had perfect timing; she chose to be born at this time and so we wait." The decision to contact the funeral directors was made; we would wait to complete her nehu (burial) when Level-3 was confirmed. We felt more able to accept the decision to place Te Minaora's tūpāpaku in a temperature-controlled room at the funeral director's home, anticipating we would move to Level 3 within the next few weeks. At that point, we believed we would be able to have a normal tangihanga. Leaving Te Minaora's tūpāpaku at the funeral home for an indefinite period did not sit well with us. The thought of our baby's body being on her own, without us to care for her, contravened our cultural customs of being with the tūpāpaku 24/7, but what else could we do?

Despite feeling grateful that our baby had been at home with us for three days after she had passed, we felt deep emotional pain when we were disconnected from her tūpāpaku. Having her nehu delayed weighed heavily on our hearts. I wrote the following poetic reflection, 15 April, while Te Minaora was waiting for us to collect her to take her to her nehu:

**Te Minaora Pōwhiri Te Kura Moana Raukawa** (b. 5 April –d. 6 April 2020)

On the first day

You came so quietly into the night

To claim your body, to receive your name (your birth-right, your spirit bright)

You got both, clothed in Io's (Supreme Being's) shimmering light

You shone with love by day and by night.

With te ūrunga o te rā (the rising of the sun) came the second day

Io gently whispered,

*"Te Minaora, you know the path and the way home*

*With love you came, love was given, and love received*

*Now use this love to help you leave*

*The time has come to lay your body aside*

*Now let go.*

*Tomorrow your parents' memories will be counted as*

*blessings received—not days given*

*Your love will be measured by the impression you left upon their hearts*

*Not the number of times they held you*

*You are permanently marked upon their souls like ink on skin.*

*Te Minaora Pōwhiri Te Kura Moana Raukawa*

*You are your parents' heart*

*You, will never be forgotten or laid aside*

*Love is without end and you are forever*

*Perfect."*

## Signing the death certificate

Once the decision to have Te Minaora's body uplifted by the funeral directors was made, Racheal contacted the hospital to inform them of Te Minaora's death. Her body had now been at home for three days. On Thursday 9 April, Te Minaora was officially certified 'deceased' by a medical doctor from the hospital, as directed under the *COVID-19—Kua rāhui te motu* policy restrictions (Ministry of Health 2020). The doctor's humility upon arrival to our whare (residence) was very respectful. He explained that he did not want to culturally offend us in any way, and he acknowledged his lack of awareness of cultural protocols. He asked to be guided by us as to the correct conduct that he should follow. We appreciated his sincerity, and he was welcomed into our home. The doctor took part in *karakia*, and he stood with us as we sang *himene* (hymns). The doctor completed the medical check on baby, and he filled out his forms with assistance from Racheal. Before the doctor left, Phil did a *mihi* (paid tribute) to acknowledge the care that the doctor and his colleagues had provided Te Minaora when she was taken to the hospital. *Karakia* and *waiata* concluded the process.

## Haere rā te mokopuna (farewell grandchild)



*Figure 2. The 'bubble'. Phil holding Te Minaora in her waka tūpāpaku, Racheal, Dante, Tess and Nette.*

The Minister was unable to make the *hui* (gathering, meeting) to farewell Te Minaora from our whare; however, immediate *whānau* arrived via Zoom video to say farewell. Two funeral directors arrived, the man (*Pākehā*) we had spoken to the previous day and a Māori *wāhine* (woman). Their respect for our loss and their empathy over our situation helped us immensely. We all felt comfortable with them, and we trusted they would look after Te Minaora.

Normally there would be up to 100 or more people present at a *tangihanga*, but today, it was just us. The funeral director examined baby's body with Racheal, Nette and I in attendance. We were comforted that she had maintained her 'physical' integrity. The funeral director explained to us that she would remove baby's clothes and place her on a board in the temperature-controlled room. Once we collected her, we were instructed her body would break down quickly; there would be no open casket or viewing. We discussed having baby placed into a Perspex container inside her *waka tūpāpaku* as this would help to contain her body during the three-hour car journey to the *urupā*.

Racheal completed tucking baby into her *waka tūpāpaku*; *taonga* were laid next to her body, gifts of love from her parents and brother. Te Minaora's parents kissed their baby, and we all had one last cuddle before Phil placed the flax lid on Te Minaora's *waka tūpāpaku*. *Karakia* were said and *waiata* were sung. I called baby from her birthplace and death space with a *karanga* to open the pathway for her to travel to the funeral director's motor vehicle. Phil carried her out so quietly and carefully before

her parents placed her in the back of the white funeral car. Phil broke into a haka (performance) as the karanga followed the white car down the road; I recall appreciating that they took her away ever so slowly. Somehow, it made all the difference. The farewell for our baby was both sorrowful and sweet. A stillness came over the street as we sent our baby to her temporary home. The following day I posted a Facebook post to share this part of the tangihanga ritual with absent whānau and friends:

Yesterday when we farewelled our baby from our whare we were moved by several things; a matua [older man] (walking his dog) spontaneously stopped and joined Phil in a haka and as the car slowly departed. And as the karanga flowed past my lips we noticed five children on bikes with their parents stop, as if transfixed by the moment of our pepi's (baby's) transition from her place of birth and death ... I am so proud of my daughter Racheal for being the mana wāhine (powerful woman) she is, and for Phil for protecting and caring for his whānau at this devastatingly painful time during lockdown. [Tess, Facebook, 10 April]



*Figure 3. Left to right: Racheal and Phil; Te Minaora inside her waka tūpāpaku; Phil and Tess.*

### **Te Nehu o Te Minaora (Te Minaora's burial)**

Our mokopuna stayed at the funeral home for 23 days before we collected her. We had been waiting for lockdown Level 4 to move to Level 3, mistakenly believing the marae (complex of buildings) would open and we could hold a 'normal' tangihanga. However, this was not the case. The only real difference we noted was that we could now have up to 20 people attend baby's tangihanga. While this was not perfect, it did allow for some immediate whānau to attend her tangihanga (her paternal grandmother for example, and her siblings).

We experienced a range of emotions while Te Minaora was at the funeral directors. At times, we were sad and at other times, we were filled with gratitude that the funeral directors were caring for her and they made things so much easier for us to bear. Racheal gave me updates on the funeral director's reports on Te Minaora's composition. "She's holding up for the whānau" the funeral director told my daughter. Having Te Minaora there gave us all a little breather from the intensity of the loss. I personally felt as though we had something to look forward to, being reunited with Te Minaora when we collected her body the day of her nehu (burial).

The decision to conduct her nehu on 2 May was based on several factors. The first was the shift from Level 4 to Level 3. We had been in Alert Level 4 for nearly five weeks and on 27 April, this reduced to Level 3 (Wilson 2020). This allowed more flexibility in some regard with how we could proceed. The second factor concerned the length of time baby had been kept in a temperature-controlled room and how her body was managing this. A third factor concerned two celebrations that were looming, Mother's Day and Phil's birthday. Neither Racheal nor Phil wished to bury their daughter at that time.

Special permission was given from Phil's kaumātua for baby to be laid to rest with her great grandparents. The day before the nehu, Phil discovered that the minister he had expected would carry out the spiritual protocols for the internment was unavailable. He now had the task of finding someone at short notice to carry out the service. With a limit of 20 at the gravesite, this was challenging. In normal circumstances we (whānau pani, bereaved family) would not be expected to organise and carry out our own funeral arrangements. However, under COVID-19 restrictions we had to rely on our own resources. We were fortunate that Phil's brother and sister-in-law were able to approach people from their church to conduct the service. Our whānau put together a service programme. One thing we found very disappointing was that Racheal could not sit next to Te Minaora's body while travelling to the tangihanga with the funeral director, a distance of two- or three-hours' drive. I expressed my disappointment to the funeral director—but these were the rules around social distancing requiring a two-metre distance be kept between people, to prevent the spread of the virus.

On the day of the nehu, our whānau bubble had karakia before we set off to collect our pēpi's body. The funeral directors had placed her on a table in her waka tūpāpaku. It felt comforting knowing her final resting bed was the same bed she had slept in during her short life. Te Minaora's oldest brother and his partner were at the funeral home and other whānau joined us; they would form part of our tangihanga bubble. The funeral director had obtained special dispensation for 10 of us to travel across regions. On arrival, the whānau gathered inside with baby and listened to some waiata that Racheal listened to in her car when she was pregnant. Phil gave our eldest mokopuna the privilege of carrying baby to the car as I called to her "Hoki wairua mai ..." from outside. Nette recorded everything on video for Racheal and Phil.

To our surprise, the funeral director quietly informed us that Racheal, Phil and baby could go in his car, and he would drive Phil's vehicle. He explained that he had woken during the night worrying about the situation; if it were his daughter who had died, he realised he would want that. Social distancing would be achieved and it would allow the parents to take the final road trip with their daughter together, an exquisite gift of manaaki (generosity).

The sun was shining as we left on our haerenga with our baby. We ascended the steep rural hillside overlooking Lake Taupō. Phil carried baby in her waha tūpāpaku as I placed the korowai 'Reiuru'<sup>ii</sup> around Racheal's shoulders and slipped the tauā (mourning wreath) on her head. A gift from kuia Whio to our whānau, Reiuru's white albatross feathers contrasted with the deep emerald green feathers that floated beneath. Now, several weeks later, Reiuru's green feathers shimmered and moved ethereally as Racheal walked next to Phil as he carried their baby towards the urupā.



**Figure 4.** *Left to right: Racheal (pregnant) wearing Reiuru while holding Te Ūrunga Tapu; Racheal and Phil arrive at the urupā with Te Minaora; Racheal and Phil respond to the karanga and approach the urupā.*

We followed the call of the karanga into the urupā and listened as three ministers took turns saying prayers. Both Phil, Racheal and her youngest son Dante made speeches and her eldest son Raven led a haka in support of his mother’s heartfelt tribute to her baby. The service was beautiful and it was very healing being on the hillside overlooking the water as our baby was laid to rest with her grandparents, surrounded by a small group of whānau. It all felt so natural and so perfect, despite things being done a little differently.

The kai hākari (celebratory feast that returns people from the sacredness of death to the world of ordinariness, the living) took place at a local motel, which Racheal and Phil hired for the occasion. We enjoyed being together and being treated to hāngī (food cooked in an earth oven) that was individually wrapped and cooked in a traditional steam oven. Social distancing was observed as much as possible and yet this was quite impossible as we greeted and hugged people and our tears mingled. I was feeling more optimistic about a lack of possible COVID-19 infection; after all, we had been in isolation in our respective bubbles for over five weeks and were in a remote part of Aotearoa.

### **Making meaning out of mayhem**

Recent history confirms that social distancing restrictions during the global COVID-19 pandemic are essential for curtailing the spread of the virus. However, our whānau experience has shown, where there is a known aetiology and palliative care outcome for a neonatal baby, New Zealand’s COVID 19 tangihanga policy restrictions can provoke unnecessary stress. One of the reasons we believe our whānau managed as well as we did during lockdown with the death of Te Minaora is that we chose not to strictly follow tangihanga policy as this required us to have our baby’s death immediately verified by a medical doctor followed by the upliftment of her tūpāpaku by a funeral director. We invoked our tino rangatiratanga to have Te Minaora’s tūpāpaku at home because we knew she was not a COVID risk and no one in our bubble was showing any signs of the virus at that time. Had we strictly followed the COVID 19 tangihanga policy we have no doubt that our grieving process would have been complicated and disrupted. It was difficult enough not having kaumātua and close whānau and friends physically there to support us, leaving Te Minaora’s tūpāpaku at the funeral home for over three weeks, not having a marae-based tangihanga and having a delayed burial service.

The COVID-19 tangihanga policy and restrictions prevented other members of our whānau from being with us when Te Minaora was dying. They were unable to visit us after her death or be with us at her tangihanga and nehu. We are mindful of the difficulties that others may have experienced during lockdown. We reflected on what it must have been like for people who were living on their own when they experienced a death of a loved family member; those who lost a spouse due to a palliative condition and had to farewell them without family present; older kaumātua living on their own trying to manage a life-limiting condition with their whānau living overseas, whānau who experienced an unexpected death or suicide during lockdown, and the dying who could not have their whānau with them in hospital. The delayed formal farewell rituals, the limited and altered funeral rites and the lack of shared kai hākari to break the tapu (sacred, prohibitions, restrictions) are some of the disruptions that are likely to have affected many, perhaps lengthening and complicating their grieving processes.

Despite our recognition that our tūpuna were resilient, adaptable and flexible when they faced crises, it was difficult for us to come to terms with having few whānau attend Te Minaora's tangihanga. Being physically distanced from whānau when this was clearly an anticipated and non-COVID-19 related death seemed incomprehensible at the time. Although Zoom video conferencing methods helped us to connect with whānau and carry out our spiritual care practices, the reality is that not all whānau have access to homes or the internet (Grimes and White 2019) or the resources to ensure this valuable whanaungatanga (kinship, sense of family connection) exchange can take place. Nor do these virtual communication methods replace the healing power of human touch. Our customary practices of rongoā (healing) that helps ease mamae (pain) and pōuritanga (sadness) such as spiritual practices to whakawātea (clear, purge), mirimiri (massage) and being given rongoā Māori (Māori medicines, natural treatments) to ease anxiety (Moeke-Maxwell, Nikora, and Te Awekotuku 2013, Nikora and Te Awekotuku 2013) were largely unavailable under COVID-19 alert conditions. To help mitigate some of these inequities we suggest that palliative cases where death is likely during lockdown conditions must be considered in future pandemic or crisis policy development. More importantly, iwi (tribes), hapū (kinship groups) and whānau must be part of the decision-making process and their tino rangatiratanga respected. Marae are the domain of whānau and hapū, not unlike a private home.

### **The wins**

New Zealand's social distancing measures reduced to Level 2 on 13 May and to Level 1 on 8 June (Wilson 2020). Reflecting back, our whānau is grateful for the blessings that came with COVID-19. Having the time and space to be together, in our bubble with our baby, bestowed precious time upon us to mourn and to be with Te Minaora and each other. Phil was able to experience the opportunity to be physically present with his daughter for a precious three days while she lay in state at home. Racheal got to care for her baby in a way that only a mother could, and this experience has helped carry her through the first few months without her daughter.

Finally, the kindness shown by hospital staff and the empathic generosity of the funeral directors, as well as having an experienced Māori woman funeral director available to take care of our mokopuna was a blessing. The spiritual status of women is crucial during both birth and death as she is the conduit in the transference of wairua (spirit) into, and out of, corporeal form (Yates-Smith 2003). Her presence helps to transition the dead through the enactment of tikanga. Having people who are professionally trained to take care of the ill, dying and bereaved is important at any time, but this is particularly relevant during a pandemic when it can feel as though your whole world has precariously been tipped upside down.

## Moving forwards

The systematic cultural protocols and practices aligned with tangihanga have been handed down by our tūpuna to care for those who die and to protect those who are left behind. When tangihanga are performed correctly, the outcome is tika (right, correct); correct tikanga benefits whānau pani across the longevity of their grieving processes. During a nationwide pandemic, the tangihanga remains an institution that is critical to our health and wellbeing. Tangihanga help us to achieve balance as its processes restore us to normal life following a stormy event such as the death of an infant. We must be careful not to interfere or diminish the profoundness of this process because the alternative is to risk the cultural mechanisms that were given to us to ensure we live and die well in Aotearoa. Our whānau recommends that in the event of another nationwide pandemic, tangihanga policy measures should be adapted when the cause of death is attributable to a known aetiology, such as a palliative condition. We believe that iwi, hapū and whānau should be authorised to determine their own outcomes over managing social distancing and customary funeral processes—this would help to reduce some of the stress and heartache that we encountered as a whānau.



*Figure 5. Racheal, Te Minaora and Tess.*

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**Glossary**

Aotearoa	Māori name for New Zealand
Ārai	Veil, curtain
Aroha	to love, feel concern, compassion, empathise
Haka	Performance
Hāngī	Earth oven, to cook food
Hapū	Kinship group, pregnant
Hāu kāinga	Whānau custodians of the marae
Hīmene	Hymn, to sing hymns
Hui	Gathering, meeting
Io	Supreme Being
Iwi	Tribe, kinship group/s
Kai hākari	Celebration, funeral feast
Karakia	Prayers, incantations, chants
Karanga	Ceremonial call
Kaumātua	Older men and women
Ki te ao mārama	to the world of light
Korowai	Cloak
Kuia	Older woman
Mamae	Pain
Manaaki	to support, take care of, generosity, hosting
Mana wāhine	Status, power of women
Manu	Bird/s
Manuhiri	Visitors
Māori/Indigenous	New Zealander/s
Marae	Complex of buildings around the marae; open area in front of the whare nui [meeting house]
Matua	Grown man, father, uncle
Mihi	to greet, pay tribute
Mirimiri	Massage
Mokopuna	Grandchild
Nehu	to bury, inter
Pākehā	English, foreign
Pēpi	Baby, infant
Pōuritanga	Sadness, gloom
Pōwhiri	to welcome, invite
Rongoā Māori	Māori medicines, natural treatments
Tangi	Cry
Tangihanga	Funeral customs
Taonga	Treasured object/s
Tapu	Sacred, prohibited, restricted
Tauā	Mourning wreath for the head
Te ūrunga o te rā	The rising of the sun
Tika	Right, correct
Tino rangatiratanga	Self-determination, autonomy
Te ao mārama	Daylight

Te ao wairua	The spiritual realm
Te Nehu o Te Minaora	Te Minaora's burial
Te Ūrunga Tapu	Sacred Celestial Realm
Tūpāpaku	Deceased person's body
Tūpuna	Ancestors, grandparents
Urupā	Burial ground
Wahakura	Flax woven baby carrier
Waiata	to sing, song
Wāhine	Female, women
Wairua	Spirit of a person which exists beyond death
Waka tūpāpaku	Burial canoe
Whakatarā	Challenge
Whakawātea	to clear, free, purge
Whānau	Family, including extended family and friends
Whānau pani	Bereaved family, chief mourners
Whanaungatanga	Kinship, sense of family connections
Whare	House, residence, dwelling

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<sup>i</sup> It is customary for korowai to be placed in the reverse (upside down) position if it is to be retained by the whānau. Some marae have ceremonial korowai that are used specifically for tangihanga. The korowai is draped over the casket with the neckline facing the door and the hem facing the photographs on the wall (some iwi hang photographs of their deceased on the back wall). However, if a korowai is to be buried with the deceased, it is placed right way up (korowai placed on top of the deceased with neckline near the wall and the hem closest to the door).

<sup>ii</sup> Shortly after Nette and I had arrived at Racheal and Phil's home (the day before Alert Level 4), we gifted Te Ūrunga Tapu to them in preparation for their baby's birth; we cloaked Racheal in Reiuru and took photos to record the first moment she held Te Ūrunga Tapu against her pregnant body.