

Acknowledging the Māori Cultural Values and Beliefs Embedded in Rongoā Māori Healing

Abstract

An exploration of rongoā Māori (a system of Māori healing based on Māori cultural traditions) was conducted to ascertain the cultural values and beliefs of Māori, the Indigenous peoples of Aotearoa/New Zealand, that are related to Māori healing. A Kaupapa Māori approach utilising Māori cultural concepts throughout the research process guided the overall study design. Semi-structured narrative interviews were conducted in 2009 and 2010 with 17 rongoā Māori healers. The rourou Māori method of data analysis, a 3-step process created specifically for this project, was employed to analyse healers' talk about the underlying concepts of rongoā Māori healing. Two key topics emerged: concepts of healing, and the focus of healing. The importance of acknowledging Māori cultural values and beliefs inherent within rongoā Māori healing concepts and the focus of healing is discussed.

Keywords

Healing, health, wellbeing, illness, disease, Māori, spirituality, New Zealand

Glossary

Aotearoa: New Zealand

aroha: love

atua: god/s

awhina i te hunga mate: helping the dead

hara: transgression

hauora: health

hinengaro: mind

hononga tangata ki te rongoā rākau: connection between the healer and the plant

karakia: prayer/s

karanga: call

Kaupapa Māori: research conducted in alignment with Māori cultural customs

kawakawa: *Macropiper excelsium*, a native New Zealand plant

mahi: work

makutu: sorcery

marae: traditional meeting places

mātauranga: education

mate Māori: Māori spiritual illness

mauri: life essence

mirimiri: massage

nāu te rourou, nāku te rourou, ka ora ai te iwi: proverb meaning “through your basket of food, and my basket of food, the people will be fed”

noa: common

Papatuanuku: Mother Earth

rākau: trees, plants, and herbs

Ranginui: Sky Father

ritenga: rituals

romiromi: deep tissue manipulation

rongoā Māori: a system of Māori healing based on herbal remedies

rourou: basket (in this context, is used to refer to the Māori method of data analysis used in this research)

Tanemahuta: god of the forests

tapu: sacred

te reo Māori: Māori language

te wairua o te rongoā Māori: spirituality of rongoā Māori

tikanga: customs

tinana: body

tīpuna: ancestors

tohunga: traditional healer/s or priest/s

tuakana: elder relationship

urupa: cemetery

wai: water

wairua: spirit/spirits

wairuatanga: spirituality

whaiora: patient

whakanoa: purification or conciliation

whakaora i te hunga ora: healing the living

whakaora tangata ki te tangata: interpersonal healing

whakataukī: proverb **whakawatea i te whenua:** clearing the land

whānau: family

whatumanawa: emotional

whenua: land

Authors

Glenis Mark, PhD, Whakauae Research for Māori Health and Development, PO Box 102, Whanganui, New Zealand. Email: glennistabethamark@yahoo.co.nz.

Kerry Chamberlain, Massey University, Auckland, New Zealand.

Amohia Boulton, PhD, Whakauae Research for Māori Health and Development, Whanganui, New Zealand.

Introduction

Rongoā Māori

Rongoā Māori (RM) is a system of healing techniques that has a long history of practice by Māori, the Indigenous peoples of Aotearoa/New Zealand (NZ). These healing techniques are based on Māori cultural customs and beliefs that have been passed down through generations. However, whenever there are shifts in societal structure, such as those arising from the process of colonisation, there is a series of concomitant changes in all aspects of Indigenous cultures. As one of the first articles to position RM within the research literature, this article seeks to provide a broad overview of the main concepts of RM healing and explore the cultural values and beliefs behind Māori healing processes. The relevance and significance of ancient traditional knowledges in a contemporary context is discussed.

Reporting this research requires us to use *te reo* Māori (Māori language) throughout the paper, in order to identify concepts and practices clearly. Māori language, and the concepts embodied in that language, are given primacy in this paper, in accordance with the overall premise that traditional knowledges must be protected, nurtured, and maintained through the academy. We have adopted the following practice for this use. The first time a Māori word or phrase is used, it is italicized (unless capitalized as a proper noun) and an English definition is provided in parentheses. Subsequent uses of the word are not so defined, but a glossary is provided.

Durie (1998) identified five different classes of Māori healing, noting that more than one type of treatment may be used at a time. According to Durie's taxonomy, Māori healing includes *ritenga* (rituals) and *karakia* (prayers), *rongoā* (herbal remedies), *mirimiri* (massage), *wai* (water), and surgical interventions. In defining these historical concepts of Māori healing, Durie also noted that some of these skills (e.g., surgical intervention) have been lost or superseded, or are otherwise no longer used. Durie (1998) lists *rongoā* as one of many Māori healing techniques, one which involves the use of herbal remedies only. However, other academic sources (e.g., Jones, 2000a) cite *mirimiri*, *karakia*, and *wai* as aspects of *rongoā* and therefore as part of a traditional system of healing that has developed out of the cultural traditions of Māori.

RM is understood today to encompass the therapeutic use of medicines from herbs, trees, and plants in Aotearoa/NZ for a variety of therapeutic purposes (Durie, 1994; Macdonald, 1979; Parsons, 1985; Riley, 1994; Stark, 1979; Williams, 1996). RM involves the gathering, preparation, and formulation of plant materials including leaves, roots, and bark. These ingredients can be boiled and the liquid swallowed (Parsons, 1985) or the herbal barks, stems, roots, or blossoms can be steeped in water and the patient can lie in this herbal bath (Stark, 1979). Collecting these materials requires a detailed knowledge of the plants and their properties as well as the procedures necessary for gathering and preparing the plant substances (Kremer, 2006).

Māori beliefs surrounding the common, celestial origins of plants and humans include seeing both plants and humans as the offspring of Tanemahuta, god of the forests. In their traditional worldview, Māori see plant life as senior in status to people, because Tanemahuta

created plant life before mankind. As elder relatives, plants are seen as a link between humans and the sacred ancestors of Papatuanuku (Mother Earth) and Ranginui (Sky Father) (Riley, 1994). The incorporation of *wairuatanga* (spirituality), often in the form of *karakia*, is therefore an extremely important aspect of RM. *Karakia* are offered and *tikanga* (customs) observed to ensure the appropriate Māori rituals and traditions are upheld before, during, and after the healing is conducted (McGowan, 2000). The importance of *wairuatanga* also explains the need for observance of spiritual rituals before the collection and use of herbal materials (Riley, 1994).

While in the contemporary context RM is most often associated with the use of herbal medicine, it also involves physical therapies (Jones, 2000a) such as *mirimiri* and *romiromi* (deep tissue manipulation) (O'Connor, 2007). Each of these therapies involves applying pressure to various parts of the body to release and remove toxic build-up and waste (O'Connor, 2007). Detailed knowledge of pressure points, nerve centres, and muscle tissues is required. RM is also described as a holistic system of healing comprising a range of diagnostic and treatment modalities and embodying *wairuatanga* alongside physical, mental, and social aspects of health (Ahuriri-Driscoll, Baker, Hepi, & Hudson, 2009). Therefore, RM may be best understood as encompassing all aspects of Māori healing, as well as health. These aspects of health are founded on Māori cultural values that also provide the foundation for Māori healing practices.

Understandings of health and illness are founded on the beliefs and values held by a particular society (Capstick, Norris, Sopoaga, & Tobata, 2009). As societies change and adapt, so too do understandings of the causes of health and illness. In the NZ context, in the period before colonisation pre-1840, healing traditions were well established. However, in the process of colonisation much of that traditional knowledge has been lost.

Pre-Colonisation and Contemporary Understandings of Health and Illness

Māori health and causes of illness were once understood through the values of *tapu* (sacred) and *noa* (common) that regulated all of society and maintained harmony (Durie, 1998). For Māori, health was achieved through staying within societal bounds by obeying the lore of *tapu* to remain in harmony with people and with the environment. Illness would occur when any rule of *tapu* was broken, such as touching an object deemed *tapu*. Disease was understood to be bound intimately with the supernatural realm and had no natural cause. Diseases were invisible and were feared as signs from the *atua* (god/s) of displeasure at transgressions against one of their many laws of *tapu*. Any departure from normal health meant Māori had committed a breach of *tapu* which was considered an offence committed against the spiritual realm. The only other way that Māori could become sick was if they were the subject of attack by spirits through *makutu* (sorcery) (Metge, 1967).

Locating the type and cause of illness was once limited to discovering what transgression had been committed against *tapu* restrictions, and had in turn violated the gods. *Tohunga* (traditional healer/s or priest/s) would identify both the transgression committed and the avenging spirit to diagnose the illness (Buck, 1949; Lange, 1999). The *tohunga* consulted the *atua* during diagnosis, who revealed the *hara* (transgression) through dreams or prophecy, even if the patient was unaware of any transgression (Buck, 1949).

Healing treatment involved invoking the appropriate ritual, called *whakanoa* (purification or conciliation), that needed to be conducted to nullify the breaching of tapu, whether deliberate or accidental (Irwin, 1984). Treatment, once the tohunga had identified the god who had been offended during diagnosis, could also involve the tohunga commanding the evil spirit to depart (Buck, 1949).

Nowadays, in addition to the transgression of tapu, illness is attributed to a wider range of causes. While healers believe that spiritual illnesses such as *mate* Māori (Māori spiritual illness) or negative entities can cause people to act destructively, illness is also understood to be related to dysfunction in the mind/body connection. Unresolved emotional issues from childhood and negative thoughts are believed to manifest as disease (Mark, 2008; Mcleod, 1999). Ill health can also be related to an imbalance between physical and spiritual aspects. For example, some people may place too much emphasis on the physical aspects of life, neglecting their spirituality and connections with their Māori culture.

A study by Jones (2000b) investigated the way Māori healers diagnose their patients and compared and contrasted it to Western medical methods of diagnosis. The classification of diagnoses was based on five cornerstones of Māori healing—*wairua* (spirit), *hinengaro* (mind), *tinana* (body), *whānau* (family), and *mātauranga* (education)—with a distinction drawn between physical and spiritual diagnoses. Whilst Māori healers in the study employed similar diagnostic processes to Western medicine, they differed from the majority of Western medical practitioners in that they took a holistic approach to patient wellbeing, aiming to influence all aspects of a patient's life with an emphasis on the spiritual. This approach was viewed as consistent with their beliefs about health and causation of illness emphasising the spiritual dimension (Jones, 2000b) and provides an example of how traditional etiology of, and diagnosis through, spirituality has remained in use in Māori healing today.

Recent research suggests that Māori healing focuses on creating change in the mind, body, and spirit of the patient (Mark, 2008), with healers viewing themselves as a tool, vehicle, or channel for the healing energy that comes from such entities as God, Christ, the holy spirit, *tīpuna* (ancestors), and/or spirit guides (Mcleod, 1999; Mark, 2008; Rae, 1997; Tito, 2007). That healers see themselves as a tool or channel demonstrates a view of healing that has a sustained focus on spirituality. Spiritual gifts, including high sensory perception beyond the normal range of human senses, divine insight and guidance, and inner feelings and knowing, are used throughout healing practices (Mcleod, 1999). *Karakia* are used for the benefit of both the healer and patient (Goldie, 1999; Macdonald, 1979; McGowan, 2000; Mcleod, 1999; Tito, 2007). Constant communication with *tīpuna* is also employed before, during, and after the healing session (Loesel, 2006). In previous research on RM, participants reported using *karakia* as a multi-purpose remedy in conjunction with herbal medicines. It was used to treat various conditions and illnesses (Sporle, 1994).

In pre-colonial times, RM was the exclusive domain of tohunga, who were crucial to the lawful and spiritual upkeep of Māori society. However, the passing of the Tohunga Suppression Act in 1907 was aimed at greatly reducing tohunga practice (Lange, 1999). The act was a very

deliberate attempt on the part of the government to ensure that all healthcare in the country was based on Western concepts and methods. Māori leaders of the time, such as medically trained doctors Pomare and Buck, supported the Tohunga Suppression Act, as they believed in the advantages that medical science could offer Māori and thought that tohunga were ineffective in dealing with the health of Māori (Durie, 1998). It was argued that Māori health and wellbeing must be protected against tohunga, who claimed to have supernatural power to cure disease (Voyce, 1989). The Tohunga Suppression Act weakened Māori confidence in Māori approaches to healthcare. However, because tohunga represented a link with the past and with traditional authority, many Māori continued to consult them. Also, in spite of the Tohunga Suppression Act, Māori healers continued to pass their healing abilities on through the generations (McLeod, 1999; Tito, 2007), and belief in RM and spirituality remained intact amongst many Māori communities.

In contemporary times, the status of Māori healers has changed; whereas they once occupied a central role in society, traditional healers today are regarded as part of the “alternative” or complementary forms of health treatment. Most Māori now turn to the Western medical system when requiring health treatment (Durie, 2001). In addition, the way that healers are chosen has changed; Māori healers may not be trained in the same way that tohunga were in traditional Māori life, through being chosen as children and taught by other tohunga. However, healers are still often brought up knowing how to use Māori medicine to treat illness as a way of life (Kominik, 1993; Tipene-Leach, 1994; Tito, 2007). The change in status of Māori healers from being central in society to now occupying a more marginalised position in the health sector can be attributed to many systemic causes, such as colonisation, the Tohunga Suppression Act, and the Westernisation of health treatment (Jones, 2000a), as well as to the rapid decline of the Māori population as a consequence of colonisation. Nevertheless, Māori healers continue to practice RM despite their change of status in society. The more marginalised position that healers now occupy in Māori society may go some way to explaining shifts in perspectives about concepts of healing.

Contemporary understandings of traditional RM and the practices and processes of tohunga have been derived largely from oral history, some written historical accounts, and knowledge passed down in healing families. While knowledge of the various RM healing techniques has been gathered from these sources and described in the academic literature, research into the beliefs underlying the healing practices of Māori healers has not been undertaken. The study described here involved contemporary Māori healers and sought to ascertain their understandings and perceptions of rongoā Māori. It provides a valuable exploration of the cultural values and beliefs that underlie RM healing processes in a modern context.

Methods

This research was conducted according to a Kaupapa Māori approach, a manner of conducting research based on Māori cultural understandings and values (Powick, 2002; Smith & Reid, 2000). Kaupapa Māori ensures that ownership and control of Māori research and

knowledge remains with Māori (Walker, Eketone, & Gibbs, 2006), addressing issues of self-determination, legitimacy, and authority (Bishop, 1996). In practical terms the Kaupapa Māori approach guided the research processes, facilitated the building of rapport with participants, and allowed for reciprocal relationships to emerge (Powick, 2002). The research was approved by the Massey University Human Ethics Committee [09/026].

Seventeen rongoā Māori healers, all of whom were Māori, who self-identified as RM healers and who had treated patients other than their own whānau, agreed to participate. This research utilised both snowballing and purposive methods of recruitment (Bowling, 2009). Once an initial group of Māori healers was identified and agreed to participate, they were also asked to recruit others. The limitations inherent in these sampling methods may, in turn, have led to a biased sample, as participants were recruited from specific networks. However, those Māori healers involved were purposely and necessarily chosen because of their expertise in Māori healing. Participants were identified and recruited by the first author and through friends, family, and social networks of the first author. Five males and 12 females were involved in the study, with ages ranging from 43 to 76 years. The majority of participants were from the North Island of Aotearoa/NZ, with one participant from the South Island. Healers used a wide variety of healing techniques including, but not limited to, herbal medicines, mirimiri, romiromi, spiritual healing, and counselling.

The first author conducted one semi-structured interview with each participant between October 2009 and December 2010. Each interview was held at a time and place convenient to the participant and was recorded and transcribed. The first author allowed for flexibility in the conditions of the interviews according to participants' needs, which resulted in interviews being conducted in a variety of venues and situations. Nine interviews were held at a participant's own or another's home; four interviews were held at cafes; three at *hauora* (health) clinics based at *marae* (traditional meeting places); and one in a university office. Only five interviews were conducted with the participant alone; all other interviews had other people present, including spouses, friends, or family. This was not planned but provided participants with support and was encouraged by the first author. The interview focused on participants' experiences of RM healing, their views of the underlying concepts of RM, and their concepts of health, illness, and healing. At the end of each interview, the first author and participant(s) shared a meal, in accordance with Māori custom, where sharing food is an important aspect of forming relationships with others.

Analytical Framework

A culturally informed analytical framework was created specifically for the purposes of this research. The framework is based on a Māori *whakataukī* (proverb), “*nāu te rourou, nāku te rourou, ka ora ai te iwi*,” metaphorically interpreted to mean “through your basket of knowledge (*nāu te rourou*) and my basket of knowledge (*nāku te rourou*), the collective basket of knowledge will expand (*ka ora ai te iwi*).” Using a well-known proverb as a cultural frame of reference meant that the analytical process was flexible enough to incorporate the findings gleaned from

interviews with individual healers, the first author's reflections on individual interviews, and the first author's reflections on the collective story of rongoā Māori.

Step 1 (nāu te rourou) involved reviewing the transcripts of each individual healer's interview for their understanding of the meaning of RM healing in their experience. This step acknowledged each healer's unique perspective and provided initial concepts for the data analysis process. Sections that specifically related to the research questions were extracted. Analysis focused on identifying important elements of healing and the healer's understandings of the main, underlying philosophy of RM.

Step 2 (nāku te rourou) involved further analysis of the data which acknowledged the first author's perspective and interpretation of the interview data. During this step, the first author collated the initial categories identified in the first step across all participants and constructed more general, broad categories from the individual accounts of healers (cf. Josselson, 2011). This step acknowledged the involvement of the first author in making meaning of the stories of healers, as an intrinsic part of making this a collaborative data analysis process (cf. Powick, 2002).

Step 3 (ka ora ai te iwi) involved collating the healers' opinions on the underlying concepts of RM to provide an overall picture of the knowledge of the healers as a collective group. In this step, the first author took the broad categories identified through the first and second steps of data analysis, and collated and compiled them into a series of underlying concepts on RM across all healers. Each step was conducted in order, with repeated reference to earlier steps and the interview data in order to maintain connection between the healer's views and the data analysis process.

To ensure rigour, the first author used Whittemore, Chase, and Mandle's (2001) concepts of credibility and authenticity. The data were read thoroughly and repetitively throughout the data analysis process to ensure that interpretations were accurate and corresponded to the meanings of the experiences of participants. In addition, the use of criticality and integrity meant that the first author maintained a reflexive attitude towards data analysis by being careful to avoid distortion of the data and by checking to ensure that interpretations were based in the data (Whittemore, Chase, and Mandle, 2001).

Consistency was ensured through a range of verification strategies (Morse, Barrett, Mayan, Olson, & Spiers, 2002). These included methodological coherence to ensure the research matched the research question, and sampling sufficiency where participants (Māori healers) were chosen who had substantial knowledge of the research topic, rongoā Māori. In addition, the process of data collection and analysis occurred concurrently, with theoretical ideas and theory development being assisted through constant analysis of the data, as well as the analysis process (Morse et al., 2002).

Results

As the data were reviewed, we noted that some subthemes related to the theory and practice of RM healing from the healers' perspectives. Other subthemes related to the application

of healing to the patient and described the nature of the patient in a way that was new to the traditional healing literature. Therefore, the findings were categorised into two broad themes: concepts of healing and the focus of healing.

Under the “concepts of healing” theme we identified three subthemes related to essential components of healing:

Subtheme 1: Spirituality of rongoā Māori (*te wairua o te rongoā Māori*),

Subtheme 2: Interpersonal healing (*whakaora tangata ki te tangata*), and

Subtheme 3: Connection between the healer and the plant (*hononga tangata ki te rongoā rākau*).

Under the “focus of healing” theme we identified three subthemes that recognised different type of healings and described the nature of the patient:

Subtheme 1: Healing the living (*whakaora i te hunga ora*),

Subtheme 2: Helping the dead (*awhina i te hunga mate*), and

Subtheme 3: Clearing the land (*whakawatea i te whenua*).

Each of these topics is presented below with a brief discussion. Quotations provided to link these themes to the data are identified with pseudonyms for each participating healer, as noted in parentheses at the end of each quote.

Theme 1: Concepts of Healing

Spirituality of rongoā Māori (Te wairua o te rongoā Māori). A central feature of rongoā Māori mentioned by healers is spirituality, specifically communicating messages from their tīpuna, from past generations, during the healing sessions. As one healer stated: “It’s not really us that do the healing, it’s really our ancestors ... connecting with the *whaiora*’s [patient’s] ancestors and ... it’s really them that ... do the work ... cause everything is ... spirit” (Ruia). Another healer believed that “the spiritual dimension of healing in the wairua sense of healing ... for me ... is that our tīpuna are the wairua to give us messages to do the *mahi* [work], aye” (Atawhai).

For healers, a process of interpretation was required because it did not always involve using words; one healer noted that “you hear or you feel or you sense” (Rangimarie), and healers described being a channel rather than being the source of this information. The importance of spiritual communication was so significant that in the views of the healers, it was the tīpuna who were regarded as the actual healers, rather than the healers themselves.

This finding is supported by research on Māori wairua, which shows that communication with the ancestors is viewed as important in transferring knowledge between physical and spiritual realities (Valentine, 2009). This view is likely to originate from the Māori belief that humans are composed of the body, wairua, and *mauri* (life essence), and communication is possible between the body and the spirit (Henare, 2001). Healers become channels of the healing, an idea supporting McGowan’s (2000) claim that the power of rongoā Māori to heal is

through the wairua. Therefore, a core concept of RM is that healing is directed, guided, and conducted through wairua by the tīpuna, and the healer becomes a mediator of the entire process.

Interpersonal healing (Whakaora tangata ki te tangata). It was important to healers that they build a relationship with the patient, rather than focus on treating the person's illness.

The first thing you do is ... you put that person at ease. ... You know, just the basic questions ... where do you live.... what's your situation at the moment ... and that's just like a really basic diagnosis. ... What it does is ... it hones me down to the area where they're from. And so I can connect in with that whenua [land]. (Rangimarie)

Several healers insisted that the relationship between healer and patient needed to be based on *aroha* (love) as an intrinsic aspect of the healing: “Aroha is the most important, powerful tool that's ever used. Because your aroha's gotta be with your patient ... because it's part of your love that helps with the healing as well” (Kororia).

Although *aroha* is already understood as an intrinsic value in Māori culture, it has not been previously associated with rongoā Māori healing. While research on other forms of healing shows that healing is influenced by the impact of expectations between healer and patient about healing (e.g., Wirth, 1995), this expectation lacks the depth of the belief in the importance of people in rongoā Māori. RM is characterised as being about caring for, and healing, people who are sick, and not simply treating their illnesses. This indicates an underlying concept of RM as being primarily a “people medicine” (McGowan, 2000, p. 161). RM is conceptualised as a relationship-based treatment, grounded in *aroha*, which contributes to the interpersonal healing between the healer/patient.

Connection between the healer and the plant (Hononga tangata ki te rongoā rākau). Māori healers described the process of picking and preparing plants in RM healing as a mutual relationship between healers and plants.

It's ... a totally different world, rongoā, aye ... it's normally a day process where karakias start at home and ... when you tramp the bush and ... you kind of connect with the ... tuakana [elder relationship], with the rākau [trees, plants, and herbs] while you're up there ... there's a lot of whatumanawa [emotional] stuff that happens between you and the rākau while you're up there ... the stories that they can tell you. ... And ... as part of the rongoā ... process, we tend to recite their genealogy back to them ... and it's that connection and ... the karakias and everything else that releases the ... magic, really. Because ... everybody can boil leaves but ... it's becoming in tune with and releasing the ... magic of it and the potential of it. (Ruia)

In this excerpt, plants are viewed as individual entities that are alive, are imbued with the ability to communicate, and have their own stories and genealogy. When the plant is taken, there

is an acknowledgement of the spiritual world, through karakia, to give thanks. Even though the life force of the plant is being taken, it returns to become one with people, signifying a reciprocal process between people and plants. The entire process is performed with honour and respect to the plants, which continues during the preparation of herbal remedies:

But you must put your prayer into it ... to make it strong for you ... you don't just go and take a rongoā and drink it. ... Because the karakia's ... you gotta be really specific ... what you want your rongoā to do for you. Because ... the rongoā is like you and I, it understands us. So if you don't give it any direction, so you may as well just drink water. ... This essence you put into it. And this is the ... special essence that we have that we put into that. (Kororia)

While the use of herbal material in rongoā Māori has been previously described (Mark, 2008; Sporle, 1994), there does not appear to be a similar description of a relationship between healers and plants in the literature. This relationship between healers and plants may be due to the belief of Māori healers in the ability of particular people to communicate with plants through their mauri (Henare, 2001; McGowan, 2000). This underlying concept of RM shows reciprocal mutual communication between people and plants that creates a synergy, which enriches the healer and enhances the potency of plants in Māori healing.

Theme 2: Focus of Healing

Within the focus of healing theme, we identified three areas that differentiate to whom healing can be applied and describe the nature of the patient. Healing the living (whakaora i te hunga ora) focuses on concepts of healing the mind, body, and spirit of patients, demonstrating the holistic nature of RM. Helping the dead (awhina i te hunga mate) refers to the work healers may do for people who have already passed away, challenging the idea that the purpose of healing is to shift a patient from a state of illness to a state of health. Clearing the land (whakawatea i te whenua) refers to shifting negative wairua from the land, challenging the idea that healing may be applied only to people.

Healing the living (Whakaora i te hunga ora). Healers related numerous examples of healing that showed physical, emotional, and mental improvements, or changes, for patients, thus illustrating the holistic nature of RM healing.

One healing example involved direct impacts on the physical state of a patient:

She had shingles. ... Took me couple of days to ... do poulticing on her with the kawakawa [Macropiper excelsium, a native New Zealand plant] ... where it was painful ... 'cause the doctor couldn't do anything for the pain. ... I said, well, get some water from the sea and then bathe it when it gets itchy. Well, what she did, she went into the sea ... Well, that was only two days fixed, aye. (Kororia)

Some examples of emotional and mental healing related to simple shifts for the patient, such as from fear to acceptance:

There's a lot of them that go there because they were scared to die. By the time ... you finished with it on the table, they're asleep. They're good as gold, and ... when they wake up, I say, "How you feel now." Oh, good. They're not scared anymore. (Hemi)

Several healers also related healing effects in which patients looked and felt peaceful:

He just seemed a little bit dark ... and he just needed ... some direction or something to boost him. He was looking for something ... he sort of opened up and ... was relating to me and ... it actually looked as though his cloud had lifted a little bit. ... It sounds simple, but you never know where people's thoughts and actions are. ... When he left he was a lot lighter and he was more ... inspired. (Rangimarie)

These findings illustrate physical, mental, and emotional effects of healing for patients. In previous research with Māori healers, they believed that healing energy originates from the spiritual level, moves through the healer's body, and then is sent to the patient to facilitate change and produce effects on the mind, body, and spirit of the patient. Whenever changes occur in the mind, the body, or the spirit, it creates change in all levels (Mark, 2008). The mind, body, spirit concept is a recent understanding of RM, because as noted earlier, traditional Māori healing focused primarily on spirituality as the main form of treatment (Buck, 1949). Therefore, this research finding extends on the traditional Māori healing focus on spirituality to indicate a new underlying concept of holistic healing where RM aims to influence, and heal, the mind, body, and spirit of the patient.

Helping the dead (Awhina i te hunga mate). Healers offered stories about healing the spirits of people who had already passed away. One healer described a situation where spirits of ancestors were used to remove malicious spirits that were causing death:

I said, "Hey, something's wrong with your fulla's [group of people's] patient," and then they have a look. She had completely died. And they, oh well, they panicked. ... I did a karakia and it was—things come to me so I had to ask for her tūpuna Ngāpuhi [name of an ancestor] to come and take that off because it's ... their ... descendant, so that's who I get to come down so he takes it out and it's easy and the thing was, she had, um, what was it, lizards stuck in her throat. Yeah, and that's what stopped her from breathing. The lizards. (Kororia)

This was a spiritual healing where the change created in this healing was to evict the spirits so that the patient wouldn't die.

Several healers described another spiritual phenomenon where spirits of people who have passed away, become lost and attached to people, causing physical symptoms. However, these spirits, rather than being malevolent, have simply lost their way. One healer described the healing of a lost soul as follows:

I said to her, “What’s the feeling on your heart?” She said, “I am so cold.” When somebody tells me that they’re cold like that, I know that they have lost souls with them ... so I just carried on with what ... I was doing. ... She got off the table ... she said she was just so much warmer, she was [had been] like an iceblock. (Aroha)

In effect, this could be considered a double healing, for the lost soul as well as for the living patient. It would be very difficult for a patient to pinpoint a lost soul as a cause of pain in the physical body, especially without assistance from a healer with the ability to see into spiritual realms.

Healers shared how they must then work with these “lost souls ... leading them to the light, showing them how. I talk to them and tell them there’s another, better, beautiful place that they can go to” (Kororia). For this healer, removing the lost soul by sending them to the light alleviated the patient’s symptoms.

Little research appears in the literature on traditional medicine healing people who have already passed away. The approach of Māori healers to healing spiritual entities or people who have passed away may be due to Māori healers’ belief that the physical world is impacted by spiritual laws (Valentine, 2009). Because healing the dead is undertaken, it becomes incongruent to say that healing always leads to better health. RM healing is therefore better understood as facilitating a process that creates change for patients, assisting them to achieve a different state of being.

Clearing the land (Whakawatea i te whenua). In a healing example provided by one healer, the land became the “patient” because it was the land that had become infested with malevolent spirits.

Once I’d located it [the area of land that needed to be cleansed], I went and got the things I needed which is a couple of bottles, empty of course. I went to the sea and I filled them up with sea water doing karakia. ... So I went down there and asked the tīpuna to surround the area. And then it started with the karakia, then went in and used water to form a boundary round the block I was doing, and then made a circle in the middle of the block with the water as a departure point for any entities that were going to be lifted off. And then ... did a karanga [call] to those entities telling them why we were here and what we were doing and then emptied both lots of water, sprinkled meself, done the job, jumped in me truck. Went back to the urupa [cemetery], thanked everybody for their assistance. (Toka)

In this example, the effect of the healing is not physical or emotional but takes place at a spiritual level, and both the healer and his tīpuna believe that a significant change has taken place by removal of the wairua, and the land has been healed.

There is support for a Māori connection with the land (Mark & Lyons, 2010), and a general recognition that good health for Aboriginal people relies on “an interconnecting system of land and spirit, body and mind” as noted by Beaton (cited in Elliott & Foster, 1995, p. 96). However, it is unknown whether healers of other Indigenous cultures send healing to the land or the dead, in a similar way as Māori healing, because little discussion has been found about this type of healing. However, this may simply be because Indigenous writers are not actively writing in the academy. For Māori, the land is a living entity, in the form of Papatuanuku, Earth Mother (Riley, 1994), and they understand all things, such as the land and plants, to have their own mauri or life essence (Henare, 2001). This may explain why RM healers believe it is possible to heal the land, in a way that is similar to healing a person.

Therefore, the scope of RM healing extends from being applicable to people, to also including the land. It also challenges the notion of healing as a mechanism that only assists living people to move from a state of illness to a state of health. In this case, the patient is the land and the healing involves clearing the land. It indicates that a patient of RM healing can be described as anything that requires healing.

Conclusions

This study set out to provide a broad overview of RM healing by exploring the underlying concepts of Māori healing, and to situate these concepts within Māori cultural values and beliefs. By working directly with RM healers, we have gained insight into their healing world and worldviews on RM healing concepts. The findings indicate that healers are actually mediators between their tīpuna and the patient, rather than a source of the healing. The healers also mediate relationships between people, both alive and dead, as well as with plants in order to facilitate, and contribute to, the healing of the patient. The role of healers as mediators in healing aligns with previous research showing Māori healers believe they are simply a vessel or a channel for the healing (Mark, 2008; Mcleod, 1999).

The research findings show how RM is underpinned by a complex set of traditional cultural beliefs. Māori values and beliefs, including wairuatanga (spirituality), aroha (love), and connections with the whenua (land) and rongoā (herbal remedies), continue to be reinforced during Māori healing in the present day (Mark, 2008; McGowan, 2000; Mcleod, 1999; Riley, 1994). Other traditional healing literature also discusses the importance of cultural values in healing, and in particular, the Indigenous focus on spirituality as well as the holistic concept of the mind, body, and spirit (Portman & Garrett, 2006; Struthers, Eschiti, & Patchell, 2004).

However, newer healing concepts can be gained from the unique findings on RM - of healing people who have already passed away and the land. Literature on the impacts of possession by malevolent spirits does exist, but it focuses on trance-like symptoms with lengthy and complicated rituals to free the patient (Tsintjilonis, 2006), which is dissimilar to Māori

examples of healing lost souls. The RM finding that it is possible to heal the dead challenges the idea that healing always leads to an improvement in physical, mental, or spiritual health for the patient. Instead, a new understanding is elicited from the research findings, that healing facilitates a process of change for patients.

Research has also been conducted to understand how relationships to the land contribute to the health of First Nations people in Canada (Wilson, 2003). The Māori cultural belief of the land representing Papatuanuku is shared with the Anishinabek, who also believe that the land is alive with spirits, and First Nations participants described communicating with the spirits of trees to deal with problems and/or conflict (Wilson, 2003). However, there was no indication of healing the land, and as noted earlier, this may simply be because other Indigenous authors have not written about it in the literature. This research on RM contributes to the traditional healing literature by challenging the focus of healing. The patient is described as anything that requires healing, such as those who have already passed away or the land.

As this research presents an initial and broad exploration into RM, each one of the research findings could be the subject of an entire research project, to elicit further detail and understanding of RM healing. Other insights into Māori healing could be gained by studying patients of rongoā, to explore the cultural values inherent in their healing experiences and healing outcomes. In addition, these findings on RM could be compared with other traditional healing systems to explore any further similarities or differences related to cultural values.

This research acknowledges the significance of connecting traditional values and beliefs with contemporary concepts of healing in modern practices of RM healing. As one healer said, “Rongoā Māori is our world” (Atawhai), and continuing to uphold cultural values in Indigenous healing while living in today’s modern society is not only culturally appropriate, but is vital to Indigenous health, healing, and wellbeing in a new and changing world.

References

- Ahuriri-Driscoll, A., Baker, V., Hepi, M., & Hudson, M. (2009). *The future of rongoā-Māori: Wellbeing and sustainability*. Wellington, New Zealand: Institute of Environmental Science and Research.
- Bishop, R. (1996). *Collaborative research stories: Whakawanaungatanga*. Palmerston North, New Zealand: Dunmore Press.
- Bowling, A. (2009). *Research methods in health: Investigating health and health services*. Buckingham, UK: Open University Press.
- Buck, P. (1949). *The coming of the Māori*. Wellington, New Zealand: Māori Purposes Fund Board, Whitcombe and Tombs.
- Capstick, S., Norris, P., Sopoaga, F., & Tobata, W. (2009). Relationships between health and culture in Polynesia—A review. *Social Science & Medicine*, 68(7), 1341–1348. doi:10.1016/j.socscimed.2009.01.002
- Durie, M. (1994). *Whaiora*. Auckland, New Zealand: Oxford University Press.

- Durie, M. (1998). *Whaiora: Māori health development*. Auckland, New Zealand: Oxford University Press.
- Durie, M. (2001). *Mauri ora: The dynamics of Māori health*. Auckland, New Zealand: Oxford University Press.
- Elliott, S., & Foster, L. (1995). Mind-body-place: A geography of Aboriginal health in British Columbia. In P. Stephenson, S. Elliott, L. T. Foster, & J. Harris (Eds.), *A persistent spirit: Towards understanding Aboriginal health in British Columbia* (pp. 94–127). Western Geographical Series, Vol. 31. Victoria, BC: Western Geographical Press, University of Victoria.
- Goldie, W. H. (1999). *Māori medical lore*. Christchurch, NZ: Kiwi Publishers.
- Henare, M. (2001). Tapu, manu, mauri, hau, wairua: A Māori philosophy of vitalism and cosmos. In J. A. Grim (Ed.), *Indigenous traditions and ecology: The interbeing of cosmology and community* (pp. 198–221). Cambridge, MA: Harvard University Press.
- Irwin, J. (1984). *An introduction to Māori religion: Its character before European contact and its survival in contemporary Māori and New Zealand culture*. Bedford Park, South Australia: Australian Association for the Study of Religions.
- Jones, R. (2000a). *Rongoā Māori and primary health care* (Unpublished master's thesis). University of Auckland, Auckland, New Zealand.
- Jones, R. (2000b). Traditional Māori healing. *Pacific Health Dialogue*, 7(1), 107–109.
- Josselson, R. (2011). Narrative research: Constructing, deconstructing, and reconstructing story. In F. J. Wertz, K. Charmaz, L. M. McMullen, R. Josselson, R. Anderson, & E. McSpadden (Eds.), *Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research and intuitive inquiry* (pp. 224–242). New York, NY: Guilford Press.
- Kominik, A. (1993, 24 October). Traditional Māori medicine at work in the community. *Sunday Times*, p. 6.
- Kremer, J. W. (2006). Dreams and visions in initiation and healing. *Revision*, 29(1), 34–45.
- Lange, R. (1999). *May the people live: A history of Māori development 1900–1920*. Auckland, New Zealand: Auckland University Press.
- Loesel, I. (2006). *Returning to the void: Papa Joe, Māori healing and sacred teachings*. Lincoln, NE: iUniverse.
- Macdonald, C. (1979). *Medicines of the Māori*. Auckland, NZ: William Collins.
- Mark, G. (2008). *Conceptualising mind, body, spirit interconnections: Perspectives of Māori and non-Māori healers* (Unpublished master's thesis). Massey University, Auckland, New Zealand.
- Mark, G. T., & Lyons, A. C. (2010). Māori healers' views on wellbeing: The importance of mind, body, spirit, family and land. *Social Science & Medicine*, 70(11), 1756–1764. doi:10.1016/j.socscimed.2010.02.001

- McGowan, R. (2000). *The contemporary use of rongoā Māori: Traditional Māori medicine* (Unpublished master's thesis). University of Waikato, Hamilton, New Zealand.
- McLeod, M. K. (1999). *E iti noa na te aroha: A qualitative exploration into the realms of Māori healing* (Unpublished master's thesis). University of Waikato, Hamilton, New Zealand.
- Metge, J. (1967). *The Māoris of New Zealand*. London, UK: Routledge & K. Paul.
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 13–22.
- O'Connor, T. (2007). *Governing bodies: A Māori healing tradition in a bicultural state* (Doctoral dissertation). Retrieved from <http://researchspace.auckland.ac.nz>
- Parsons, C. D. F. (1985). Notes on Māori sickness, knowledge and healing practices. In C. D. F. Parsons (Ed.), *Healing practices in the South Pacific* (pp. 213–234). Laie, HI: Institute for Polynesian Studies.
- Portman, T. A. A., & Garrett, M. T. (2006). Native American healing traditions. *International Journal of Disability, Development and Education*, 53(4), 453–469. doi:10.1080/10349120601008647
- Powick, K. (2002). *Māori research ethics: A literature review of the ethical issues and implications of kaupapa Māori research and research involving Māori for researchers, supervisors and ethics committees*. Hamilton, New Zealand: University of Waikato.
- Rae, B. (1997, 22 January). A tradition of healing. *New Zealand Herald*, p. G1.
- Riley, M. (1994). *Māori healing and herbal*. Paraparaumu, New Zealand: Viking Sevenses.
- Smith, L., & Reid, P. (2000). *Māori research development. Kaupapa Māori principles and practices: A literature review*. Auckland/Wellington, New Zealand: Te Puni Kokiri.
- Sporle, A. (1994). Recording Māori healing practices. *Te Māori News*, 3(20), 14.
- Stark, R. (1979). *Māori herbal remedies*. Paraparaumu, NZ: Viking Sevenses.
- Struthers, R., Eschiti, V. S., & Patchell, B. (2004). Traditional Indigenous healing: Part I. *Complementary Therapies in Nursing & Midwifery*, 10(3), 141–149. doi:10.1016/j.ctnm.2004.05.001
- Tipene-Leach, D. (1994). Cultural sensitivity and the GP: A Māori GP's perspective. *Patient Management*, 1–4.
- Tito, J. (2007). *Matarakau: Nga korero mo nga rongoā o Taranaki—Healing stories of Taranaki*. New Plymouth, New Zealand: Karangaora.
- Tsintjilonis, D. (2006). Monsters and caricatures: Spirit possession in Tana Toraja. *Journal of the Royal Anthropological Institute*, 12(3), 551–567. doi:10.1111/j.1467-9655.2006.00352.x
- Valentine, H. (2009). *Kia Ngāwari ki te awatea: The relationship between Māori and well being: A psychological perspective* (Unpublished doctoral dissertation). Massey University, Palmerston North, New Zealand.

- Voyce, M. (1989). Māori healers in New Zealand: The Tohunga Suppression Act 1907. *Oceania*, 60(2), 99–123. doi:10.1002/j.1834-4461.1989.tb02347.x
- Walker, S., Eketone, A., & Gibbs, A. (2006). An exploration of kaupapa Māori research, its principles, processes and applications. *International Journal of Social Research Methodology*, 9(4), 331–344. doi:10.1080/13645570600916049
- Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in qualitative research. *Qualitative Health Research*, 11(4), 522–537. doi:10.1177/104973201129119299
- Williams, P. M. E. (1996). *Te rongoā Māori: Māori medicine*. Auckland, New Zealand: Reed Books.
- Wilson, K. (2003). Therapeutic landscapes and First Nations peoples: An exploration of culture, health and place. *Health & Place*, 9(2), 83–93. doi:10.1016/s1353-8292(02)00016-3
- Wirth, D. P. (1995). The significance of belief and expectancy within the spiritual healing encounter. *Social Science & Medicine*, 41(2), 249–260. doi:10.1016/0277-9536(94)00312-h

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Mark G

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