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Rongoā Māori
(Traditional Māori healing)
through the eyes of Māori healers:
Sharing the Healing while
Keeping the Tapu

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presented in partial fulfilment
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ABSTRACT

This research explores the underlying philosophies of rongoā Māori, the traditional healing system of the indigenous Māori of Aotearoa/New Zealand. The research is set within the context of worldwide traditional healing systems that involves discussion of the embedded nature of indigenous cultural values and beliefs within traditional healing practices. Parallels are drawn between the traditional healing practices of Māori and other indigenous healing traditions.

The research was conducted in adherence to the principles of Kaupapa Māori research to ensure the use of Māori cultural values throughout the research process. Narrative interviews were conducted with seventeen Māori healers about their understandings of rongoā Māori. Data analysis was conducted in a three-step process using an approach created specifically for the research entitled the rourou Māori method of analysis. The analysis was inclusive of the contributions of each individual healer and the researcher to the collective story on rongoā Māori across all participants in the research.

The analysis revealed nine underlying philosophies of rongoā Māori. These showed that rongoā Māori: healing is a continuous process of life; is a co-construction of healing through the healer/client relationship; includes collaborative whakawhanaungatanga (family-like) relationships in healing; involves the synergy of the alliance between people and plants; utilises the tīpuna (ancestors) as the wairua (spirits) that conduct the healing; focuses on diagnosing illness through past generations; identifies the power of emotions to create or destroy health, illness and healing; aims to facilitate change for the client; and aspires to heal Māori of colonisation and keep Māori knowledge sovereign.

In this research, Māori healers indicated that aspects of Māori knowledge and wisdom have been purposely kept tapu (sacred). However, there are three major contributions to knowledge about traditional healing systems. First, new insights were presented on rongoā Māori, such as the relationship between healers and plants. Second, the contribution of rongoā Māori to the greater advancement of Māori tino rangatiratanga was discussed. Third, additional conceptualisations about traditional healing systems, such as aroha (love) in the relationship between the healer and client, were found. Rongoā Māori was shown to share several healing concepts with other traditional healing systems.

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TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS	iv
LIST OF FIGURES	xi
INTRODUCTION	1
<u>CHAPTER ONE: UNDERSTANDING TRADITIONAL HEALING SYSTEMS –</u>	
<u>WHAKAMĀRAMATANGA O NGA RONGOĀ O NGA TANGATA WHENUA</u>	
<u>O TE AO</u>	5
TRADITIONAL HEALING SYSTEMS	5
MAIN COMPONENTS OF TRADITIONAL HEALING SYSTEMS	10
ROLE OF THE HEALER.....	10
RELATIONSHIP BETWEEN THE HEALER AND THE CLIENT	12
HERBAL REMEDIES.....	14
DIAGNOSIS.....	17
ETIOLOGY	18
HEALING PRACTICES	21
TRADITIONAL HEALING SYSTEMS AND INTEGRATION	23
CONCLUSION	25
<u>CHAPTER TWO: UNDERSTANDING RONGOĀ MĀORI –</u>	
<u>WHAKAMĀRAMATANGA O TE RONGOĀ MĀORI</u>	
RONGOĀ MĀORI HEALING PRACTICES	27
BACKGROUND CONTEXT OF RONGOĀ MĀORI	30
RONGOĀ MĀORI HEALTH SERVICE PROVISION	35
RESEARCH PURPOSE	37
RESEARCH QUESTION	37

CONCLUSION	38
------------------	----

CHAPTER THREE: RESEARCH METHODS ON RONGOĀ MĀORI – MAHI

<u>RANGAHAU I TE RONGOĀ MĀORI</u>	39
--	-----------

KAUPAPA MĀORI RESEARCH	39
-------------------------------------	----

MĀORI POWHIRI/RESEARCH METHODOLOGY	40
---	----

POWHIRI/RESEARCH PROCESS	41
--------------------------------	----

<i>Powhiri/Ethics</i>	42
-----------------------------	----

<i>Karanga/Recruitment</i>	43
----------------------------------	----

<i>Whakaeke/Rapport</i>	45
-------------------------------	----

<i>Tipuna /Acknowledging</i>	47
------------------------------------	----

<i>Whaikōrero/Interviews</i>	48
------------------------------------	----

<i>Waiata/Meaning of healing</i>	52
--	----

<i>Whakanoa/Debrief</i>	53
-------------------------------	----

ROUROU MĀORI METHOD OF DATA ANALYSIS	54
---	----

EXPLANATION OF THE ROUROU MĀORI METHOD OF ANALYSIS	55
--	----

ROUROU MĀORI METHOD OF DATA ANALYSIS PROCESS	59
--	----

<i>Step One – Nāu te rourou</i>	59
---------------------------------------	----

<i>Step Two – Nāku rourou</i>	61
-------------------------------------	----

<i>Step Three – Ka ora ai te iwi</i>	62
--	----

CONCLUSION	64
------------------	----

CHAPTER FOUR: RESEARCH FINDINGS ON RONGOA MAORI – NGA HUA

<u>RANGAHAU I TE RONGOĀ MĀORI: NĀU/NĀKU TE ROUROU</u>	65
--	-----------

NĀU TE ROUROU/NĀKU TE ROUROU – YOUR/MY BASKETS OF KNOWLEDGE	66
--	----

HEALER ONE	66
------------------	----

HEALER TWO	67
------------------	----

HEALER THREE	68
--------------------	----

HEALER FOUR	68
-------------------	----

HEALER FIVE	69
-------------------	----

HEALER SIX	70
------------------	----

HEALER SEVEN	71
HEALER EIGHT	72
HEALER NINE	72
HEALER TEN	73
HEALER ELEVEN	74
HEALER TWELVE	75
HEALER THIRTEEN	76
HEALER FOURTEEN	76
HEALER FIFTEEN	77
HEALER SIXTEEN	78
HEALER SEVENTEEN	79
CONCLUSION	80

CHAPTER FIVE: RESEARCH FINDINGS ON RONGOĀ MĀORI – NGA HUA

<u>RANGAHAU I TE RONGOĀ MĀORI: KA ORA AI TE IW!</u>.....	81
KA ORA TE IW! – ALL OF OUR BASKETS OF KNOWLEDGE	81
HEALING IS A CONTINUOUS PROCESS	81
<i>Discussion</i>	86
CO-CONSTRUCTION OF THE HEALING THROUGH THE HEALER/CLIENT RELATIONSHIP	87
<i>Discussion</i>	91
THE COLLABORATIVE WHAKAWHANAUNGATANGA OF HEALING RELATIONSHIPS.....	93
<i>Discussion</i>	96
THE SYNERGY OF THE ALLIANCE BETWEEN PEOPLE AND PLANTS.....	98
<i>Discussion</i>	103
THE TĪPUNA ARE THE WAIRUA THAT CONDUCT RM HEALING.....	104
<i>Discussion</i>	107
DIAGNOSING ILLNESS THROUGH PAST GENERATIONS	110
<i>Discussion</i>	114
THE POWER OF EMOTIONS TO CREATE OR DESTROY HEALTH, ILLNESS AND HEALING	116

<i>Discussion</i>	119
FACILITATING CHANGE FOR THE CLIENT	121
<i>Discussion</i>	128
HEALING MĀORI OF COLONISATION AND KEEPING MAORI KNOWLEDGE SOVEREIGN	130
<i>Discussion</i>	134
UNDERLYING PHILOSOPHIES OF RONGOĀ MĀORI HEALING.....	137
<u>CHAPTER SIX: FINAL JOURNEY INTO THE WORLD OF UNDERSTANDING –</u>	
<u>TE HIKOI WHAKAMUTUNGA KI TE AO MARAMA</u>	140
IMPLICATIONS OF FINDINGS ON RM.....	140
FUTURE DIRECTIONS	146
CONCLUSION	149
BIBLIOGRAPHY	151
APPENDICES	171
APPENDIX A: INFORMATION SHEET	172
APPENDIX B: PARTICIPANT CONSENT FORM.....	174
APPENDIX C: INTERVIEW SCHEDULE	175
GLOSSARY	176

LIST OF FIGURES

Figure 1: The powhiri/research process	41
Figure 2: The Rourou Māori method of data analysis	59

INTRODUCTION

The purpose of this thesis is to explore the main tenets of rongoā Māori, the traditional healing system of the indigenous Māori of Aotearoa/New Zealand. It is the cultural values and beliefs behind rongoā Māori healing practices that will be the focus of this thesis that aims to explore the capability of rongoā Māori to provide a holistic cultural form of healing treatment for Māori that addresses cultural health issues. A worldwide context of traditional healing systems of the indigenous peoples of the world draws parallels between rongoā Māori and the healing traditions of other indigenous cultures.

This study advocates the preservation of traditional cultural values and beliefs in traditional healing systems. By studying the traditional cultural values and beliefs of rongoā Māori healers and healing, it will be shown that indigenous knowledge systems should be privileged and that health treatment for indigenous people should include consideration of core cultural values and beliefs. It is hoped that this thesis will contribute to indigenous assertion and self-determination over the determinants of indigenous health and healing treatment.

The research explored the perspectives of Māori healers on rongoā Māori healing. Māori healers were asked about their understanding of underlying philosophies of rongoā Māori. This study was conducted in accordance with the principles of kaupapa Māori which aligns research with Māori with Māori cultural values. Semi-structured narrative interviews were conducted with seventeen rongoā Māori healers. A data analysis method was created that incorporated an inclusive approach to the analysis that had the aim of including each individual healer's and the researcher's perspectives into the data analysis process. This led to a collective story of

nine findings from all research participants that contributed to understanding the underlying philosophies of rongoā Māori. Several implications about the expansion of understanding of rongoā Māori, the use of rongoā Māori as a tool of Māori healing and sovereignty and contributions to knowledge on traditional healing systems were found.

Chapter One provides an introduction to traditional and indigenous healing systems. In the first section, the meaning of the term 'traditional healing system' is discussed. In the second section, a review of the main aspects of traditional healing systems is provided that describes the cultural values behind healing practices through a review of the literature on traditional healing. Further, issues related to the integration of traditional healing systems into mainstream medicine are discussed.

Chapter Two provides an introduction to current definitions of rongoā Māori. It includes a definition of Māori healing practices that explores the herbal, spiritual and other healing therapies that are involved in rongoā Māori. It also provides a background context of the beliefs and values inherent in rongoā Māori. It explores Māori health, the beliefs behind causes of illness, diagnosis and treatment as well as the role of Māori healers. It also discusses the issues surrounding the integration of rongoā Māori into mainstream health treatment. A description of the research purpose and question is provided in this chapter.

Chapter Three describes the research processes. This involves the use of the powhiri (Māori welcoming ceremony) as a means to describe the various stages of the research. This was considered appropriate to ensure the adherence to kaupapa Māori research practices at each stage of the research. The innovative creation of rourou Māori method of data analysis using a Māori proverb shows the continual effort in this research to utilise Māori cultural values throughout the research process. A

description of each of the three stages of the data analysis process is explained in detail.

Chapter Four shows the results of the first and second steps of the data analysis. Firstly, each individual healer's perspective on rongoā Māori was provided in three sections related to their understandings about rongoā Māori and aimed to honour each individual healer's contribution to the research. This provided the initial concepts that were used to create the third step of data analysis of the collective contribution of all healers.

Chapter Five shows the results of the third step of data analysis that provides the collective story of all the Māori healers on rongoā Māori. According to the analysis of the data from Māori healers, there were nine findings that described rongoā Māori. These findings further explicated aspects of Māori healing practice and contributed to the collective perspective on the underlying beliefs, values and philosophies inherent in rongoā healing. A discussion of each concept is provided which reviews and examines the relevant literature on rongoā Māori and traditional healing systems.

Chapter Six provides the implications of the research findings. In particular, the findings focused on the contribution of the results to knowledge on both rongoā Māori as well as traditional healing systems worldwide. An acknowledgement of future directions of research is provided.

This introduction has provided an outline of the content of this thesis which presents research on the perspectives of Māori healers on rongoā Māori, which is reflected in the first half of the title "Rongoā Māori (traditional Māori healing) through the eyes of Māori healers". The aim of this research is to provide an understanding of the underlying philosophies of rongoā Māori. However, in rongoā Māori, there exists knowledge of

healing practices and understanding that would be considered tapu such as specific wording of karakia (prayers), takutaku (chants) or herbal remedy recipes or applications. It is considered that these tapu aspects of healing should remain the intellectual property of Māori healers, which is in alignment with the express wishes of several healers to keep certain healing knowledge and wisdom specifically for Māori only.

Therefore, the meaning of the second half of the title “Sharing the healing while Keeping the Tapu” refers to the endeavour of this research to share aspects of rongoā Māori healing that have permission to be shared in the context of an academic piece of research that is subject to the conventions of tertiary institutional guidelines and research practice. This part of the title also acknowledges and respects the right of Māori and indigenous healers to keep the tapu aspects of their healing traditions sacrosanct within their own systems of traditional knowledge transference. It is considered that the findings of this research will continue to contribute to, and expand on, knowledge of rongoā Māori within the literature.

**CHAPTER ONE: UNDERSTANDING TRADITIONAL HEALING SYSTEMS –
WHAKAMĀRAMATANGA O NGA RONGOĀ O NGA TANGATA WHENUA O
TE AO**

This chapter provides an introduction to traditional and indigenous healing systems as a contextual background to the exploration of rongoā Māori. In the first section, the meaning of the term ‘traditional healing system’ is discussed as encompassing healing practices as well the cultural values and beliefs that underlie those practices. In the second section, a review of the main aspects of traditional healing systems is provided. This involves describing the role of the healer, the relationship between the healer and the client, herbal remedies, diagnosis, etiology, and healing practices which explores the cultural values intrinsic within healing practices and briefly reviews the literature on traditional healing. Issues related to the integration of traditional healing systems into mainstream medicine are discussed and shows that input from traditional healers to discussion on issues of integration is crucial to maintaining cultural integrity.

TRADITIONAL HEALING SYSTEMS

Although the term ‘traditional medicine’ is often used in the literature to describe the healing practices of the indigenous peoples of the world, the term ‘traditional healing system’ is considered to be relevant to this thesis, and this is explored further here. In many parts of the world, traditional medicine is the preferred form of health care and has played a crucial role in health care for a large part of populations in developing countries (World Health Organization, 2002). It is well accepted that for centuries, traditional medicine was the only health care system available for the prevention and treatment of diseases in different cultures (Alves & Rosa, 2007; Nyika, 2007). Traditional medical systems are influenced by factors such as history, personal attitudes and philosophy, and traditional healing

practices may vary greatly within regions and between countries (World Health Organisation, 2002). Therefore, classifying traditional and religious healing is a complex task and the diversity makes categorisation difficult (Shankar, Saravanan & Jacob, 2006). Hill (2003) notes that there is a lack of consistency and clarity in the terminology, with no uniform approach used to describe traditional medicine. For example, one definition of traditional medicine is provided as follows:

... a set of empirical practices embedded in the knowledge of a social group often transmitted orally from generation to generation with the intent to solve health problems. It is an alternative to Western medicine and is strongly linked to religious beliefs and practices of indigenous cultures. (Bussman & Sharon, 2006, p. 1).

This definition includes the notion that beliefs and practices are involved in traditional medicine. However, the World Health Organization's definition of traditional medicine also includes different methods of healing:

... including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness. (World Health Organization, 2002, p. 7).

However, this definition omits the cultural values and beliefs that are intrinsic to traditional healing and relegates the term 'traditional medicine' to methods and techniques of healing only. Struthers, Eschiti and Patchell (2004) use the term 'traditional healing', rather than medicine, stating that traditional healing is an ancient, intact, complex holistic healthcare system practiced by indigenous people worldwide that acknowledges the contribution of indigenous traditions and beliefs to the traditional healing

process. It is maintained that this is appropriate because indigenous people have their own approaches to healing that date back to prehistoric times (Struthers, Eschiti & Patchell, 2004). The term 'traditional healing systems' seems more apt because it encompasses the cultural knowledge, beliefs and practices as well as the variety of healing methods involved.

The use of the word 'traditional' is frequently used to identify indigenous people who have a distinct language, culture, religion, ceremonies, beliefs as well as social, economic and political systems. Indigenous people often maintain links to natural resources, as well as ancestral environments and history (Gracey & King, 2009). Indigenous knowledge provides the context for traditional healing practices (Hill, 2003) because it is based on traditional belief systems and explanatory models of illness (Vandebroek, Thomas, Sanca, Van Damme, Van Puyvelde & De Kimpe, 2008).

The aspect of 'healing' in traditional healing systems refers to a wide variety of healing practices. Traditional healing could include various healing methods although there is a focus on herbal remedies and the use of spiritual techniques (Abdou, 2007; Devanesan, 2000; Harley, 2006; Hickman, 2007; Portman & Garrett, 2006; Rasmussen, 2000; Weigand, 1999). However, indigenous healing is rarely limited to one method alone (Marks, 2006). The healing practices of indigenous cultures are different yet are all based on historically accumulated knowledge within a specific culture (Horrigan, 2005; Marks, 2006). An interaction between belief systems and successful treatment can be seen as the foundation of all indigenous healing systems, which is exemplified by Aboriginal people of Australia who have a complex healing system closely linked to the culture and beliefs of the people, knowledge of their land and its flora and fauna (Devanesan, 2000). Traditional healing systems are viewed as encompassing healing methods and techniques in conjunction with associated cultural values and beliefs.

The use of the word “system” denotes the way traditional healing is interconnected into indigenous life and cultural ways. Traditional healing is seen as a part of a holistic way of life, collective and spiritual, and expressed through the land and ceremonies (Hill, 2003). Healing systems describes the way values and beliefs about health, illness and healing underlie, and are interconnected with, healing practices.

For the purposes of the exploration of traditional healing practices in this thesis, the term ‘traditional healing systems’ is taken to mean the way different indigenous cultures approach healing practices which encompasses the associated values, beliefs and philosophies. It should be noted that the words ‘traditional’ and ‘indigenous’ are used interchangeably throughout this thesis to indicate the indigenous cultures of the world.

An example of the understanding of traditional healing systems to be utilised in this thesis, is given by Quah (2003):

Across the ages, a natural response to illness or injury is to seek healing. The search takes the affected person from his immediate circle of relations to more distant potential sources of help until something that works or someone who knows is found. In the process, the accumulated experience of individuals assisted by the collective memory of the community builds a relatively consistent body of health beliefs and practices loosely held together by the community’s interpretation of life, birth and death, right, and wrong and other values and beliefs. Thus, practically all the known human communities have their own oral history of healing and healing traditions, although the level of conceptual sophistication and systematic accumulation of those healing traditions varies enormously from community to community. While some communities have not advanced beyond oral traditions, others have developed

elaborate written texts over centuries. A characteristic feature of this accumulation of oral and especially written healing traditions is the weaving of health knowledge with the community's cosmology—their interpretation of nature and of natural phenomena—and their corresponding social construction of the meaning of symptoms, situations, events, and relationships. (Quah, 2003, p. 2001)

Although this was originally used to describe traditional Chinese medicine, it illustrates that it is the indigenous traditions behind traditional healing systems and practices that are the key factors.

Further, traditional healing systems are increasingly being treated as a form of complementary and alternative medicine (Shaikh & Hatcher, 2005). However, Bodeker and Kronenberg (2002) indicate that the two are inherently different, in that traditional healing is based on indigenous traditions while complementary and alternative medicine is not. The World Health Organization (2002) states that complementary and alternative medicine refers to a broad set of health care practices that are not part of a country's own tradition, or are not integrated into its dominant health care system. It is contended, in agreement with Bodeker and Kronenberg (2002), that traditional healing systems should be considered as distinct from complementary and alternative medicine due to their underlying foundation being based on indigenous cultural values and beliefs.

Due to the specific focus on traditional values, beliefs and philosophies, the meaning of these terms are outlined for the purposes of this thesis. In relation to this thesis, the word 'values' refers to indigenous principles and standards that guide traditional healing practices. The use of the word 'beliefs' describes an acceptance about what indigenous people believe to be true about the nature of health, illness and healing. The word 'philosophy' is taken to describe the theories behind traditional healing

systems that act as guiding principles for healing practices, which is the focus of this research.

MAIN COMPONENTS OF TRADITIONAL HEALING SYSTEMS

In this next section, a brief review of the literature on traditional healing systems focuses on the main aspects of traditional healing practices including the role of the healer, the relationship between the healer and the client, herbal remedies, diagnosis, etiology and healing practices. A description of each of these aspects of healing will explore the cultural context of the values and beliefs inherent in traditional healing and review related literature. Although culture-specific healing processes will be referenced, these are only used in an illustrative effort to consider indigenous healing philosophies more broadly.

ROLE OF THE HEALER

There are several different types of traditional healers who may specialise in one form of traditional healing, such as herbalists in the Lower Amazon region (Reeve, 2000). It is important to note that traditional healers can hold a multiple number of different roles beyond that of healer, such as physician, counsellor, psychiatrist, priest and spiritual guide (Hewson, 1998; Marks, 2006; Mphande & James-Myers, 1993; Puckree, Mkhize, Mgobhozi & Lin, 2002). Healers can fulfil these roles in healing sessions as well as in society because they are members of their indigenous communities. This means they are familiar with what is happening in families and in the community (Horrigan, 2005). Because traditional healers share the same culture, beliefs and values of their clients (Puckree et al., 2002), traditional healers have an innate understanding their people (Mphande & James-Myers, 1993).

The role of traditional healers in indigenous healing is important because healers are often the repository of cultural and historical spiritual knowledge (Marks, 2006) becoming transmitters of ancient and powerful knowledge that serves to maintain cultural continuity (Rekdal, 1999). Part of their role as a healer is to gain a mastery of their indigenous culture, values and traditions (Struthers, 2000) because culture is seen as necessarily interwoven with healing (Struthers, Eschiti & Patchell, 2008). Therefore, traditional healers are the carriers of their culture and sometimes are the only remaining exponents of cultural ritual and belief (Durie, 1996). The healing practices of healers in traditional healing systems are based upon indigenous culture and values, and each healer can utilise indigenous culture and values differently (Struthers, 2003).

Research has been conducted that explores Native American healers' experiences of being a healer (Struthers, 2000; Struthers, Eschiti & Patchell, 2004). One study with Ojibwa and Cree female healers found that an understanding of their cultural values and traditions was an intrinsic part of traditional healing. This involved values such as an acceptance and understanding of the healing and putting faith in their healing ability. In addition, this study elicited wider cultural perspectives about life such as an interconnection between all things. This involved connecting with the Creator, the spirits and nature which involved living a balanced, circular life way where healers aimed to be in balance themselves and with others (Struthers, 2000). Similarly, another study described the experience of male Anishinabe healers (Struthers, Eschiti & Patchell, 2004). This elicited healers' views of health as needing the physical, mental and spiritual aspects to be balanced for wholeness as well as involving beliefs that everything is connected (Struthers, Eschiti & Patchell, 2008). It is important to talk to traditional healers because indigenous values and beliefs on health and healing that underlie healing practices are able to emerge from their understandings on traditional healing.

Further, much of the literature about traditional healers focuses on the reciprocal relations between practitioners of indigenous healing and biomedicine (McMillen, 2004). This work considers the possibility of cooperation between both health systems (Calvet-Mir, Reyes-García and Tanner, 2008; Puckree et al., 2002). This is problematic because it ignores the indigenous cultural context. The literature on integrating traditional healers and mainstream practitioners tends to focus on what traditional healers do in comparison to Western medical practices, rather than explore the underlying beliefs of traditional healing. Some research does delve into the underlying understandings of traditional healers of the psychological, spiritual, and social contexts of illness and healing (Hewson, 1998). However, in this research, practices of traditional healing are often only expressed in terms of comparison to modern medicine. This omits the potential of traditional healing to assert healing standards according to cultural values and traditions, rather than in comparison to biomedical methods of treatment.

Although similarities between traditional healing and biomedical health treatment can be identified, traditional healing can only ever be completely understood through the culture of its origin. Traditional healing can never be explained and rationalised simply because it has some parallels with biomedicine (Durie, 1996). One way to understand traditional healing is by exploring the cultural values and beliefs inherent behind traditional healing practices by investigating the point of view of traditional healers.

RELATIONSHIP BETWEEN THE HEALER AND THE CLIENT

In traditional healing systems, the relationship between the healer and the client includes active participation of both the healer and client. For example, in Cree healing, purification symbolizes the healer's sharing of spiritual power, which grants the client some control as active participants

in the healing process (Morse, Young & Swartz, 1991). One part of the efficacy of healing lies in the ability of the healer to gain the trust of the client, implying a level of reciprocity and engagement (Levers, 2006). In the Kaawo cult in Northern Benin, both the healer's conviction in the efficiency of the healing treatment, as well as the faith of the client in the efficacy of the treatment, maximized the potential of healing (Abdou, 2007), showing the importance of healer/client relationship to the success of the healing.

In one study with Aboriginal healers and clients, the healer/client connection was seen as an interdependent working relationship where healer and client-based conditions that use spirituality, didactics, and a psychotherapeutic process during traditional healing were constructed and activated by the healer and client (McCabe, 2007). This involved values such as the willingness of the client to heal, a willingness to look into the self, and an openness to learn about their lessons. The healer was expected to bring genuineness, a deep faith, and connection to the spirit world as well as provide a source of healing, ceremony, and an ability to apply sacred teachings (McCabe, 2007). This study aimed to include the native community's voice about its own wellness and ability to heal itself from within where treatment is a part of the culture it serves. Treatment that is rooted in the worldview and cosmology of the native community is advocated, rather than trying to import mainstream methodologies into native communities, or to find one that can be adjusted to "fit" Aboriginal needs (McCabe, 2007).

In stark contrast, Rappaport and Rappaport (1981) describe the relationship between traditional healers and clients very differently. The traditional healer was described as trying to convince the client of his or her powers through the use of drums, bells, masks, antelope horns to project an image of mystique and omnipotence (Rappaport & Rappaport, 1981). These researchers argue that the image of the traditional healer is

created through the use of these objects, and perhaps this notion of a carefully constructed image is interpreted incorrectly. It is important to consider the cultural values that contribute to the relationship between the healer and the client. For example, in Cree healing, the intent is to maximize the healing by mixing herbs, psychology, and spiritual power, providing the right psychological and dramatic atmosphere for healing (Morse, Young & Swartz, 1991). This thesis seeks exploration of the relationship between the healer and client that is based on indigenous cultural worldviews, to allow the healer/client relationship to be viewed through the indigenous lens that assists in assessing the needs of the indigenous client in traditional healing.

HERBAL REMEDIES

In traditional healing, the use of herbal remedies involves the preparation of a wide variety of whole plants or parts of plants to be taken in combination or sequence. The herbal remedies may be given in the form of powders, infusions, juices, baths, inhalations and external applications on the skin (Gessler et al, 1995a). The methods of preparation and dosage, state of ingredients and timing are essential in understanding the therapeutic value of herbal remedies (Madge, 1998). As an example, herbal use in south western Ethiopia shows that multiple medicinal plant species are used more frequently than the use of a single species in herbal remedies, and plants can be multi-dosed (Yineger & Yewhalaw, 2007). Traditional knowledge about the use of plants in healing is significant because it is integrally related to local concepts of the nature of disease, the nature of plants, and the worldview of the culture. Knowledge about the physical and chemical properties of the available plants is also important (Johnson, 2006). However, chemical properties of plants are often viewed as the most important aspect of herbal remedies.

The majority of studies on the plethora of traditional healing methods and indigenous knowledge have focused on documenting herbal remedies, and numerous studies have been conducted on the ethnobotanical and medicinal aspects of plant material in many countries around the world (Ali-Shtayeh et al., 2008; Bhattarai et al. , 2006; Bussman & Sharon, 2006; Johnson, 2006; Pieronia, Quave & Santorod, 2004; Pradhan & Badola, 2008; Rijal, 2008; Sajem & Gosai, 2006; Teklehaymanot & Giday, 2007; Yineger & Yewhalaw, 2007; Yineger, Yewhalaw & Teketay, 2008). This aspect of traditional healing is researched the most due to increasing interest in learning about the medicinal properties of plants to optimise their use in Western health care systems and to utilise them in drug development for treatment of disease (Bussman, Glenn & Sharon, 2010; Howes & Houghton, 2003; Rijal, 2008; Yineger & Yewhalaw, 2007). Much of this research fails to locate herbal remedies within indigenous cultural traditions and without that cultural context; remedies may be misunderstood or administered incorrectly.

One of the main concerns in the research on the herbal aspect of traditional healing is the sustainable use and conservation of indigenous knowledge. In Ghana, the traditional knowledge of healing and use of medicinal plants is disseminated through generations by family members (Abel & Busia, 2005; Bussman & Sharon, 2006a). Indigenous knowledge transfer in South western Ethiopia is usually oral (Yineger & Yewhalaw, 2007). However, Yineger and Yewhalaw express concern that some healers are not transferring their herbal knowledge at all. Knowledge of herbal remedies in traditional healing is important not only because of its potential to discover new treatments, but also because of its socioeconomic, conservationist and cultural components (Alves & Rosa, 2007). The increasing demand for traditional healing may help maintain traditional practices through knowledge transference, but it also poses a serious threat of survival of plants, as signs of overharvesting of important species are becoming more apparent (Alves & Rosa, 2007; Bhattarai et al.,

2006; Bussman & Sharon, 2006) This may increase the risk of indigenous cultures losing their traditions (Pradhan & Badola, 2008). Therefore, the recording, preserving, and infusing of traditional knowledge on plant remedies to future generations is important and urgent (Ali-Shtayeh et al., 2008). At the same time, care must be taken to maintain cultural integrity where investigation of the use of indigenous cures also pays attention to the cultural beliefs involved in methods of preparation and use (Madge, 1998).

In the literature on traditional healing that discusses herbal remedies, it is believed that indigenous knowledge about plants needs to be reliable and replicable to be accepted by science, medicine and society (Ragupathy, Steven, Maruthakutti, Velusamy & Ul-Huda, 2008). Nyika (2007) directs criticism at the use of herbs in traditional healing being used as crude mixtures without adequate information about safe dosages and potential harmful side effects and doubts by the traditional healer may not be revealed to clients (Nyika, 2007). Some researchers have argued that traditional herbal remedies have not been researched in terms of therapeutic potential or clinical evaluation (Alves & Rosa, 2007). However, this need for scientific research validating herbal use in traditional healing is based on biomedical perspectives. Western scientific convention devalues indigenous healing practices because it is difficult to empirically investigate the therapeutic effectiveness of healing. Herbal remedies may be able to be subjected to scientific analysis of chemical compounds, but interventions such as spiritual healings and rituals are unlikely to be researched easily in a scientific capacity (Marks, 2006). This thesis contends that qualitative study, assessing herbal remedies through the cultural beliefs and values underlying herbal use in traditional healing systems, is necessary. This would ensure cultural integrity is maintained, support knowledge transference and provide greater understanding of the nature of indigenous cultural values in the preparation of herbal remedies in traditional healing systems.

DIAGNOSIS

An intrinsic aspect of traditional healing systems is diagnosis of the cause of the illness of the client. The main tools of diagnosis used by traditional healers include spiritual diagnosis, physical examination and talking to the client. Spiritual divination of diagnosis includes directly invoking and communicating with the ancestors (Abel & Busia, 2005; Gessler et al., 1995a; Gessler, Msuya, Nkunya, Schar, Heinrich, Tanner, 1995b; Hewson, 1998; McMillen, 2004). This consultation could occur through dreams, the use of psychotropic herbal agents, or going into a trance (Gessler et al., 1995a; Gessler et al., 1995b; Hewson, 1998). Traditional healers may diagnose through physical examination by observing the client's appearance and attitude. This could involve checking signs like the body temperature and the colour of the eyes (Gessler et al., 1995b). Traditional healers may talk to the client by asking questions to elicit the context of the client's life, social relationships, and physical environment, including the client's present and past activities that may have contributed to the illness (Hewson, 1998). Traditional healers may also ask clients about their perceptions of, and explanations for, their illness as part of the diagnostic process (Hewson, 1998).

Diagnosis is important in traditional healing systems because it creates a shared experience of the healing process between the healer and the client (Hewson, 1998). In traditional healing systems, diagnosis of the whole person through consideration of the social and spiritual aspects of illness as understood within the culture that is shared by the healer and the client (Abdou, 2007; Reeve, 2000). Divination has the additional effect of making the client feel that the supernatural world is supporting the healer and is involved in healing treatment (Gessler et al., 1995b). The healer is seen by the client as a link to these knowledgeable forces such as the ancestors

(Reeve, 2000), increasing a sense of rapport and trust between healer and client.

The literature on diagnosis in traditional healing systems often involves differentiating between illnesses that can be treated by traditional healing, and illnesses that should be treated by Western medical health treatment (Bruun & Elverdam, 2006; Hewson, 1998; Reeve, 2000). As an example, Los Naturistas or traditional healers in Bolivia believe that an indigenous sickness can only be treated by a traditional healer (Bruun & Elverdam, 2006). Many healers will refer clients to a western physician if they believe the illness is biologically based, or is complex and outside their competency (Hewson, 1998). For example, healers in the Lower Amazon region that diagnose a non-spiritual illness will refer the client to a medical doctor (Reeve, 2000). This demonstrates a clear demarcation of dualism between the role of the traditional healer in focusing on indigenous illnesses, and the role of Western medicine in being allocated biologically-based diseases by traditional healers (Reeve, 2000).

The literature on differentiating between indigenous and Western illnesses in traditional healing does not appear to note that cultural beliefs about diagnosis may contribute to understanding the ways that traditional healers make decisions about what can be treated using traditional healing and what can be treated using biomedical treatment. An exploration of the nature of cultural values and beliefs that shape diagnosis in traditional healing systems is advocated to further understand this phenomenon.

ETIOLOGY

Traditional healing systems attribute illness to a wide range of causes, but tend to focus mainly on spiritual causes, although physical, social and environmental causes may also be noted. Supernatural causes of illness such as witchcraft and spirit possession are prevalent, which turns the

focus in treatment to ascertaining who, and not what, caused the disease (Baskind and Birbeck, 2005; Mzimkulu & Simbayi, 2006). Physical bodily symptoms and effects on the body such as climate, heredity, diet, unclean surroundings, or other people may contribute to illness (Jones, 2006). The social relationships between people, animals, animated objects, and the cosmos are also noted as causes of illness in traditional healing systems (Waldrum, 2000). Causes of illness such as the environment could include a complex process of interactions between external forces and internal bodily conditions (Reeve, 2000), such as the Andean concept of imbalance between the environment and the body in relation to cold and heat, dampness and dryness as a reason for sickness (Bruun & Elverdam, 2006). Further, Aboriginal people categorise illness to natural, environmental, direct supernatural, indirect supernatural and emergent or Western causes, and tend to believe in multiple causes of illness (Maher, 1999).

Beliefs about the etiology of disease are important for the choice of treatment method for the client as well as for the success of the treatment (Reeve, 2000). Concepts of etiology are based in traditional and religious beliefs of the local culture (Shankar, Saravanan & Jacob, 2006). For example, spiritual causes of illness by participants of research in South Africa included the belief that their disorder was due to God's will, their destiny, or a test of their patience. Illness could also be seen as a form of punishment for sins committed by the parents or curses from other people such as witches that can cause illnesses when angered (Ross, 2008). Indigenous healing epistemology considers illness to be the result of spiritual imbalances. Illness is not merely physiological, but indicates a deeper, more profound social, spiritual, and emotional imbalance (Marks, 2006). This shows that cultural values and beliefs are embedded in traditional healing, which impacts on aspects of healing practices such as etiology.

The literature on the etiology of illness in traditional healing systems focus mainly on spiritual causes of illness (Baskind and Birbeck, 2005; Maher, 1999; Mzimkulu & Simbayi, 2006; Ross, 2008). One study on causes of psychosis in Africa showed that there were both similarities and differences between traditional African and western understandings of etiology. Both traditional African and western healing models emphasised genetic and environmental causes of psychosis. The differences between the two models highlighted the view of traditional healers on the role of supernatural issues such as witchcraft and ancestors in creating psychosis. In contrast, the western biomedical model attributes psychosis mainly to biological causes (Mzimkulu & Simbayi, 2006). Perhaps the focus of traditional healing on spiritual etiology is because of indigenous beliefs in supernatural illness causation that existed before religious explanations were introduced along with scientific medical practice. For example, in Tonga, etiology in the past involved the gods and ancestors. This has changed with the introduction of a Christian God and Western medical science so that there is a wider range of causes of illness such as God's will or medical reasons (Burns McGrath, 1999). This suggests that some aspects of traditional healing, such as etiology of illness, have adjusted with the introduction of Western concepts of health and illness. Despite these changes, indigenous beliefs in spiritual causes of illness persist even in modern society.

These beliefs are entrenched in indigenous culture and continue to exist in traditional healing systems regardless of societal changes or technological advancements in medicine. Further study of cultural beliefs and values in traditional healing systems will assist to ensure the continued support for, and maintenance of, the cultural integrity of traditional healing systems.

HEALING PRACTICES

Indigenous healing practices include a wide range of interventions from herbal remedies to rituals, faith healing, therapeutic touch, and spiritual practices (Marks, 2006). These could include prayer, sacrifice, divination, witchcraft, shamanism, a variety of herbal preparations using locally available natural plants, animals, and mineral substances as well as ceremonies and songs to treat illness (Abdou, 2007; Devanesan, 2000; Harley, 2006; Hickman, 2007; Portman & Garrett, 2006; Rasmussen, 2000; Weigand, 1999).

The types of practices incorporated into traditional healing systems are important because treatment is considered in the indigenous context of social environment, ancestral spirits, family and community (Gessler et al., 1995a) and a wide variety of healing techniques provides the ability to treat a wide variety of illnesses. However, the established codes of practice that draw on ethical, cultural and philosophical principles used for healing (Durie, 2001) provides reasons why specific healing practices are chosen, and are as important as the healing practices themselves. The study of healing practices of traditional healing systems provides a way to access indigenous cultural understandings and experiences of health, illness and healing which is vital to maintaining and improving health and health treatment for indigenous people.

Spirituality is noted in the literature as being intrinsic to all aspects of traditional healing systems due to the widespread description of spiritual methods and techniques in traditional healing systems (Hewson, 1998; Joshi, 2004; Koss-Chioino, 2006). Traditional healing revolves around the involvement of the spirit world creating a deep and mystical experience during the healing process, and involving communication with the spirits, and feeling and acknowledging that spirits are present to assist in the healing (McCabe, 2007; Struthers & Eschiti, 2004). The embeddedness of

spirituality in traditional healing systems is common across all indigenous cultures, and may stem from the indigenous belief that spirit beings assist people in everyday life (Portman & Garrett, 2006). For example, in the traditional Hmong worldview, every person has a spirit or spirits and believes that their physical and spiritual welfare depends on their relationships and interactions with spirits (Hickman, 2007). The connection with the spiritual world is intrinsically connected to indigenous notions of health and healing, and understanding the nature of spirituality is essential to determining the impact of spirituality on everyday indigenous life as well as concepts of health and healing.

Indigenous healing is noted in the literature for being a holistic form of treatment where the physical and spiritual worlds are interrelated (Marks, 2006; Weigand, 1999). The holistic nature of healing is illustrated in the following quote:

The concept of healing holistically is a fluid and dynamic process for an individual or community. Healing holistically starts at any point in life and includes following a cultural path (losing and regaining culture), regaining balance (physically, spiritually, emotionally, and mentally), and sharing in the circle of life (respectful interactions with others). This process does not have an endpoint, but rather it continues throughout the life span and becomes part of living. The process of healing holistically contributes to an enhanced sense of wellbeing through the use of traditional Aboriginal healing practices, which is empowering and transforming. (Hunter, Logan, Barton & Goulet, 2004, p.21).

The notion that traditional healing is holistic is supported in other literature that describes indigenous health as involving a balance of the body, mind, and spirit with a focus on the wholeness of a person (Hunter et al., 2004; Struthers & Eschiti, 2004). Notions such as these are important to

understanding that indigenous health, illness and healing are considered to be attributed to a wide range of issues in their lives, such as self, culture, family, spiritual and community, as noted above. It is necessary to gain understanding on the impact of associated underlying cultural beliefs about health and healing to ascertain the indigenous need for holistic health treatment that is able to treat a wide range of issues.

Healing practices provide an aspect of traditional healing systems that have revealed the innate spirituality of indigenous people and the holistic nature of traditional healing and health. This thesis research on traditional healing systems aims to elicit the cultural values and traditions behind healing practices to understand their contribution to culturally appropriate health treatment.

TRADITIONAL HEALING SYSTEMS AND INTEGRATION

An increased amount of research on traditional healing systems focuses on the integration of traditional healing into the mainstream medical system. Observations made decades ago (Rappaport & Rappaport, 1981) advocated the integration of traditional healing into mainstream medicine and since then the research has explored a number of issues such as professionalization, standardisation, loss of traditional identity, mutual referrals and collaboration between traditional healers and medical personnel (Burns McGrath, 1999; Dagher & Ross, 2004; Gessler et al., 1995a; Janes, 1999; Nyika, 2007; Madge, 1998; Parks, 2003; Puckree et al., 2002; Ross, 2007). While it is believed that it would be mutually beneficial for indigenous healing and conventional medical practices to complement each other for the good of the client, it has rarely been done in practice. This is probably due to a lack of knowledge about how to do it, because a serious attempt to include traditional healing in health planning would require knowing what traditional healing specifically has to offer for certain

illnesses and how traditional healers manage such conditions (Gessler et al., 1995b; Struthers, 2003).

Further, there are many critiques of the biomedical model, including an emphasis on the hegemony of western medicine, its negative colonial impact, and the cultural encapsulation of its practitioners (Levers, 2006). The difference in the conceptual framework of Western and traditional healing involves acknowledging that the world views and languages used within these two realms are different (Sexton & Sorlie, 2009). Further study that aims to address these issues about integration between traditional healing and mainstream medicine, is advocated.

The integration of traditional healing into mainstream medicine is not often discussed from the traditional healer's perspective. This is unfortunate as any form of integration should begin with the traditional healers themselves. Madge (1998) believed that the process of discussing integration between traditional healing systems and biomedicine should begin with indigenous healers to determine how, or if, the advantages of biomedicine can be incorporated into indigenous health care beliefs (Madge, 1998) rather than the other way around. Research shows that this could involve healers and modern health care professionals spending more time with each other, learning about their different cultural beliefs and practices and how they would benefit each other (Dagher & Ross, 2004; Ross, 2007). With proper integration of traditional healers into the health care system, trust and respect could be fostered between the two systems, and each seem to apply some similar techniques but are ignorant about one another (Puckree et al., 2002). A better understanding of the cultural values and beliefs behind traditional healing systems could inform the discussion about how traditional healing already meets the health needs of indigenous communities, and how mainstream medicine could learn from traditional healing systems. In particular, it is necessary, in attempts to

integrate indigenous and Western medicine, to ensure that indigenous cultural integrity is maintained.

CONCLUSION

This chapter has shown that although there is a great diversity of indigenous people's values, practices and beliefs, many similarities exist in their healing systems and it is of vital importance to document traditional knowledge of ancient healing practices. The scarcity of research providing empirical support of traditional healing systems presents a challenge for the scientific community and health professionals who are likely to dismiss traditional healing processes. Therefore, it is important to develop some theory for traditional healing systems. However, the literature on traditional healing systems focuses mainly on comparisons between traditional healing and Western medicine. This thesis is premised on the notion that indigenous cultures have the right to assert their own standards of traditional healing treatment as based on cultural values and beliefs rather than in opposition or comparison to Western biomedical perspectives. Therefore, the focus of this research is on privileging indigenous cultural values, beliefs and knowledge, and on using indigenous worldviews and philosophies as the foundation for further study about traditional healing systems.

The literature has focused on issues relating to traditional healing practices of a variety of indigenous cultures, conveying the belief that it is possible to seek healing and ritual expertise from sources outside one's own culture (Rekdal, 1999). Traditional healing systems have been analysed from Western perspectives in the literature. However, it is important to conduct research that explores the traditional healer's point of view which would assist in understanding the cultural contexts behind healing practices. This chapter has provided an introduction to the main aspects of traditional

healing systems as a context for discussion on rongoā Māori to be presented in the next chapter.

CHAPTER TWO: UNDERSTANDING RONGOĀ MĀORI – **WHAKAMĀRAMATANGA O TE RONGOĀ MĀORI**

Chapter one introduced the main aspects of traditional healing and this chapter focuses specifically on rongoā Māori (RM) healing practices. This chapter considers the variety of therapies involved in rongoā Māori including herbal and spiritual as well as other healing methods. A discussion of the background on RM reviews the Māori customs, values and beliefs of health, causes of illness, healing treatment and the changed role of Māori healers. Several issues related to the implementation of rongoā services for Māori health treatment are briefly reviewed. The research purpose and question describe the focus of this research on the underlying philosophies of RM.

RONGOĀ MĀORI HEALING PRACTICES

RM is most popularly understood as the therapeutic use of herbal medicines from herbs, trees and plants in Aotearoa/New Zealand for a variety of medicinal purposes (Durie, 1994; Parsons, 1985; Riley, 1994; Stark, 1979; Macdonald, 1979; Williams, 1996). Although rongoā Māori is most well-known for the use of herbal medicine, traditional healing is not only about the preparation of plant products. The plant materials are just as important as the traditions and culture behind the healing of the client (Durie, 2001). Herbal collection involves a detailed knowledge of the language, of the cycles and preparations necessary for gathering and understanding plants, however, it is more than a mere collection of herbs. It becomes an engaging process with spirit to help treat and heal. The healing itself may be seen as more beneficial than the chemical ingredient in the herb (Kremer, 2006).

The importance of the efficacy of herbal remedies and the spiritual potency of the accompanying karakia (prayer) both played a part in the treatment

process where both external symptoms and the underlying cause were taken into account (Lange, 1999). The inclusion of spiritual healing alongside herbal remedies originates from the Māori belief that plants had celestial ancestry (Riley, 1994). Māori believed that plants and man have a common origin, both being offspring of Tanemahuta, god of the forests. Māori saw plant life as senior in status to people, because Tane (short for Tanemahuta) created plant life before mankind. As elder relatives, plants were seen as a link between man and the sacred ancestors of Papatuanuku, Mother Earth, and Ranginui, Sky Father. This explains the observance of rituals before the collection and use of herbal materials (Riley, 1994). Although a thorough botanical and ecological knowledge of the forest and medicinal plants and properties was required, it also required an intimate knowledge of one's own mauri (life source) to communicate with the mauri of the forest, trees, ferns, plants and birds (McGowan, 2000).

At the heart of rongoā Māori, McGowan (2000) maintains that the foundation of the power of rongoā Māori to heal is the taha wairua (spirituality) and not herbal medicine alone. This involves the use of karakia (prayer) and tikanga (customs) to ensure the appropriate rituals and traditions are upheld. The use of karakia is an extremely important aspect of rongoā Māori that can be used throughout the day or at special events by healers before, during and after each healing session. Karakia was used for the benefit of both the healer and client (Goldie, 1998; Macleod, 1999; Macdonald, 1979; McGowan, 2000; Tito, 2007). Constant communication with tīpuna (ancestors) was also prevalent especially, before, during and after the healing session (Loesel, 2006).

The most comprehensive study conducted on rongoā questioned eighteen people from the Bay of Islands about their knowledge and use of rongoā now and in the past. For all participants, wairua was an essential element of rongoā that acknowledged God and the use of prayer during treatment.

Participants listed the treatments they had used in the last two years or in their lifetimes. They had used 34 medicines which were used for 32 conditions including acnes, boils, cancer, colds and remedies are multi-purpose and patients are multi-dosed. Participants noted that most rongoā treatment was completely successful at healing various illnesses and diseases (Sporle, 1994). The combination of herbal remedies with spiritual practices is supported by research with Māori healers that found that the spiritual dimension was an essential element in the healing process (Jones, 2000a; Mark, 2008; Mcleod, 1999). A research study that focused on understanding how Māori perceive health, illness and healing found that spirituality was essential to the healing process. Spiritual gifts of high sensory perception beyond the normal range of human senses and divine insight and guidance as well as tuning in to their inner feelings and knowing were consistently used throughout healing practices (Mcleod, 1999).

Durie (1998) lists five classes of Māori healing and believes that more than one type of treatment was used at a time. These include ritenga (rituals) and karakia, rongoā (herbal remedies), mirimiri (massage), wai (water) and surgical interventions. Even though Durie (1998), lists rongoā as one of a list of Māori healing techniques referring to the use of medicinal herbal remedies only, other sources list mirimiri and karakia and wai as aspects of rongoā as part of an entire traditional system of healing that has developed out of cultural traditions of Māori (Jones, 2000a). Rongoā is also described as a holistic system of healing comprising a range of diagnostic and treatment modalities, that embodies wairuatanga (spirituality) alongside physical, mental and social aspects of health (Ahuriri-Driscoll, Baker, Hepi & Hudson, 2009). From these diverse definitions, it is noted that rongoā is commonly understood as the use of herbal remedies, with a strong emphasis on the inclusion of spiritual practices. In addition, it is noted that a wide range of other therapies are also used alongside the use of herbal

material, therefore, RM could potentially be used as term that encompasses all forms of Māori healing.

BACKGROUND CONTEXT OF RONGOĀ MĀORI

RM healing involves a much wider philosophical context of inherent Māori beliefs about health, diagnosis, causes of illness, treatment and the role of healers. Each of these concepts is discussed along with related literature to provide an introduction to Māori beliefs about health, illness and healing.

Māori health and causes of illness were once intrinsically understood through the concepts of tapu and noa. Healing practices were integrated into everyday life through the values of tapu (sacred) and noa (common) that regulated all of society and maintained harmony (Durie, 1998). Māori health consisted of staying within societal bounds by obeying the lore of tapu to remain in harmony with people and with the environment. To Māori, illness would occur when any rule of tapu was broken, such as touching an object deemed tapu. Disease was bound intimately with the supernatural realm and had no natural cause. Diagnoses of pain and symptoms of disease were invisible and were feared as signs from the atua (gods) of displeasure at transgressions against one of their many laws of tapu. Any departure from normal health meant Māori were the subject of attack by spirits through makutu (sorcery), or a breach of tapu had occurred which was considered an offence committed against the supernatural realm (Metge, 1967).

In the present day, Māori health is described as a holistic set of components that contribute to the wellbeing of Māori (Durie, 2001). The Whare Tapa Wha Māori model of health demonstrates health as the four walls of a house representing the hinengaro (mind), tinana (body), wairua (spirit) and whānau (family) as essential elements of health for Māori

(Durie, 2001). The Māori view of health and wellbeing involves both internal and external worlds where health involves a physical, psychological, spiritual and family wellbeing and a balance among individuals, their environment such as land and natural resources, and those around them. The Māori cultural values of te reo (language) and tikanga (customs), as well as whānau, hapū and iwi (family, sub-tribe, people) relationships and active participation in the Māori world contribute to wellbeing and active participation in society as a whole (Tapsell, Thompson & Hughes, 2008). The holistic nature of concepts of Māori health is based on current understandings. However, Māori health was once related to concepts of tapu and noa only which has now changed to include a wider range of health determinants.

In RM, etiology is also now attributed to a wider range of causes. While healers also believe that spiritual illnesses such as mate Māori (Māori spiritual illness) or negative entities can cause people to act destructively, illness is now also related to issues of the mind/body connection. Unresolved emotional issues from childhood and negative thoughts are believed to be able to manifest as disease. Ill health can also be related to an imbalance between the physical and spiritual aspects of people where some over focus on the physical aspects of life and neglect their spirituality which may include a connection with their Māori culture. Hereditary curses can originate from within people's whakapapa (genealogy) and affect the present generation which requires spiritual methods of diagnosis (Macleod, 1999). This shows that causes of illness in Māori healing have changed from an exclusive focus on spiritual etiology or tapu transgression to include emotional, or intergenerational as well as spiritual causes of illness.

Diagnosis in RM was limited to discovering the transgression that was committed against tapu restrictions which violated the gods requiring the use of tohunga (traditional healer/priest). The tohunga would identify the

hara (error) committed and the avenging spirit to diagnose the illness (Buck, 1949; Lange, 1999). The tohunga consulted the atua during diagnosis, who revealed to the hara through dreams or prophecy, even if the patient was unaware of any transgression (Buck, 1949). However, a recent study 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 healing, wairua, hinengaro, tinana, whānau and matauranga (education) with a distinction drawn between physical and spiritual diagnoses. Māori healers did use similar diagnostic processes to Western medicine. However, the major difference was on a holistic approach aiming to influence all aspects of a patient's life with an emphasis on the spiritual dimension. This was viewed as consistent with their beliefs about health and causation of illness (Jones, 2000b). At one time, diagnosis focused specifically on discovering the client's spiritual transgression. While the study by Jones (2000b) indicates an emphasis on the spiritual dimension, other dimensions of diagnosis, such as tinana or physical causes, are now included indicating a change in diagnosis classification in RM to include other causes of illness.

RM was the only form of health treatment for Māori at one time, which was impacted by all aspects of Māori life. Treatment involved invoking the appropriate ritual, called whakanoa for 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 atua who had been offended during diagnosis, could also involve the tohunga commanding the evil spirit to depart (Buck, 1949). However, as noted earlier, Māori healing is now viewed as encompassing additional healing techniques including mirimiri, romiromi (deep tissue manipulation), spiritual healing, karakia, water as well as herbal remedies (Ahuriri-Driscoll et al., 2009; Macleod, 1999; Mark, 2008; McGowan, 2000). RM healing practices have now expanded to include a wider variety of

healing methods. However, there continues to be a strong underlying focus on spirituality.

It has been shown that rongoā Māori concepts of health, diagnosis, cause of illness and treatment in RM have changed, which may be the result of colonisation. There were several effects of colonisation on the traditional Māori healing which are likely to have impacted on Māori concepts of health, illness and healing practice (Jones, 2000a). The introduction of Western medicine and Christian faith caused Māori to have less confidence in tohunga and in Māori social, cultural, medical and religious systems. This was partly due to Western introduced illnesses which tohunga were unable to treat, and the spread of religion by the missionaries where disease was attributed to a lack of faith in Christian religion. These two factors contributed to changes in Māori belief in tohunga who were no longer seen as holding exclusive domain over health treatment and the spiritual realms. However, Māori people never completely accepted the influx of Western knowledge on medicine and religion, and did not fully lose their belief in Māori healing or healers (Jones, 2000a).

RM was the exclusive domain of tohunga only at one time. An additional factor contributing to changes in perspectives on RM healing is likely to be the impact of the Tohunga Suppression Act 1907. Tohunga were crucial to the maintenance of the lawful and spiritual upkeep of Māori society holding prestigious positions in society due to their knowledge and wisdom. The Tohunga Suppression Act 1907 aimed to replace tohunga with modern medicine by suppressing tohunga activities. Professionally trained Māori such as Pomare and Buck supported the Tohunga Suppression Act believing in the advantages that medical science could offer Māori and believing tohunga to be ineffective in dealing with the health of Māori (Durie, 1998). It was argued that Māori health and well-being must be protected against tohunga who claimed the ability of supernatural power to cure disease (Voyce, 1989).

While the Tohunga Suppression Act weakened confidence in Māori approaches to healthcare, tohunga represented a link with the past with the authority of tradition behind them and Māori continued to consult tohunga, although in a greatly reduced role of healing (Lange, 1999). Despite the Tohunga Suppression Act, Māori healers have continued to have their healing abilities passed down from past generations (Tito, 2007; Macleod, 1999). The status of Māori healers has now changed from having a central role in society, such as the tohunga, to being a secondary and alternative form of health treatment in Māori society where the Western medical system now provides the main form of health treatment for Māori (Durie, 2001). The ways that healers are chosen has changed and Māori healers may not be traditionally trained in the same way that tohunga were trained in traditional Māori life. 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 of status of Māori healers from being central in society, to now providing an optional form of health treatment may be one of the effects of the Tohunga Suppression Act. However, Māori healers continue to practice RM despite this change of status in society.

This change in the position of Māori healers in Māori society may have contributed to a shift in perspectives of their roles in healing. Recent research on Māori healers showed that they viewed themselves as a tool, vehicle or channel for the healing energy that comes from God, Christ, the holy spirit, tīpuna and/or spirit guides (Macleod, 1999; Mark, 2008; Rae, 1997; Tito, 2007). Healers also often believe that the aim of the healing is to empower the client to take responsibility for their healing by helping to remove their fear through using non-threatening language as well as accepting the client's belief systems and right to make their own decisions. This also involved helping the client to understand themselves (Macleod, 1999). Māori healers are now viewed as agents of change that enable the

client to find solutions to their own problems and sicknesses (McGowan, 2000). This shifts the role of Māori healers from mediators of supernatural interactions, to a channel of healing that focuses on empowering the client.

It has been shown that the main aspects of health, causes of illness, diagnosis, treatment and the role of healers in Māori healing have changed. A wider spectrum of health determinants, causes of illness, factors of diagnosis, healing practices, and new perspectives of the role of the healer, may be due to the impact of colonisation and the Tohunga Suppression Act. The specific ways those changes occurred, and the reasons for the inclusion of a wider range of aspects of Māori health, illness and healing in RM, have not been documented. Further understanding of the underlying cultural values and beliefs of RM today is advocated to ascertain the current status of RM as a form of holistic Māori healing treatment in modern society.

RONGOĀ MĀORI HEALTH SERVICE PROVISION

The impact of RM on a mainstream health treatment system in Aotearoa/NZ that has a biomedical focus has created discussion on ways for RM to continue to exist, while being based on Māori cultural values (Ahuriri-Driscoll et al., 2009; Jones, 2000a; Ministry of Health, 1999; Ministry of Health, 2006). Efforts to establish and enhance RM health service delivery resulted in a report on the standards for traditional Māori healing (Ministry of Health, 1999). Healthy policy has shown a commitment to ensuring plans for rongoā to be made available for Māori through the Taonga Tuku Iho Rongoā Development Plan (Ministry of Health, 2006). The sustainability of rongoā Māori was studied which focused on sustainable development, relationships, quality, capacity and research/evaluation (Ahuriri-Driscoll et al., 2009). These efforts have encouraged the integration of RM into Western medical health treatment which continues to be an ongoing issue. Rongoā Māori and mainstream

health treatment have been described as complementary to each other and integration of both traditional and mainstream forms of health treatment could result in a more comprehensive health delivery mechanism and improved access to health care for Māori (Jones, 2000a).

It is important for any discussion on the integration of RM into Western medical health care to be premised on the principles of the Treaty of Waitangi. The Treaty of Waitangi is a document of agreement signed in 1840 between indigenous Māori and the Crown government of Aotearoa/NZ that granted Māori citizenship rights and full protection of their interests and status (Waitangi Tribunal, 2011). While the Treaty of Waitangi is not specifically focused on rongoā Māori, Jones (2000a) believes that contemporary implications of the Treaty of Waitangi for health and health treatment in New Zealand should be expressed in terms of Durie's (1989) principles of partnership and participation. Jones (2000a) states that these principles can be applied in understanding Māori health and sickness, development of Māori health policy and the delivery of Māori health services. The significance of the Treaty of Waitangi for RM is that the Treaty grants Māori the right to their own perspectives of health, the right to engage in cultural traditions and the right to protect rongoā Māori as an obligation to be upheld by the Crown government of Aotearoa/New Zealand.

However, McGowan (2000) maintains that while standards, policies, sustainability and integration issues for traditional Māori healing are a step forward, what is needed most is an understanding of the essence of rongoā Māori. The issues related to RM service provision provide a contextual setting for RM healing practices that appear to be open to impact from wider issues such as standardisation and professionalization, which have emerged from concern about the availability of RM as a form of health treatment for Māori. Therefore, it seems particularly important for RM to

maintain its integrity and uniqueness as a Māori cultural form of health treatment and this research aims to continue that vision.

RESEARCH PURPOSE

Little research has been conducted specifically with rongoā Māori healers about the beliefs, values and traditions behind their healing practices and knowledge, leading not only to gaps in the knowledge of rongoā in the literature, but also misperceptions. The intricate and specific knowledge of herbal remedies or karakia are considered tapu knowledge and should only be expressed by experts such as tohunga. However, there is ample room for new research that explores the nature of the experience of the rongoā healing encounter and how rongoā developed out of Māori traditions and ways of thinking. Durie (2001) believes that it is not necessarily useful to understand traditional healing through biomedical concepts or scientific proof. It therefore follows that it may be useful to understand rongoā Māori through qualitative inquiry. There is a mistaken understanding of rongoā Māori as the use of herbal medicine only, and studying rongoā Māori presents a valuable opportunity to extend on knowledge as well as create theory around rongoā Māori healing processes. This information can only be gathered from Māori healers themselves. It is expected that an in-depth qualitative exploration of the underlying philosophies of rongoā will contribute to further understanding of the foundational concepts of rongoā Māori in such a way that has not been conducted before, but which is critical to maintaining the cultural integrity of rongoā Māori.

RESEARCH QUESTION

In an effort to explore the underlying values and beliefs of the rongoā healing system, Māori healers will be asked: what are the underlying philosophies of rongoā healing? From this data, there will be a

consideration of how these underlying philosophies of rongoā Māori contribute to further understanding of the cultural values and beliefs of rongoā Māori as well as traditional healing systems.

CONCLUSION

This chapter has provided an introduction to the background context surrounding rongoā Māori healing practices. Similar to traditional healing systems, theory that aims to understand the essence of rongoā Māori would be helpful to understanding how RM provides for Māori health needs in the modern context. It also provides the opportunity to gain insight from RM healers into the traditions and values behind their healing practices that will assist in creating theory about RM healing processes. It is important in RM, and in traditional healing systems, to preserve the cultural traditions behind traditional healing to preserve healing knowledge but also to ensure the continuity of the culture itself, which is embedded into healing processes. This study aims to maintain the cultural integrity of RM which is based on the premise that cultural values and beliefs about health, illness and healing are just as important as the healing practices. These first two chapters have provided the background context for the proposed research and the research methodology is to be discussed next.

CHAPTER THREE: RESEARCH METHODS ON RONGOĀ MĀORI – MAHI RANGAHAU I TE RONGOĀ MĀORI

This chapter focuses on describing each step of the research methodology. It aims to show the adherence to kaupapa Māori principles of research by using the metaphor of a powhiri (welcoming ceremony) to ensure that Māori cultural values were upheld throughout the research. Aspects of reflexivity are included in these descriptions that consider issues that arose during the research. An explanation of the rourou Māori method of data analysis provides a justification for analysing the data from a Māori perspective that is inclusive and collaborative. Each of the three steps of the rourou Māori method of data analysis is described in detail to show how the data was analysed.

KAUPAPA MĀORI RESEARCH

Kaupapa Māori research is a way of conducting research that is based on Māori cultural practices and principles (Powick, 2003). Kaupapa Māori is a way to acknowledge Māori ownership of knowledge and control over Māori-lead research by recognising Māori ways of conducting research according to Māori customs and traditions (Bishop, 1999; Smith, 1999; Walker et al., 2006). This is an approach that focuses on the self-determination of indigenous peoples in research processes (Smith, 1999; Smith, 2003). However, there is room for both Māori and Western approaches to research to co-exist together in the research process. There are several aspects of kaupapa Māori research utilised throughout this study which was used as a guideline to ensure that Māori values, beliefs and knowledge were upheld and respected throughout each phase of the research process such as creating a sense of whānau by building rapport using Māori values to conduct interviews.

MĀORI POWHIRI/RESEARCH METHODOLOGY

The adherence to the principles of kaupapa Māori during each stage of the research methodology is explained in the form of a metaphor of a powhiri (welcoming ceremony) to reinforce the acknowledgement of Māori cultural values. To summarise the powhiri process, the visiting group wait at the gate of the marae (Māori meeting place). When the powhiri process starts, there is a karanga (call) and the group begins to walk slowly onto the marae, called the whakaeke. At some point, the visiting group stop and pause quietly, in order to pay tribute to the tipuna who have passed on. The group continues and moves on to the marae to sit, and listen to whaikōrero (speeches) from both sides with songs to support each speaker. Then both sides move together to perform the hongi (pressing noses) in greeting and move inside for some refreshment. This final part completes the powhiri ceremony and is called the whakanoa or lifting of the tapu aspect of the powhiri and unifies both parties as one (Mead, 2003).

This is likened to the research methodology process. There is an organising process before the powhiri where contact is made with the marae to organise the day and time for both the visiting people and the home people to arrive. This is similar to the process of gaining ethics approval. In the powhiri, waiting at the gate is like waiting to find participants. When the karanga or call comes, this is similar to making communication with potential participants through whanau contacts or phone or email. The whakaeke or walk onto the marae, is similar to the meeting and the building of rapport with the participant. The pause of the group that acknowledges the ancestors, is similar to the consent process just before the interview begins, which is a reflective time as the participant reads the information, and agrees to participate. Then everyone is seated and listening to the speeches, and this is similar to the interview process where there is kōrero or talk. After each whaikōrero or speech in the powhiri

ceremony, there is an accompanying waiata or song that is sung to support the speaker. This is likened to the research purpose where each healer was asked to state an object that represented the meaning of healing for them which occurred towards the end of their interview. At the end of the powhiri ceremony, there is the whakanoa or debriefing process which is likened in research to the Māori custom of giving koha (gift), as well as sharing food and discussion. The following table shows the components of the powhiri alongside each of the counterparts of the research process that will be used to describe each stage of the research (See Figure 1 below).

POWHIRI/RESEARCH PROCESS



Figure 1: The powhiri/research process

An intrinsic aspect of the research is the researchers' involvement with the research process, issues and participants. During the description of the powhiri/research process, reflexive sections are included to explain the

researcher's consideration of research issues that aimed to show the purposeful inclusion of Māori ways of being and thinking. Reflexivity in this thesis aims at reflection upon the ways that the values and beliefs of the researcher interacted with the research methods, particularly with participants during the data collection phase of the research. These reflexive sections demonstrate that each phase of the research was systematically and carefully conducted with consideration of issues of validity where the researcher reflected on the social and cultural concepts that shaped the interpretation of research processes (Creswell & Miller, 2000).

In addition, the ways that Kaupapa Māori research methodology was utilised throughout the different phases of the research are described to provide a clear understanding of the ways that the researcher based the research on Māori cultural practices and principles, acknowledged Māori ownership of knowledge, control and self-determination.

Powhiri/Ethics

There is an organising process before the powhiri where contact is made with the marae to organise the day and time for both the visiting people and the home people to arrive. This is likened to the process of acquiring ethics before the research can begin where all the information about the researcher's role, the participants and the research process is collated together.

The ethics proposal contained information on the research process to be conducted. This involved consideration of the ethics regarding the research aim, methodology, and ethical issues related to ensuring protection and confidentiality of participants. The ethics proposal included forms to be given to participants such as the information sheet (See Appendix A for the information sheet) and the participant consent sheet

(See Appendix B for the participant consent form). Interview schedules for RM healers were created that consisted of general questions to ask participants in order to facilitate discussion during interviews (See Appendix C for the interview schedules).

The ethics process required consultation with the Māori community which is a Kaupapa Māori research principle that provides as a way of establishing partnerships with Māori (Powick, 2003). This process was completed to assist the researcher with understanding appropriate ways to conduct research with Māori. In alignment with this Kaupapa Māori process, a Māori healer who is a member of the healing community and is familiar with the healing process, was approached to provide support for the research due to her knowledge and experience of healing and healers. This Māori healer was asked to review the research to ensure that the tikanga and methodology of the research, for both the researcher and participants, was Māori culturally appropriate. This took place through several discussions and resulted in the provision of a letter stating her support for this research.

The ethics forms were presented to the Massey University of Human Ethics Committee (MUHECN 09/026) giving the above information. Ethics for this research were approved on 6 July 2009.

Karanga/Recruitment

The karanga and recruitment stage involves calling people on to the marae, in a similar way that people are asked to participate in the research. The majority of recruitment took place through snowballing, where initial contact was made with a friend or family member by the researcher. There were several different contact people who assisted the researcher with recruitment of various participants. Each contact person then communicated with potential participants on behalf of the researcher.

Only one healer was approached in person by the researcher. Once each contact person had made the initial contact and participants had agreed to participate, the researcher then made contact by phone, email or in person.

Seventeen Māori rongoā healers who self-identified as RM healers, who had treated more than their own whānau, agreed to participate. There were five males and twelve females. Their ages ranged from 43-76. Ten healers lived in Auckland, four in Gisborne, one in Ruatoria, one in Christchurch and one in Palmerston North. Twelve interviews took place in Auckland, four in Gisborne and one in Christchurch.

Healers used a wide variety of healing techniques including, but not limited to, herbal medicines, mirimiri, romiromi, spiritual healing, counselling and the use of water. While healing practices were not the main focuses of the research, during interviews discussion on their healing techniques provided access to the underlying philosophies behind their healing practices.

The recruitment process seemed to be people-based rather than research based, as in, the main factor that determined their willingness to participate depended mostly on who was doing the asking. This was attributed to the collective nature of whanaungatanga (family relationships) in Māori culture where there are multiple reciprocal relationships built through common associations which is an intrinsic aspect of Kaupapa Māori research (Bishop, 1999; Powick, 2003). The healers appeared to make their decision to participate depending on their relationship with each contact person acting on the researcher's behalf, rather than being interested in the topic or in the research process itself. The trust of participants was extended to the researcher, firstly through their own relationship with each contact person, which was then reinforced by the researcher during the interview through establishing rapport. The researcher believed that as a Kaupapa Māori process,

whanaungatanga was a culturally appropriate way of recruiting people into this research.

Whakaeke/Rapport

During the powhiri ceremony, the whakaeke signifies the entry onto the marae. This is likened to the process of building rapport with the participants. During the research interviews, initial impressions that were created during the first meeting between the researcher and the healer were extremely important for the success of the interview. For Māori, the building of rapport begins with making connections between the researcher and participants through whakapapa and family (Bishop, 2005; Powick, 2003; Walker et al., 2006). One author, De Andrade who is from Cape Verdean, an archipelago off the northwest coast of Africa, found her identity was negotiated and constructed as part of the interview process. She viewed racial and ethnic identity as having complex meanings that are produced in social interaction and are represented by collections of symbols or signifiers that include such things as physical attributes, as well as behaviours, family relations, group rituals and even clothing (de Andrade, 2000). Therefore, the researcher aimed to conduct interviews according to Māori custom, such as sharing whakapapa as well as participating in behaviour that is expected in interactions with Māori, such as removing shoes when entering participants' homes.

In some cases, rapport was facilitated through the contact person being present and mediating the initial discussions until the participant was ready to begin the interview. The process of building rapport between the researcher and healers often revolved around discussions of their viewpoints on healing, their healing experiences or how they began healing. This often included sharing the researcher's personal motivation for conducting the research. Particularly important was reassurance for the healers that the main aim of the research was not to exploit tapu

(sacred) medicinal remedies or to publish sacred knowledge or karakia (prayers), but to explore the underlying values and beliefs of RM, and this visibly assured some participants.

While most initial discussions with participants focused on the above topics, each healer reacted differently during the initial meetings. One healer was very adamant about his views on spirituality saying that he refused to speak with anyone who did not believe in the wairua. It seemed that he talked until he felt sure that he could trust that the researcher would be open to his talk about spirituality. Two healers requested an initial first meeting before the actual interview, which took place at another time and place. During this first meeting, it seemed they were gauging whether the researcher could be trusted with the information they would share. One healer requested to conduct a karakia prior to the interview. In one interview with a couple who were healers, a mihi (greeting speech) and karakia was extended to the researcher. Karakia and mihi are a more formal Māori customs conducted when manuhiri (visitor) come to visit. Therefore, every interview was different and the researcher aimed to respect the needs of each participant before interviews began.

The inclusion of Māori values and beliefs into the research such as karakia or mihi are an example of adhering to Kaupapa Māori ways of researching (Powick, 2003). This was reinforced by the researcher by observing Māori ways of talking and being, and relating with participants through making whakapapa connections during initial meetings. These were all efforts to ensure that participants remained comfortable throughout the interview process allowing them to feel confident that they could both trust and share their experiences with the researcher.

Tipuna /Acknowledging

During the powhiri ceremony, there is an acknowledgement of the ancestors who have passed on and this was uniquely relevant to the participants in this research. The healers often shared that they worked closely with their tīpuna (ancestors) who have passed away, receiving messages or knowledge from them in their own lives and during healing sessions which is also reflected in the literature (Macleod, 1999; Mark, 2008). This phenomenon influenced the interview process also as some participants would verbalise responses that were often being receiving from 'them', a term used to refer to their spiritual sources. Certainly the importance of spirituality for Māori is well recognised. However, there is a belief that the mental health profession considers the existence of non-physical beings to be unreal and talking to invisible ancestors is sometimes seen as schizophrenic activity (Fenton & Te Koutua, 2000). Therefore, it is considered that participants would have been aware that this was a research project from a mental health field such as psychology and may have experienced some anxiety around this issue. However, this was a completely non-verbal process.

To avoid this becoming an issue that may interfere with the interview process, the researcher endeavoured to show complete acceptance of their talk of their healing experiences through the use of spiritual communication. This was shown by the researcher through using verbal agreement and body language, such as nodding of the head and facial expressions, indicating that support was given for all of their talk on spiritual phenomena and communication. This type of spiritual interaction happened regularly during interviews because it was a normal, accepted part of everyday life for the healers and therefore, the researcher aimed to encourage healers to speak freely during interviews.

This awareness that participating healers may receive guidance from their tīpuna during the interview process involved the utilisation of the Kaupapa Maori research principle that acknowledged the importance of the cultural value of wairua for Māori (Powick, 2003). This focus on wairua was unique to this research due to the nature of the topic and the researcher aimed to show supportive reassurance to ensure participants felt comfortable sharing this and all aspects of their healing experiences.

Whaikōrero/Interviews

The whaikōrero or speeches are the main aspect of the powhiri ceremony where both visitors and home people exchange words. This is likened to the interview process between the researcher and the healers. Interviews were conducted from October 2009 to December 2010. Four were held at cafes, nine at personal homes, three at a healing clinic and one was held at Massey University. Each interview was held at a time and place convenient to the participant and was recorded and transcribed by the researcher.

At the beginning of each interview, participants were asked if they had read the information sheet. Eight answered that they had not, however, were happy to sign consent and continue with the interview regardless. This may have been because healers had trust in the contact person who recommended participation in this research or felt trust in the researcher at the time of the interview. However, the researcher made sure to explain the research process verbally to ensure that participants were fully informed before signing the consent form. Six read the information sheet just before the interview began, while three had read the information sheet prior to the interview date. All agreed to participate and signed the participant consent form.

The interviews focused on participant's experiences of RM healing, their views of the underlying philosophy of RM and their concepts of health, illness and healing. Although the researcher led with questions, these were formed to allow the participant to express themselves through a story-telling process. Narrative interviews were conducted to give the participant more control in shaping the interview and participants were encouraged to tell their story about their experience of RM healing (Kohler Riessman, 2008; Murray, 2003). Rather than interrupt with questions, the researcher used non-verbal or minimal encouragement only. As each participant's talk on a specific topic came to an end, the researcher sometimes enquired further in order to elicit new and additional insights from the participant (Jovchelovitch and Bauer, 2000). Stories are an intrinsic part of Māori culture which provide multiple ways of sharing their knowledge through mythological, historical, and kinship connections with nature (Metge, 1995; O'Connor & Macfarlane, 2002). The narrative interview allowed participants to express their thoughts about the RM healing experience and tell their stories in their own words.

The researcher assured participants that if they desired, any person could be present during their interview. One interview was conducted with two participating Māori healers at the same time because they were husband and wife. Each was given time and space to answer separately, although they would partially contribute or prompt during each other's interviews. Two interviews were conducted with the spouses of participating Māori healers present. These spouses were not participants, and mostly remained silent except to prompt their spouse at certain times. Six interviews were conducted with others present, such as the person who made initial contact or other participants, which facilitated an atmosphere of whanaungatanga. The researcher felt that the presence of other people allowed participants to relax because they were with people that they knew. In cases where participants were listening to interviews conducted before their own, it facilitated a preparation period for themselves. While

listening to other participant's interviews, they could become familiar with the research questions as well as the interviewing style of the researcher so that by the time of their own interview, they were much more ready and willing to take part in their own interview and were able to speak freely. Seven interviews were conducted with the individual participant and the researcher present only.

One of the unique aspects of the interview was the communication style of Māori participants. There was quite a variety of difference between participants which depended on the personality of the participant. Some were quite vocal, leading themselves through the interview questions, and some were very quiet and unsure of their responses and so the researcher would ask more questions and prompt more often. This involved being empathetic and supportive of the participant which involved responding to their needs (Murray, 2003). However, the purpose of interviewing in research is to focus the conversation on the research topic, and also gives permission to ask questions that would otherwise be considered inappropriate. Māori are taught first and foremost to listen and keep listening till they understand which requires patience (Powick, 2002). Therefore, the research questioning process actually runs counter to Māori customs. The researcher aimed to take into consideration both the purpose of research interviews as well Māori custom to listen first by incorporating minimal open-ended questions to allow the participants' talk to take a natural flow rather than interrupt often with questions.

The use of observation during interviews was important because a great deal of Māori communication is made through non-verbal language. As noted by Metge and Kinloch (1984), Māori often dispense with verbal use and indicate a yes or no with a nod or shake of the head without using words. Tipene-Leach (1994) notes that Māori people will often give you the answers that they think you want to hear, saying yes when they often mean no and vice versa. He states that Māori will always consent very

strongly but dissent may remain unvoiced. Similarly, in other indigenous research, Beoku-Betts (1994), noted that African American and Afro-Caribbean have specific styles of communication, with a distinctive style of speaking meant that the tones, rhythms, word usage and arrangement also reflected cultural meanings, which someone unfamiliar with this culture might not readily capture. Similar to the speaking styles of Māori, Beoku-Betts (1994) suggests that it is essential that an awareness of these communicative actions would enable the researcher to interpret the cultural meaning that may not be apparent in the text. Canadian Aboriginal Dene researchers also found that they needed to allow time to listen to stories of events to allow time for participants to feel comfortable and trusting enough to talk about the real issues (Kowalsky, Verhoef, Thurston & Rutherford, 1996).

The researcher endeavoured to be aware of, and to read, the non-verbal signals of the healers. In particular, elderly participants would talk in circles, wandering off the subject, or taking long pauses to gather their thoughts. This involved having the patience to listen and wait until the participant returned back to the research topic. It required a level of familiarity by the researcher with Māori cultural ways of communicating to understand and read these cues. A level of awareness was also required to understand how reactions by the researcher could potentially influence the participant (Murray, 2003). To counter any negative or inhibitive influence on the healers, the researcher aimed to remain neutral to all comments made, listening more than talking, and encouraging participants to keep talking for as long as they wished.

The interview phase of the research was conducted by the researcher with mindful awareness of Kaupapa Māori principles by interacting with participants using Māori ways of being. The way that the researcher encouraged participants to tell stories using Maori ways of communicating

are examples of Kaupapa Māori research that acknowledges Māori ways of talking that support participants when sharing their healing experiences.

Waiata/Meaning of healing

The supporting waiata is a cultural standard during the powhiri where after each speech, a song is sung in support of both the speaker and the content of their speech. In this research, towards the end of the interview, the researcher asked participants to state an object that would reflect their experience of RM healing. This aspect of the interview is likened to the supporting waiata after the powhiri speech because it metaphorically represents the meaning of healing to each healer, which was often discussed after they had shared their views during the interview. The use of an object to represent participants' experience was utilised because symbolism, imagery and metaphor are considered appropriate for a Māori cultural worldview (Marsden & Henare, 1992).

The introduction of objects into the interview process aimed to gain additional insight from participants about their RM healing experience. The meaning of their healing experiences may not be easily articulated using verbal communication which is particularly relevant as Māori communication is often non-verbal (Durie, 1994). It was considered that this method of metaphorical data collection would unlock expression of thoughts that may otherwise remain undetected. However, the focus was on the object's symbolic meaning for the participant's experience of healing, rather than aspects of the object itself.

The process of asking each participant about the meaning of healing for them provided a way of giving each participant sovereignty over their individual and unique contribution to knowledge of rongoā Māori which is in line with Kaupapa Māori principles (Powick, 2003). In particular, this aspect of the interviews became a way of identifying participants in lieu of

artificially manufactured pseudonyms and provided a way for the researcher to acknowledge and honour each healer's contribution to this research.

Whakanoa/Debrief

Directly after each interview was conducted, there was time for an exchange of koha, food and conversation between each healer and the researcher. As a way of expressing gratitude to each participant, koha of \$50.00 was offered and accepted by each participant to thank them for their time and effort during the interview.

In the Māori tradition of sharing kai (food) when visiting with others (Mead, 2003), it was intended to take an offering of food was taken to share with participants. This actually occurred with only eight participants during interviews. Three brought their own food at cafes, while one purchased kai for the researcher prior to arrival. One participant prepared food for the researchers three other healers at her house once the interviews were completed. One interview was impromptu and there was no time to prepare or acquire food due to time constraints. Therefore, every effort was made to adhere to the Māori custom of bringing food for remaining participants. When participants provided the food, the researcher showed genuine gratitude and believed that the effort of healers to provide food reflects their role as a healer to assist others with their needs.

Every effort was made to adhere to Kaupapa Māori culturally appropriate behaviour after each interview which also involved processes of whakawhanaungatanga (extended family-like relationships) (Bishop, 1999; Powick, 2003). This involved conversations between the healer and the researcher that often centred around their interviews so it may have been seen as a type of debriefing by the participants where they could voice any

residual thoughts. This was often the part of the interview process where the researcher aimed to reciprocate some of the ideas and concepts shared during the interview. There was sometimes further questioning or discussion about the interview and sometimes involved a more personal time of sharing. Each healer seemed satisfied with the interview and confident that they had completed their agreed participation in the research process. The Māori value of giving koha was utilised by the researcher to reflect Maori custom in line with Kaupapa Māori principles. This practice is also shared with the Canadian Aboriginal tradition, where mutual dialogue and a reciprocal relationship can involve offering gifts in return for the knowledge being received (Castellano, 2004).

One of the main reasons the metaphor of the marae encounter was used to describe the research methodology was to indicate that each and every stage of the powhiri process is necessary. Before the powhiri, there is some organising that needs to take place. The karanga, the whakaeke, the tīpuna, the whaikōrero and supporting waiata, and the whakanoa, each have a place in the ceremony with a corresponding cultural meaning, and this pattern often expresses a non-verbal expectation within Māori culture. This symbolised that the qualitative semi-structured interview research process with Māori follows a similar pattern during the ethics, recruitment, rapport, acknowledging the ancestors, interview, research purpose and debriefing stages. These steps are just as important in the kaupapa Māori research process as in the cultural context of the marae powhiri encounter.

ROUROU MĀORI METHOD OF DATA ANALYSIS

In alignment with kaupapa Māori research principles, a Māori-centred method of data analysis was created based on the following whakatauki or proverb:

“Nāu te rourou, nāku te rourou, ka ora ai te iwi”.

This proverb is literally translated as “with your basket of food, and my basket of food, the people will be fed”. Originally, this whakatauki was used to signify the concept of manaakitanga meaning the care and feeding of the people. In the context of this research, the food being gathered is likened to the collection of knowledge, ideas and concepts. Therefore the proverb is reinterpreted into a metaphor as follows:

“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)”.

EXPLANATION OF THE ROUROU MĀORI METHOD OF ANALYSIS

This is a method of data analysis that was created by the researcher specifically for this research. This method is holistic encompassing the Māori cultural values inherent in the whakatauki of ‘Nāu te rourou, nāku te rourou, ka ora ai te iwi’. The aim of the method is to provide a Māori exploratory structure and most importantly, circularity to the analysis to include all involved in the research interview process, both individually and collectively, to create a broad overall perspective on RM. The creation of a Māori method of data analysis was considered appropriate as there are no similar Māori models of data analysis available.

The use of ‘nāu te rourou’ provided a way of acknowledging each individual healer’s unique perspective. This first step of the analysis explored each individual healer’s perspective, and the meaning they were trying to portray with their words in each story that they told. Bishop (1999) writes that traditional research epistemologies have developed methods of research located with cultural preferences, but still retain Western concepts of research. Several aspects of narrative analysis phenomenology informed this method of data analysis. Narrative analysis is viewed as

being concerned with subjectivity and experience which assists in the analysis of understanding healers' perspectives on their RM healing practices (Crossley, 2007). This meant that each healer's subjective experience was respected and maintained as unique by presenting individual responses in near raw data form as a part of reporting on the first step of the data analysis process.

The addition of the researcher's input in the second step titled 'nāku te rourou' serves to inform the interpretation of the healers' words and stories. This aspect of the analysis acknowledges the researcher's thought processes behind the interpretation of each individual story. This acknowledges that there is no demarcated insider/outsider researcher line, and includes the researcher's interpretation of the words of each healer during data analysis. This challenges the Western preoccupation with objectivity and distance as criteria for accountability noted by Bishop (1999) in the interests of creating an inclusive method of data analysis. It also involved the need for the researcher to think reflexively throughout the research process as an insider with participants as a Māori, but also as an outsider in other ways, such as healer or mother or male. A reflexive process was maintained throughout the powhiri/research steps outlined above, such as maintaining respect for Māori ways of being during interviews, and it was also necessary to incorporate this approach during data analysis (Smith, 1999).

This step is based on the phenomenological philosophy that the researcher both describes and interprets the data, which assumes that the researcher is able to make sense of the personal and cultural meanings of participants, which then informs the researcher's account (Crossley, 2007). In the rourou method of data analysis, this process is presented as an integral aspect of the interpretation process. The process of data analysis tended to borrow from a contextual constructionist position which recognises that

knowledge is not objective, but is considered within the context of rongoā Māori and interpreted by the perspective of the researcher (Lyons, 2007).

The contribution of each individual healer was then considered to the collective whole in the step titled 'ka ora ai te iwi'. Narrative psychology and analysis describe narratives as shaping and maintaining personal identity and are set within the social context of being considered alongside other point of views, dialogue and interactions (Murray, 2003). Narrative research aims to capture the lived experience of people according to their own meaning making processes and to theorise this process. This involves creating a constructed account of their experience rather than presenting a factual record (Josselson, 2011). Step three of the rourou Māori method of data analysis involved creating a constructed account of the combined experience of all healers of RM.

The focus of the data analysis of this research was on analysing the meaning of healers' stories, rather than reducing their talk into smaller themes. Rather than chopping each theme into smaller parts, each healer's story was added to the greater whole, and expanded knowledge of each story. This created a collective story across all healers on each finding. The rourou Māori method of data analysis was similar to narrative analysis, in that it was intended to "*... understand and appreciate the personal and cultural meanings conveyed within oral or written texts and to explicate the socio-cultural resources utilized in this process.*" (Crossley, 2007, p. 142). Step three involved consideration of how the experiences of healers were impacted and influenced by their own personal perceptions as well as considering Māori cultural values and beliefs underlying their healing practices. This approach acknowledges that the sum of the parts is greater than the whole and that Māori knowledge is a collective, collaborative institution.

The purpose of the entire data analysis process was to acknowledge the importance of stories in Māori culture that provide multiple ways of sharing between the healers, the researcher, and both combined. The meaning behind the collective story was the end outcome of the analysis. This focused on the underlying meaning behind each healer's story which adheres to the principles behind narrative analysis. However, the analysis process itself is set in the context of Māori cultural values and beliefs with a purposive attempt to include the researcher's subjective experience of the interpretation process.

The objective of science is to create a process for developing and representing knowledge and the utilisation of Māori cultural values and beliefs into the Māori research process is paramount. It involves a re-imagination of the science of indigenous knowledge as noted by Mila-Schaaf and Hudson (2009) according to the worldviews of Māori. The Māori world is not objective, neither is it individualistic or quantitative. It is subjective, experiential, collective, symbolic and cosmological and the aim of the rourou Māori method of data analysis is to encapsulate the Māori worldview in the attempt to acknowledge that Māori science is owned and legitimised by Māori processes of thought, worldviews, knowledge, sharing and teaching that has always existed for Māori but is not always recognised (Bishop, 2005; Cram, 2001; Powick, 2002; Smith, 1999; Walker et al., 2006). Traditional research epistemologies are often located within the cultural practices of the Western world, which emphasises neutrality and objectivity. This method of data analysis provides a way for Māori to participate in the construction, validation and legitimization of Māori research processes (Bishop, 2005).

The rourou Māori method of data analysis is symbolised in the following graphic representation (see Figure 2 below) showing that each phase of the data analysis process impacts and influences each other showing the interconnectedness of all involved in this research process.

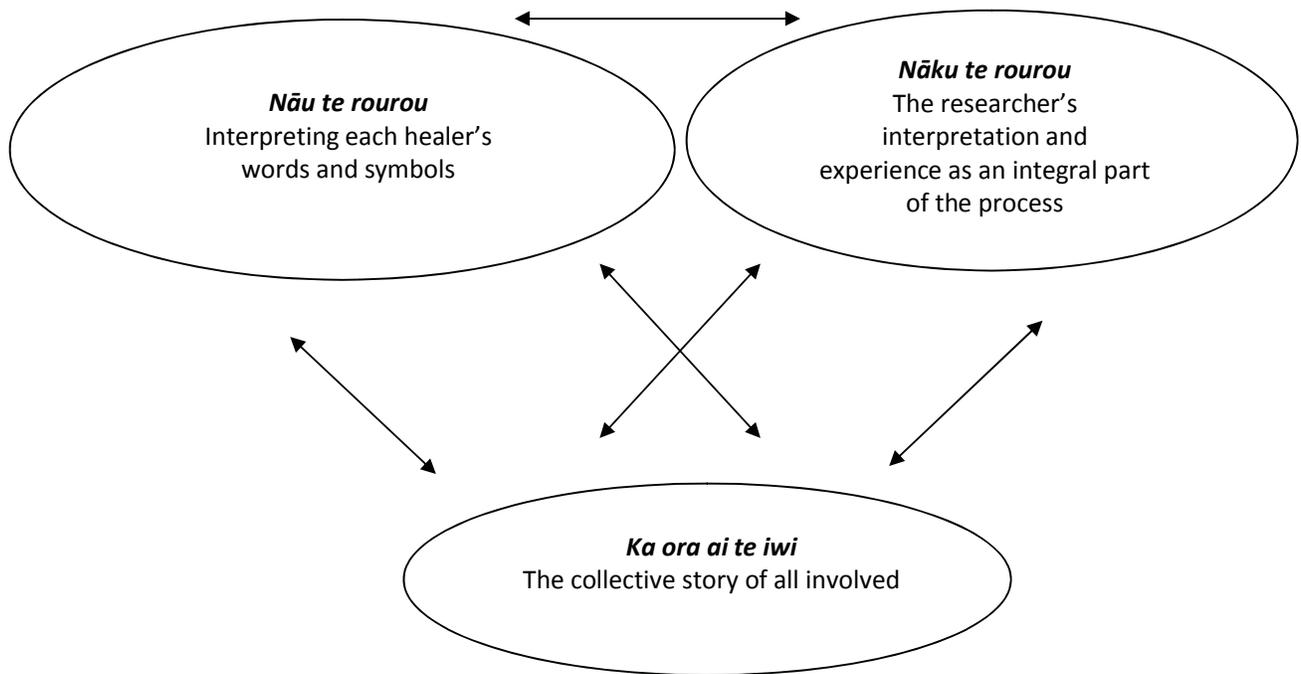


Figure 2: The Rourou Māori method of data analysis

ROUROU MĀORI METHOD OF DATA ANALYSIS PROCESS

The main aim was to focus the analysis on the research question at each step of the process. This involved exploring and understanding the healers' experiences of RM healing practices, and to extend these understandings to a broader perspective (Josselson, 2011). The research question to be answered was "What are the underlying philosophies of rongoā Māori?" The following steps outline the process used during each step of the data analysis process.

Step One – Nāu te rourou

The first step in the rourou method of analysis was to explore each individual healer's interview and discover what was unique to their understanding of the meaning of RM healing in their experience. An

exclusive focus on each healer's input was considered appropriate in analysis of this first step, to acknowledge each healer's unique perspective and contribution to this research as a taonga or treasure in itself. It was also a way to begin the interpretation process because by exploring the understanding of each individual healer about the underlying philosophies of RM, the analysis in step one provided initial concepts as signposts which guided the next two steps of the data analysis process.

Each participant's interview was analysed in order of being interviewed. Analysis in this step was initially and intentionally focused on each specific interview in its own entirety without reference to other interviews. The analysis focused on three main aspects of their interviews that specifically related to the research question. Firstly, the elements of healing that each healer considered important was analysed. This was either explicitly stated or was implied through constant reference through their interview. Secondly, what they clearly stated, or what was considered to be the understanding of each healer of the underlying philosophy of RM, was noted. Thirdly, every healer was asked to choose a particular symbol or object that represented their experience of healing. Each healer's choice of the symbol that represented healing to them, and their first stated iwi, were used as an appropriate and personal way to identify suitable pseudonyms for each healer while maintaining their confidentiality. This was considered appropriate as their chosen symbol of healing personified their views on healing, and Māori people often identify themselves through their iwi affiliations. Each healer's response regarding their chosen symbol of healing, together with their iwi, have been used to represent each healer, rather than the use of artificially manufactured pseudonyms.

In most cases, healers had expressed these concepts clearly and explicitly. In the interests of brevity, to avoid repetition and to focus mainly on the meaning behind the collective stories, the analysis in the first step is presented without quotes from the healers. It is considered sufficient that

excerpts are provided in Step three of the analysis. Therefore, this step is provided in a short, summary form. The first step in the process provides a concise and initial exploration of the individual opinion of each healer on the underlying philosophies of RM.

Step Two – Nāku te rourou

The second step involved presenting analysis of the data from the researcher's perspective. This was included to show the researcher's interpretation of interview data (Josselson, 2011). In qualitative research, the interaction between the data and the researcher is rarely acknowledged. However, in this research, the interaction between the researcher and the data during the interpretation process seemed poignant due to the importance of the collective nature of the Māori worldview. Without the healer's words, there would be no material. However, without the researcher's own worldview and perceptions, there would be no interpretation process to collate the data together. This step acknowledges the perception of the researcher of the meaning of the stories of healers, as an intrinsic part of the data analysis process (Powick, 2002).

In step one, the data analysis revealed each individual healer's understandings of rongoā Māori. In step two, the researcher focused on analysing the elements of healing that each healer considered important, and the understanding of each healer of the underlying philosophy of RM. The researcher then constructed more general, broad categories from the individual accounts of healers that represented an understanding of the ideas and concepts behind their stories. There was a focus on conceptualising the context underlying their experiences, such as the values that contributed to understanding their stories. This involved theorising their accounts to a higher level of abstraction.

The researcher then took the broad categories created from each individual healer, and compared them across healers to note the similarities of these broader categories, as well as their differences. This involved some minor changes in broad categories, but each healer's unique perspective was maintained, even where a healer had a perspective that was not shared with others.

The researcher aimed to ensure that the interpreted analysis emerged from healers' stories while the data was being abstracted into the general categories. The outcome of step two of the researcher's interpretation of the stories of healers about their experiences of RM is presented in very brief form to maintain focus on the experiences of the healers. Steps one and two are provided together for clarity in chapter four.

Step Three – Ka ora ai te iwi

This step involved collating all healers' opinions on the underlying factors of RM to provide an overall picture of the knowledge of the healers as a collective group. This involved taking the broad categories identified in the second step of data analysis and collating and compiling them into a series of underlying philosophies on RM across all healers.

The healers' interviews were analysed in order of being interviewed. This involved thorough analysis of sections of the interview data and comparing them with similar texts from other healers' narratives. The initial broad categories were identified in steps one and two. When several healers had stories in common about a similar topic, these were collated together. Analysis involved interpreting the overall meaning of each intact story that related to a broad category, even while the content of each story may also illustrate one or more of the other concepts at the same time. Analysis in step three aimed to discover the smaller themes within the broad categories that were in common with other healers, as well as the

contrasting opinions between healers, in an effort to understand each story in relation to the collective whole (Josselson, 2011).

Illustrative excerpts provide comprehensive detail on each individual healer's contribution to the group's collective understanding of each broad category. The focus was on the content of narrative story, which sometimes meant the use of longer accounts, and focused on the complexity of meanings elicited from the data through a process of interpretation and engagement with the text (Crossley, 2007). However, this did not always involve breaking each concept down into smaller pieces of data. Long sequences of the stories have sometimes been preserved in an effort to capture the depth and richness of their contribution as well as to remain true to their real meaning. This involved maintaining whole tracts of data to capture the broader meaning of participants' talk.

Initial broad categories were modified depending on the stories from other healers. These were deleted, combined, modified or separated to correspond with stories from the other healers. These were selected according to importance to the healer, repetition of reference across all healers, contrast to other healers and relevance to RM. Some concepts were included despite only a few references from healers but were considered unique and important to illustrating the multi-faceted nature of RM. During data analysis, emerging concepts were continuously and rigorously checked against interview transcripts to ensure that the findings were embedded in the data. The three-step process is set out here for clarity, but in reality, the steps were conducted in a circular motion, rather than in a linear sequence as described here.

Together, the use of the rourou Māori method of data analysis tells the collective story, ā tātou kōrero katoa (all of our stories), about the underlying values, beliefs and philosophies of RM which is presented in chapter five.

CONCLUSION

Smith (1999) states that the use of indigenous methodologies and 'factors' should be built in to the research explicitly, thought about reflexively, declared openly as part of the research design, and discussed as part of the final results of a study. Therefore, the use of cultural values during each phase of this research based on kaupapa Māori principles is not only appropriate but is completely necessary, and it is considered that every effort was made to be purposively inclusive of Māori viewpoints and ways of being throughout every part of the research methodology. The first two steps of the data analysis are provided in the next chapter that shows the initial perspectives of healers on RM as well as the researcher's analysis of the data.

**CHAPTER FOUR: RESEARCH FINDINGS ON RONGOĀ MĀORI – NGA HUA
RANGAHAU I TE RONGOĀ MĀORI: NĀU TE ROUROU/NĀKU TE ROUROU**

This chapter describes the results of the first two stages of the rourou data analysis process. A succinct description of the understanding of each healer of the underlying philosophies of rongoā Māori is presented together with the researcher’s interpretation of their contributions. This provides a brief overview of the essence of each individual healer’s perspective in an effort to honour each healer’s contribution to the research. It demonstrates the large variety in their perspectives due to differences in age, background, training and approaches to healing. Each healer’s perspective is structured similarly for clarity, despite the breadth of their concepts on RM healing. This chapter focuses on the essence of their stories, to show that the founding ideas used to create the collective story of Maori healers on rongoā Māori came from the healers themselves.

Firstly, each healer’s individual perspective is presented. This represents the first stage of the data analysis process, called ‘Nāu te rourou’. This is presented in three distinct sections: firstly, what each healer believed was the most important aspect of healing, secondly, the underlying philosophy of RM healing according to each healer and thirdly, the symbols that represented healing to each healer and their iwi were used to create their pseudonym for the purposes of confidentiality. Each healer’s choice of symbol and iwi were chosen to create pseudonyms that reflected each healer’s unique perspective on healing.

Secondly, a box containing the researcher’s perspective is provided in the second stage of data analysis of ‘nāku te rourou’. This aimed to analyse and expand on the ideas from each healer to create initial broad categories that were related to the underlying philosophies of rongoā Māori.

These first two stages of the rourou data analysis process are provided together in this chapter due to their proximity and relevance to each other. They show the initial exploration of the data and provide the foundational concepts that contributed to the overall collective perspective of RM during the third step of the data analysis, to be presented separately in chapter five.

NĀU TE ROUROU/NĀKU TE ROUROU – YOUR/MY BASKETS OF KNOWLEDGE

HEALER ONE

The first healer talked about the way that healers can conduct healing together in a group. He believed that healing could only occur in a group situation where different healers would each use their healing gifts to contribute to the healing.

He believed that the underlying philosophy of healing was to ascertain the underlying cause of the illness during diagnosis. This involved going back in the past of the client which sometimes extended back beyond the client's life which required information, and assistance, from spiritual sources.

The symbols that represented healing for him were wairua symbols which he had used to calm himself when upset, but stated that he had lost them. Therefore, this healer is referred to as the term '*Lost wairua symbols from Tainui*'. The fact that he had lost his wairua symbols from his healing work was unfortunate as it would have shed further light on the meaning of wairua.

The healer named *Lost wairua symbols from Tainui* indicated the collaborative nature of healers when they work together in RM for the healing of the client. The focus on discovering the real cause of the illness indicated that spiritual assistance during the diagnostic aspect of rongoā Māori was important in uncovering intangible causes of illness.

HEALER TWO

The second healer had a strong focus on the herbal aspect of rongoā Māori as a relationship with the plants and trees. He shared the process that occurred when picking rongoā (trees, plants and herbs) which involved mutual communication with plants which he described with great reverence towards plants.

He believed that the underlying philosophy of rongoā was that the plants, which he referred to as tuakana denoting a relationship that was senior to humans, would always have the answers for any disease. The respect he held for the plants was shown as he referred to them as though they were the wisdom holders of the power of rongoā, rather than the healers themselves.

He chose the mamaku fronds as symbolic of his healing because they represented the never ending cycles of life and is represented by the term '*Mamaku cycles of life fronds from Ngāpuhi*'.

The contribution of healer *Mamaku cycles of life fronds from Ngāpuhi* on understanding RM was the unique relationship that healers have with plants through communication which indicated mutually beneficial interactions for both healers and plants.

HEALER THREE

The third healer found that one of the most important things for healing to be effective was to have a strong sense of self and to release any need for personal gain. Her focus as a healer was on self-awareness and self-knowledge.

When asked what she thought was the underlying philosophy of rongoā Māori, she responded saying that it is the relationships, whakawhanaungatanga and whakapapa aspects of rongoā that provide a sense of where you come from. This indicated that often healing needed to be conducted in past generations in order to influence the client's present state of being.

The symbol she chose to represent healing was the physical sense of touch which enabled her to connect with the person receiving the healing. Therefore, the term used to denote this healer's contribution is '*Physical healing connection from Ngati Whakaue*'.

Healer *Physical healing connection from Ngati Whakaue* showed that healing began with the RM healer's self-awareness of their role, perspective and experiences in life. The collective relationships with whānau and whakapapa in RM created a sense of identity as well as passing on knowledge of healing.

HEALER FOUR

Throughout the fourth healer's interview, he often referred to working with other healers as a significant part of his healing work. Although he did complete healing sessions on his own, he also consulted with other healers for himself, as well as working together with healers.

This healer spoke about the importance of the use of his own cultural values as an underlying philosophy of his methods of healing, which helped to assist him while healing clients.

When asked about the symbol that represented healing for him, he answered saying two stones which represented “whānau, ā wairua me ā tinana” meaning that the stones represented his family, in spirit and in body. This healer is denoted with the term *‘Whānau, wairua and tinana stones from Ngati Porou’*.

Healer *Whānau, wairua and tinana stones from Ngati Porou* showed that working with other healers is quite common and this illustrates the collaborative nature of RM healers. Cultural values were viewed as embedded in RM healing practices such as the values of whānau and wairua.

HEALER FIVE

The fifth healer focused on the philosophical nature of RM. From tino rangatiratanga (Māori sovereignty), to leadership, to the use of plants, to whakapapa, to going back to home marae, to each individual’s gifts and more, all in the one paragraph, this healer was very passionate that rongoā Māori can provide more than healing alone, but embodies wisdom and insight for Māori people as well. The voluminous amount of wisdom given by this healer showed that there are a wide variety of elements that comprise rongoā Māori.

The underlying philosophy of rongoā Māori for her began with oranga meaning health, but she believed that RM was also about uniting Māori people and accepting the uniqueness of Māori.

When asked about the symbol most representing healing for her, she replied pounamu (greenstone) which belongs to the four elements of fire, earth, air and water. She believed that pounamu can also travel to multiple dimensions, which is more than humans can travel, which was useful for healing. Therefore, the term used to represent this healer's contribution is '*Four elements of the pounamu realms from Rongowhakaata*'.

Healer *Four elements of the pounamu realms from Rongowhakaata* indicated that RM has the potential to contribute to the wellbeing of Māori society due to the uniqueness of RM as encompassing Māori values and beliefs.

HEALER SIX

The sixth healer described her journey to becoming a healer as a process of getting to know herself. It indicated the importance of self-awareness for RM healers.

When asked about the underlying philosophy of healing, this healer replied that she believed that all healing is the same, no matter what name it has and no matter what culture the healing is based on.

The symbol that she chose represented objects she loved, but also related to her love of touch and massaging people. She loved pounamu, water and wood and therefore is described by the term '*Love of pounamu, water and wood from Te Arawa*'. This represents her love of these objects as part of her healing, as well as love for healing itself.

The description of the journey to becoming a healer for *Love of pounamu, water and wood from Te Arawa* exemplified the need for RM healers to know themselves first. She also indicated that healing was a shared phenomenon amongst different cultures.

HEALER SEVEN

The seventh healer responded to the question of what is important for healing by answering, aroha (love). She also noted other values as important for healing such as respect, integrity and honesty.

When asked about the underlying philosophy though, she referred to the belief of the client even though their belief in their healing wasn't necessary. However, she believed that people needed to reach out for help, change their thoughts and take a different approach to maintaining health in their lives. This showed that rongoā Māori was not only about the role of the healer but that the clients of the healing needed to be involved in their own healing process also.

This healer chose the symbol of the heart to represent the meaning of healing for her. The heart represented both her belief that love was important for healing but also to represent the emotions behind the broken heart. This was used to create her pseudonym of '*Healing heart from Kahungunu*'.

The contribution of healer *Healing heart from Kahungunu* was the importance of values in RM such as aroha. There was also a focus on the client to take responsibility for their lives as an intrinsic aspect of RM healing treatment.

HEALER EIGHT

The eighth healer focused her healing processes on informing the client of changes they could make which would influence their health and wellbeing. Both the client and the healer worked together to find solutions for the client and their lifestyle.

Her reply about the underlying philosophy of rongoā Māori focused on the importance for Māori to go back to their roots and find where disease has happened and heal the DNA memory so that it will stop it from happening again.

The symbol she chose as representing healing was her hands because they facilitated the healing process. She also chose crystals because she liked them and carried them with her when she thought she needed them. Her pseudonym became '*Healing hands and crystals from Ngati Porou*'.

Healer *Healing hands and crystals from Ngati Porou* demonstrated the interrelated nature of the healer/client relationship in RM. Healers worked with clients to assist them to improve their health but indicated that the responsibility remained with the client for their own choices.

HEALER NINE

The main focus of the ninth healer's interview was her own journey through illness and healing. Since she was a child, she had suffered from a range of different sicknesses which meant that she herself often required healing, and this gave her a unique view to the needs of the clients from her own experiences.

When she discussed what was important to her preferred style of healing, she believed that talking things through with a client was a form of healing.

She tried to speak with clients in a relaxed manner that aimed to build rapport and trust that allowed them to respond.

The symbols she believed represented healing for her were her hands because she used the sense of touch during healing. Also she chose the pounamu which she believed made her feel strong while healing. Her representative name became *'Touch of hands with pounamu from Tuwhakairiora'*.

Healer *Touch of hands with pounamu from Tuwhakairiora* demonstrated that RM healers use their own life experiences to relate with clients. Communication was an intrinsic aspect of RM healing that helped to facilitate healing processes.

HEALER TEN

The tenth healer believed that Māori could be strengthened by going back to the way the ancestors lived because the physical and spiritual nature of Māori would make them strong.

When asked what the underlying philosophy of rongoā Māori is, she answered saying that there were no boundaries and that all things were possible with an open mind and true intention to help.

She referred to the importance of having her ancestors with her by wearing her grandmother's earrings which represented healing for her and gave her extra strength from her tīpuna. The term that represented her became *'Tīpuna strength through greenstone earrings from Rongowhakaata'*.

Healer *Tīpuna strength through greenstone earrings from Rongowhakaata* indicated that RM was capable of healing Māori people as a whole by returning to a Māori way of being. The concept that there are no boundaries in RM allows for this possibility and also indicates that RM can encompass more than healing alone.

HEALER ELEVEN

The most significant aspect of the eleventh healer's interview was the use of stories and legends to illustrate Māori philosophy. He described the beginning of his journey into healing by saying that the poutama pattern in tukutuku (art panels) has a saying that goes 'Ma te wā' which means there is an appropriate time for everything.

He used stories of Māori gods to show people how to take personal responsibility for their actions. He described that conscious action required thinking through different choices and that any choice was absolutely perfect. If the outcome was not what was intended, then it was possible to make a different choice next time. His underlying philosophy of rongoā is taken to be the power of the choice of emotions.

When discussing the symbol that to him represented healing, this healer chose the whare tūpuna (ancestral house). The carved meeting house, to him, represented Hineahuone, the first woman as the origins of all of us, meaning the womb. He likens the powhiri ceremony, or the welcoming ceremony onto the marae, to the process of giving birth. The symbolism of the whare tūpuna is how he described his whole philosophy, therefore his representative name is '*Human origins through the whare tūpuna from Tuhoe*'.

Healer *Human origins through the whare tūpuna from Tuhoe* showed that Māori cultural values are embedded in RM and were a useful way to teach clients how to improve their choices in life.

HEALER TWELVE

The twelfth healer believed that it was important to encourage clients to get on the right path, to learn to connect, to karakia and to know themselves. This showed that healers often aimed to inform and educate clients to assist them to understand how to improve their lives.

However, when questioned more specifically about the underlying philosophy of rongoā Māori, she clearly stated that rongoā Māori was about love saying that the ability to heal, and learning to be more loving, would make people happier.

Her symbols related to healing represented things that she uses in her healing. She talked about the koru (design in the shape of a curled shoot of the fern plant) and the triangle as a triad representing the mind, body, soul or conscious, sub-conscious and super-conscious. Her choice of symbols led to the representative term to denote this healer of '*Healing symbols of the koru and the triangle from Tuhoe*'.

Healer *Healing symbols of the koru and the triangle from Tuhoe* indicates that RM is based on love, therefore is based on values rather than healing methods. This is the basis of the interactions between the healer and client which becomes an actual element of the healing.

HEALER THIRTEEN

When noting what was important to healing, the thirteenth healer explained that there was a difference between rongoā and the ability to heal. Although he didn't expand on what the ability to heal entailed specifically, it implied that he believed the ability to heal doesn't come from the plants themselves, but from other sources.

This healer believed that the underlying philosophy of healing was 'kia mau tonu ki nga tikanga' meaning to hold on to the customs and rituals. He explained that healers must be able to maintain wellness to be able to conduct their healing work. In order for healers to continue their work, they needed to hold tight to the customs behind rongoā Māori healing.

The symbol that he chose was very closely related to his family, which was significant because many of this extended family were healers. He chose his whānau mere which was named after their hapū. The term used to represent this healer became '*Gift of whānau mere from Ngati Maniapoto*'.

Healer *Gift of whānau mere from Ngati Maniapoto* demonstrated the importance of keeping the karakia and tikanga of rongoā Māori intact in RM. The importance of the family is prevalent in Māori culture and indicates that RM healing is passed down to entire whānau.

HEALER FOURTEEN

The fourteenth healer was passionate about the negative effect of medications on Māori people and shared stories about how she had treated clients with rongoā and they had then followed the advice of doctors, and had subsequently passed away. She had a strong belief that medications do not make Māori well, telling doctors that their idea of health treatment was like a business to them. She indicates that RM

healing is about caring for the patient believing that RM has the ability to cure people.

This healer believed that the underlying philosophy of rongoā Māori was aroha and she described aroha as being an intrinsic part of the healing itself. This involved the healer being clear and leaving any emotional upset behind as well as having patience while healing. This aspect of aroha was about the healer making sure that they had taken the time and awareness to clear their own minds in order to be effective in the healing.

As an example of her symbol, this healer related another story where she treated a family member who became well. The doctor of the family member had told her to stop taking the rongoā medication and the family member had subsequently died. This healer believed her family member had been bullied into taking the medication. She ended this story with her own personal pepeha (proverb) and how it helps her with her healing saying that “... *what is impossible is possible with God and what God can do, I can do also ...*”. This pepeha that anything is possible with God, meant that this healer’s representative name became ‘*Pepeha stating that anything is possible with God from Tuhoe.*’

Healer *Pepeha that anything is possible with God from Tuhoe* showed that RM is a client-based and value-based form of treatment. It also showed that it was important for RM healers to make sure that they maintained their own wellness to be effective in their healing work.

HEALER FIFTEEN

The fifteenth healer often used karakia to maintain her balance as a healer which she describes as a part of her daily life experience. She recited karakia to balance at least twenty times a day and believed that achieving balance was extremely important in her life.

The underlying philosophy for this healer surrounded the value of connectedness. This involved awareness and an understanding that comes from achieving balance. This could mean a connectedness to anything that each person believes will help them to achieve wellness, such as whakapapa, Papatuanuku, Ranginui, the gods, God or Jesus.

This healer chose the pikorua or sign for infinity which signified the importance of three. For example, Matua, Tama, Wairua Tapu (Father, Son and the Holy Spirit) and child, parents and kaumatua (elders), as well as the three baskets of knowledge. Her representative symbol became '*Triad of pikorua and infinity of knowledge from Ngati Raukawa*'.

The need of healer *Triad of pikorua and infinity of knowledge from Ngati Raukawa* to balance frequently demonstrated the amount of effort healers put into maintaining their own wellbeing. In RM, connectedness was related to the use of spiritual sources for assistance to achieve wellness.

HEALER SIXTEEN

The most important aspect of the sixteenth healer's interview was her dedication to the healing and wellbeing of her own whānau.

This healer also believed that aroha was the underlying philosophy of rongoā Māori. She describes aroha as being about forgiveness, manaakitanga (caretaking) and awahi (support) as well as finding ways to get through the obstacles in life.

This healer chose home as her symbol to represent the meaning of healing for her. She explained that she often goes home to keep herself real and grounded. Her symbol of home becomes the basis for the term to

represent this healer as '*Keeping it real and grounded at home from Te Aupouri.*'

The responses of the healer named *Keeping it real and grounded at home from Te Aupouri* indicated that the values of whānau and aroha are important in RM to assist the healer in their own healing as well as in healing for other people.

HEALER SEVENTEEN

The seventeenth healer focused on being a role model through the way he lived his life as a way to impact on other people as a different and more subtle way of healing. He believed that being an example of the best way to talk to people, as well as providing tools to assist others, was his greatest contribution to his methods of healing.

This healer believed that one of the underlying beliefs of rongoā Māori healing is the mindset when herbal remedies are being made and also when influencing people to make changes in their lives. He believed that changing his own mindset would then influence other people to change their lives.

When describing the symbol representing healing to him, he said the sea. When he was feeling down or not too good, he found being near the water very calming and watching the waves almost took his worries away. His own need to find ways to calm and soothe himself meant that his representative name became '*Tranquil sea from Ngāpuhi.*'

The contribution to RM from healer *Tranquil sea from Ngāpuhi* was the notion that healers model and teach what they themselves have learnt. This involved healers maintaining their own mindset as well as assisting the client to create change in their lives.

CONCLUSION

This chapter has shown the individual perspectives of each healer on the underlying philosophies of RM and the researcher's interpretation of each individual healer's perspective. This provides the first and second stages of the data analysis which were used to analyse the data to a higher level of abstraction for the third stage of data analysis. While each individual healer's perspective was sometimes quite different from the others, there were some similarities between them and each healer's contribution played a part in the creation of the third stage of the data analysis of creating a collective story of all healers on RM. The collective story of the underlying philosophies of RM of all the healers, as well as the researcher, is provided next in chapter five.

**CHAPTER FIVE: RESEARCH FINDINGS ON RONGOĀ MĀORI – NGA HUA
RANGAHAU I TE RONGOĀ MĀORI: KA ORA AI TE IWI**

KA ORA AI TE IWI – ALL OF OUR BASKETS OF KNOWLEDGE

This chapter presents the findings of the third step of the rourou Māori method of data analysis that synthesizes the views of all Māori healers. The components of the underlying philosophies of RM (RM) have revealed nine findings have been elicited from the stories shared by the healers. The research findings on RM are described as follows; RM healing is a continuous process of life; RM is a co-construction of healing through the healer/client relationship; RM includes collaborative whakawhanaungatanga (family-like) relationships in healing; RM involves the synergy of the alliance between people and plants; RM utilises the tīpuna (ancestors) as the wairua (spirits) that conduct the healing; RM focuses on diagnosing illness through past generations; RM identifies the power of emotions to create or destroy health, illness and healing; RM aims to facilitate change for the client; and RM aspires to heal Māori of colonisation and keep Māori knowledge sovereign. Each finding is explored using excerpts from the healers' stories to illustrate their understanding of RM healing practices. A discussion of each finding will follow that conducts a review of related literature about RM and traditional healing systems. This chapter presents the collective story of the researcher and all Māori healers on RM healing.

HEALING IS A CONTINUOUS PROCESS

Several healers shared their journey to becoming a healer and how they learnt to cope with that role. This involved sharing about the ways they negotiated their environment, their healing gifts and ways to balance as they navigated their way through their life. The way that healers maintained balance was facilitated by a process of self-awareness.

Healers are central to the RM healing process and their journeys to becoming healers often involved processes of learning. A key aspect of their journey to becoming a healer was in accepting their gifts and role as a healer:

And the challenging times was ... where I was ... being mentored, but from the other side and ... different circumstances would come in front of me that, that required ... certain action ... I used to wonder ... why is all this stuff happening, and then I'd analyse it and then I'd deal to it, and then it will ... clear. And I was thinking ... there's gotta be some learning in this so then I'd try and work out what the learning was, not realising at that time, that I've come to know now, that you just have to ask and then listen {laughter} ... So I guess ... there was lots of learning, lots of understanding but more so, on my part, acceptance. Once I accepted ... that was my lot and ... that's what I was here to be and do and, and be for others ... the road became real clear and real easy. My problem was in the accepting. (Triad of pikorua and infinity of knowledge from Ngati Raukawa)

The focus of healers' experiences of becoming a healer was on processes of self-introspection to understand how to negotiate their role as a healer.

This involved being able to 'read' their environment to assist with understanding themselves:

So if we're feeling crook, if we're feeling sick then that's an indication that my connection is not, I've been disconnected from myself. So I need to take time out and I need to plan that time logically and rationally and make it happen. And then spend time with myself ... So the environment becomes really important. The environment in my head will tell me that something's not right. The environment in my body will tell me something is not right ... in my living

environment, my external environment will tell me something's not right. So I've got all those indicators to help me and as long as I know how to read them, I'll be right {laughter} ... Now ... if there's something wrong with me, then something will be wrong with the content of my thoughts, because there are things that are inside, so if I can have a look at those ... that doesn't mean to say you don't listen to your doctors or your nurses or your ... health providers, but you use your own ... self examination to find out how you can help the curing process. You know, the curative process. (Human origins through the whare tūpuna from Tuhoe)

This process of self-introspection often became important for healers when they felt unwell, indicating the need for constant monitoring. The goal of this analysis of their lives was to restore a connection to their selves through internal self-introspection. Even when external factors would impact them, healers still looked inside themselves for answers.

... when somebody was unwell around me, I would feel whatever it is that they had ... so the quicker I can analyse it and know what it is from my own stuff, the better ... that I am able to either offer assistance if they wish ... otherwise, I can then let it go. (Triad of pikorua and infinity of knowledge from Ngati Raukawa)

This healer described a phenomenon, also shared by other healers, of a mechanism whereby healers' bodies were impacted by the illnesses of others. This indicated that healers' skills and abilities did not begin and end in the healing session alone, but were innate and had the potential to be triggered at any time. Perhaps this level of sensitivity was due to their role as a healer to facilitate healing for others using their healing gifts on a regular basis. This may then have made them more susceptible to the sicknesses of others. This shows the need to have strong self-awareness to understand the reasons behind their state of being. This self-examination

process was also regarded as an active aspect of the healing itself as noted by this healer:

Aroha is the most important, you have to have the aroha in you. And ... your aroha is a very, the strongest healing that can, for everybody. If you're ... working and ... you're angry inside, its no good. Or if you come from home and you've had some disagreements at home, ... you'll bring all the gunk to the patient. You gotta be really clear so when you come to the clinic, you supposed to leave everything at the door before you come in. And you gotta clear all that as a healer, that's what you gotta do. Clean your backyard first before you come. Just your backyard, not anybody else's but yours. (Pepeha that anything is possible with God from Tuhoe)

Aroha, noted here as the strongest form of healing, began with the healers giving aroha to themselves first. Keeping themselves clear became crucial to the success of the patient's healing. It indicated a high level of permeability between healer and patient, where the emotional state of the healer may leak through to the client.

The effectiveness of the healing depended on healers' relationship with their selves, interpretation of their environment and sensitivity to the pain and illness of others. One way to maintain their well-being was the use of karakia (prayer) to balance on a daily basis.

... my experience has taught me that ... the most important part to be able to balance and maintain on a daily basis, what I do is probably, wouldn't like to think ... I probably balance my wairua at least twenty times a day. And it's just, like if I go somewhere new. I will do a karakia, and I'll just do it in here and just to keep me well ... to come here, I did a karakia, once I got here, I did a karakia. When I went over to [name of person's] area, I did a karakia. When I left ... there,

on the way here, I did a karakia. Once I got here ... and before I leave, I'll do one. Yeah. And ... that's just to ensure that anything that I've got, I don't leave, and that anything that others have, I don't take. Yeah, so that just keeps me with me. (Triad of pikorua and infinity of knowledge from Ngati Raukawa)

This indicated that the need for healers to maintain their balance was constant so they could make adjustments wherever they went. This involved an element of self-awareness for healers:

... the answers just so simple, it's just be yourself ... You have to know yourself first and I took a long time to learn to know myself. (Love of pounamu, water and wood from Te Arawa)

Māori healers shared that self-awareness was important to their own wellbeing and identity, but actually contributed to the healing of the client also. This entire self-awareness process seemed to be crafted to maximise the potential of the healer to fulfil their role in the healing process with the client, bringing together all of their experiences for the benefit of the client. This showed that healing actually began with the healer first.

This is significant when considering what makes RM work in that it indicates that RM was utilised by healers for their own well-being, and their whole lives revolved around their role and gifts as a healer. RM healers have the potential to extend their RM healing skills and abilities to any aspect of life, and healing extended well beyond the confines of the healing session. Healing was directed at themselves first through balancing constantly throughout their day. RM exhibited an initial underlying philosophy that healing is a continual ongoing process of life, in constant negotiation of both internal and external factors that contribute to maintaining balance.

Discussion

The finding that healing is a continuous and constant ongoing process is rarely found in the literature on indigenous healing. However, in Aboriginal healing practices, the concept of healing is believed to be a fluid and dynamic process (Hunter et al., 2004). Healing begins at any point in life and is seen as continuing throughout the life span becoming a part of everyday living (Hunter et al., 2004). This shows support for the finding that RM healing occurs throughout the life span.

However, the finding that RM healing occurs continuously throughout the day is new, the journey of traditional healers to becoming a healer is found in research on traditional healing systems (Koss-Chioino, 1992; Struthers, 2000). In Native American culture, the opening and evolution of healing work occurs differently for each healer and healers went through a process to work at developing healing capabilities (Struthers, 2000). Healers' initiation experiences in Puerto Rico were described as a continual process of development, both personally and as healers. An alteration in personal consciousness and a redefined sense of self emerged from the experience, and the healer became dedicated to actualizing their life through healing (Koss-Chioino, 1992). The process of becoming a healer indicates a continuous process of development where their life becomes actualized supporting the findings of Māori healers that healing becomes a constant part of their entire lives.

Māori healers described the need to be aware of their environments, particularly around sick people. Brennan (1987) maintains that healing requires a lot of work from a person's energy field. She states that a healer's energy fields are used as a conduit for the healing energies that are needed by others. Self-care is necessary to help the healer to generate the frequencies needed to cure the client (Brennan, 1987). This provides one mechanism to explain how Māori healers may pick up on illness

energies of other people. Although energy fields were not mentioned by Māori healers, it indicates that the need for self-care is important to maintain the healer's ability to conduct healing on other people.

The continuous nature of healing may be explained by the Māori understanding of the world as being layered in a three-world view. Potential being was symbolised by Te Korekore, the world of becoming portrayed by Te Po, and the world of being was seen as Te Ao Marama. Te Korekore is the realm between non-being and being; that is, the realm of potential being. It is believed that this is the realm of primal, elemental energy or latent being which leads to ideas of continuous creation and dynamic universe (Royal, 2003). For Māori, healing may be viewed as a part of Te Korekore, and a belief in the continuous creation of the universe.

This finding introduces healing from the healer's perspective as being about themselves, first and foremost. As an underlying philosophy of RM, it assists the healer to be as effective as possible when healing the client by remaining balanced throughout the day. This finding contributes to notions of healing as being a natural part of the bigger picture of everyday life, rather than being limited to the healing session only.

CO-CONSTRUCTION OF THE HEALING THROUGH THE HEALER/CLIENT RELATIONSHIP

At the beginning of healing sessions, healers would focus on creating a connection with the client and where they come from. This involved cultivating a working relationship with the client to assist them to heal their lives. Healers would often use their own life experiences to assist clients to examine their lives and shared how the basis of this interrelationship was aroha.

Healers described the process of creating a relationship with the client at the beginning of the healing session:

... the first thing you do is ... you put that person at ease. So you have to be able to trust that person ... and ... form a friendship, be it all small ... and you connect in. And usually it's ... where you from, what's your whakapapa ... You know, just the basic questions. Do you live here, where do you live. Um, what's your situation at the moment. Um, 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 or if I know anyone from there, then I'll connect in with names and things. Just so ... they know that I know where they're from and ... who they are. Sometimes you don't get the time to do that ... and then its just ... making sure that they're at ease and that they're totally ... open to whatever's going to happen. Making sure that they have enough information ... (Physical healing connection from Ngati Whakaue)

In order to build trust in the relationship with the client, healers would question them about their whakapapa (genealogy), whenua (land), as well as people or whānau that they may both know as a process of building rapport. This was also an information gathering process to decipher the client's issue and the treatment required. However, the focus of this interaction was on building a relationship with a person, rather than being an interaction to treat a person's illness.

Once the relationship had been established and the healer had gained the trust of the client, the healer was able to begin the process of healing. Healing involved an interactive relationship where healers would work with the client to explore their daily lives to understand how those events impacted on their health:

So ... that's what I'd like to think the relationship is, it's working together ... on looking at their lifestyle and ... working toward small things in their life that can improve the way ... that they live or improve ... their health really ... It isn't considered a cure ... for anyone coming to you but it is a treatment that, that teaches people, hopefully how to sort of look after themselves ... And so I see it as ... looking at their lifestyle and hopefully trying to work out with them, what areas may be able to be changed. You know, even if it's something as simple as drinking more water cause that's a really important one and it's amazing the amount of people who don't. Um, or their posture ... just very, very simple things. (Healing hands and crystals from Ngati Porou)

Healers often stated that that they would assist the client to improve the client's own health and healing. This became a collaborative process between the healer and the client that involved gathering information to teach the client how to take responsibility for their own health. This illustrated a type of mediation between healer and client, rather than the healer taking a directive approach. Several healers noted that they gave responsibility for the client's health to the client:

So I just try to stay focused on whatever it is that's the issue for them. Or their own unwellness or what's happening for them and I'll just ... try not to go too deep. And I think if a person is ready to change, then they'll take that on board. And we've all been through those different stages in our own lives. When we want to do something different, we're gonna do it aye. You know, but if you ... not gonna do it, well you're just not gonna do it. And, far be it for us to force anybody, you know. (Keeping it real and grounded at home from Te Aupouri)

This showed that for the healers, rather than trying to control the process, it was more focused on the relationship with the client. This involved

giving advice and then letting the client decide what they would choose to do for themselves. This empowered the client to make their own decisions for their own health.

As indicated earlier, the healers had been on a life journey to understand their own selves. Using these experiences, healers were able to share their own sense-making process to enable the clients to gain further understanding of their lives. This involved encouraging clients to consider a broader existential way of thinking about their lives that they may not have been able to alone:

... I believe ... encouraging people to ... get on their right path and from there, everybody getting on the right path ... learning to connect, learning to karakia, ... learning to truly know themselves. Um, really being pono (truthful) and looking ... at who am I, um, where have I been, ah, you know, all those sorts of things ... why did all these things happen? Really looking at your path and making it make sense. You know, all the negative things that happen ... all the positive things aye ... I look at it like a blueprint, aye. From the day you were born to who you are today ... looking at all the major things that have happened and why. And you know, taking that time to really ... work it out, you know, and then it kind of ... gives you clarity of ... where you need to be going and where your true path, where your calling is, so that, we're not just getting up, eating, you know, just living ... unconnected, not even ... appreciating, you know, the breath of life. (Healing symbols of the koru and the triangle from Tuhoe)

This showed that the process of working with the client could assist them with reinterpretation of their lives. This relationship between healer and client was motivated by aroha, which was the most common answer given across healers about the underlying philosophy of RM:

Yeah, and aroha is the most important powerful tool that's ever used. Because your aroha's gotta be with your patient while you're doing your patient, you have to have that aroha. In any patient, doesn't matter what it is ... Oh yes, oh yes, very much so. Um, and that's the most, in any work you do, is the love. Got to have that love in you. Because its part of your love that helps with the healing as well.
(Pepeha that anything is possible with God from Tuhoe)

As indicated by healer *Pepeha that anything is possible with God from Tuhoe*, aroha is viewed as the most important tool in RM healing. In the finding that healing is continuous, aroha was focused on healers towards themselves. In this finding, aroha becomes an intrinsic element of the healing process that permeates the relationship between the healer and the client.

The interrelationship between the healer and client shows that RM is more about the relationships between the people involved, than the treatment of disease or the outcome of the healing session. Healing is facilitated through a successful relationship between the healer and the client based on aroha. This relationship works towards encouraging and empowering the client to become a more informed and active participant in establishing, adjusting or maintaining their own health. This indicates the underlying philosophy of RM as being primarily a people-based form of treatment where relationships between people are based on aroha which contributes to a co-construction of healing through the healer/client relationship.

Discussion

Although aroha is already understood as a value intrinsic in Māori culture, in this research finding, aroha for the client as an underlying philosophy of

healing appears to be a unique finding in the literature on healing. It is acknowledged that an understanding of aroha as a part of rongoā Māori healing practices may only be new due to a current lack of knowledge and research on rongoā in the literature. However, research on other forms of healing shows that healing is influenced by the impact of the relationship between the healer and the client on their healing. One study aimed to assess the impact of healer and patient expectations on mental and physical health parameters following a spiritual healing session. The high expectancy of healing for both the client and the healer were positively correlated with subsequent improvement in the clients' physical as well as psychological condition (Wirth, 1995). This supports the finding that aroha between the RM healer and client goes beyond the placebo effect where the client holds faith in the healing, and/or the healer and this creates a co-construction of healing.

The importance of the relationship between the healer and client is shared with other indigenous cultures. Native American traditional healers aim to help clients achieve a readiness to heal using empathy, acceptance and respect to understand the clients, while displaying genuineness, credibility, and legitimacy (McCabe, 2007). This would indicate that similar processes take place between the healer and the client in traditional healing systems of other cultures that contribute to the healing process. Aroha seems to be the glue that brings and holds this relationship together even though the goal of this relationship is healing. RM is characterised as being about caring for, and healing, people who are sick, not simply treating their illnesses. Therefore, it is first and foremost, a '*... people medicine ...*' (McGowan, 2000, p. 161).

The first finding focused on healing as a continuous process for the healer. However, in this finding, healing expands to assist the client in their healing through aroha. This is a pivotal relationship in RM healing that contributes to the effectiveness of the healing of the client. This shows that RM is a

people-based form of healing that relies on values to motivate the healing process, rather than theory or methods.

THE COLLABORATIVE WHAKAWHANAUNGATANGA OF HEALING RELATIONSHIPS

Collaborative whakawhanaungatanga explores the way that the nature of Māori whānau infiltrates RM healers and their healing practices. The term whakawhanaungatanga is used to describe the relationships that involve the act of collaborating in an extended family-like nature for the healing of the client. Many healers grew up with RM in their whānau who taught them their healing knowledge. This involved transference of healing knowledge within whānau. Healing gifts were also passed down in their whakapapa through to whole branches of whānau. This provided a referral system of healers that included the whānau, other healers, as well as the wider community.

Seven of the healers stated that they had a lineage of healers and grew up knowing that they had inherited their gifts from their family of healers:

My grandmother, my koroua (grandfather) and on my Mum's side, had recognised that I was a healer at that time. When I was little. And I was ... shown medicinal stuff, very sheltered in my life as, but not realising that I was chosen to do this mahi. Sheltered because of the taongas that was given to me from lo ... I was taught lots of ... things when I was, in my childhood ... mainly around medicine though, rongoā Māori. (Four elements of the pounamu realms from Rongowhakaata)

For these healers, their whakapapa designated them in their role and responsibility as a healer to continue the family healing tradition. Families worked together to ensure that their healing knowledge was passed down

to the next generation. This knowledge transference of healing knowledge within whānau was extremely important because it contributed to the continued survival of RM. The knowledge of the medicinal use of plants could be taught, but healers implied that their spiritual healing gifts are passed down through whakapapa.

This extends to members of extended whānau who may have specialised healing skills indicating that healing gifts are often situated within whole branches of whānau. Healers sometimes refer healing work that is beyond their expertise to other healers in the whānau who may have more experience in a certain area of healing:

So um, my [name of iwi] side line of matakite (spiritual seer), and all of my cousins do different things. I've got one amazing cousin and she um, she does quite a lot of clearings on land and she talks to ... a number of different, um, I affectionately call them spooks {laughter} ... so that's what I mean, you don't need to know everything but you do need to know who to link into for the betterment of that person should they require ongoing referral, bit like a multi-disciplinary team really. (Triad of pikorua and infinity of knowledge from Ngati Raukawa)

This provided Māori healers with a system of referral to a whānau network of people, which enabled healers to extend healing beyond their expertise and skills. This involved recognition of others' skills and being able to refer healing work to them and, as healer *Triad of pikorua and infinity of knowledge from Ngati Raukawa* states, it becomes a multi-disciplinary team. The utilisation of a wide network of assistance from other healers recognises that RM healers are not only open to accepting input and assistance, but regularly and purposely seek it to provide the client with the best help possible.

If we think that as a wahine (woman), um, if I think it is too much or I can't handle or I don't think I'm the appropriate person to do that particular mahi on that whānau, then I will go and look for either a male ... a kuia (elderly female) or kaumatua (elderly male) ... if it's required ... amongst the other people in the roopu (group). And if ... those people are not there, then that person will be told, you know, I'm not the one to do you. There's other people that I will refer her to, or him. (Four elements of the pounamu realms from Rongowhakaata)

When the healer recognises that they will need to refer the client to someone else to perform the required healing, the objective then changes to finding the client another person to assist with their situation. This seems to provide a back-up referral system for the healer and the client and through the referral, the healing can take place. Healers would need to be aware of their own limitations and know when to ask for help, but a certain amount of skill would be needed to decide whom to approach for each healing situation. Without access to this wide range of whānau or community networks, this would be difficult.

In addition, healers can work together collaboratively in a group on the same healing. One healer had the unique perspective that healing is only possible by working in a group which he found helpful:

Its ... the sort of healing that you, they put you on this table, you lay back and then all our group ... round the person on the table and ... start healing ... By hands ... Oh yeah, you gotta be in a group to help one another, you know, to help anybody. Its hard to be able to do it on your own ... Oh, you can do it one on one but its hard ... cause you got others there to help you, see. They ... might hear something that you haven't ... said. They'll ... jump in, oh so and so. And then way you go again, you know. Sometimes you stumble, can only go so far,

and need a bit of help to get moving again ... (Lost wairua symbols from Tainui)

This type of healing demonstrated that healers also collaborate using their skills to complement each other in the same healing situation.

The importance of the whānau and their combined efforts to ensure that the client receives the healing they need is illustrated through a proverb by one healer:

He aha te mea nui o te ao [What is the greatest thing in the world]. He tangata, he tangata, he tangata [It is people, it is people, it is people]. The first 'he tangata' is you. The second 'he tangata' is your immediate family. The third 'he tangata' is the community. (Human origins through the whare tūpuna from Tuhoe)

This proverb that the greatest thing in the world is people constitutes the basis for describing the importance of relationships in RM healing. It acknowledges that the individual healer, their family or the greater community are able to work together to contribute to the healing of the client. The underlying philosophy of RM is that the collaborative relationships inherent within the Māori whakawhanaungatanga system all work together to assist in the healing of the client.

Discussion

The finding that RM healers operate through an extended family-like network of relationships, described by the term whakawhanaungatanga, is not found in the literature on traditional healing. Whānau is an extremely important aspect of Māori culture, yet it has not been noted as an aspect of rongoā Māori healing before. Therefore, it is the application of whanaungatanga within rongoā Māori that is unique. The notion of

referral of clients within families of traditional healers or within indigenous communities was also rarely found in the literature. One example was found in traditional China, where knowledge transference occurred amongst healers where healing was frequently a hereditary occupation, and kinship networks among healers were used as referral systems (Kleinman, 1980). However, little more can be found on this concept, and the focus on whakawhanaungatanga by Māori healers may be due to the Māori focus on whānau as an intrinsic aspect of Māori culture.

The collaborative interactions in healing that occur during knowledge transference, referral and working together in a group to conduct healing show that RM is a whānau-based system of healing that is not limited to the individual healer and client interaction alone. The influence of the whānau begins when RM is used and taught to many Māori healers from the time they were born which is how healing practices survive. Healing can involve the collaboration of healing whānau, wider networks in the community, and other healers. This is conceptualised as involving whanaungatanga (family relationships) which describes the practices that bond and strengthen the kinship ties of a whānau. The commitment of aroha is vital to whanaungatanga including obligation, commitment and inbuilt support systems that make the whānau a strong stable unit (Pere, 1982). Māori healers take these same values and apply them in healing situations by relying on the strength of their whānau ties to negotiate the processes of knowledge transference, referral and working in a group on healing. It is considered that in healing, whakawhanaungatanga may unconsciously be present due to Māori values present in the whānau system.

However, the transference of healing knowledge through families is shared by other cultures, particularly with regard to herbal remedies (Abel & Busia, 2005; Eyssartier, Ladio & Lozada, 2008). This occurs in a variety of ways for traditional healers who describe learning their knowledge of

traditional medicine from family members (Popper-Giveon & Ventura, 2008; Struthers, 2003). In addition, healing knowledge appears to be embedded and remembered from genetic memory where the memory of the healing knowledge of their ancestors is engraved in their genes, cells, and in the memory of the blood (Struthers, 2003). This is also found in additional literature from a Māori tohunga who described being part of a link to previous tohunga where each generation would inherit skills, knowledge and insights that would also incorporate advances made by the previous generation (Moon, 2003). This innate way of gaining healing skills and knowledge may explain the belief by Māori healers that spiritual gifts are inherited, supported by research on African healers who are also believed to have inherited their healing gifts from past generations or ancestral spirits (Mphande & James-Myers, 1993). This indicates that the whānau and whakapapa of traditional healers in traditional healing systems is extremely important to the survival of indigenous healing knowledge.

In the earlier finding that healing is continuous, the healer's relationship with themselves begins with self-awareness, which the healer uses to contribute to the client's perspective of their own life through aroha in the second finding. In this finding on whakawhanaungatanga, the client's healing is assisted through referral to other healers and the wider whānau and community if required. It indicates that in RM healing, interactions with people are important and relationships in healing are based on the notion of an extended family whose aim is to assist in healing others.

THE SYNERGY OF THE ALLIANCE BETWEEN HEALERS AND PLANTS

Māori healers described the process of picking and preparing plants in RM healing as a mutual relationship between healers and plants. Plants were viewed as living entities and communication was conducted between healers and the plants which created a synergy between the two that

helped to create the magical ingredient in the healing. Even after being picked, the life force of the plant was described as returning to the people in a reciprocal process of exchange. This process was conducted in respect, honour and aroha shared between healers and plants throughout the entire process of preparation of herbal remedies in RM.

Māori healers described the preparation of herbal remedies in RM as beginning long before the healing session begins. One healer describes the process of picking plants as much more than a gathering of plant material, but an interaction between people and plants:

It's really ... a totally different world, rongoā aye, you know, cause when you go up there ... it's a whole process, its normally a day process where karakias start at home and ... there's karakia like, you know, when you tramp the bush and, but you kind of connect with the ... tuakana, with the rākau (trees, plants and herbs) while you're up there ... there's a lot of ... hongī (pressing noses) with the trees and ... there's a lot of whatumanawa (emotional) stuff that happens between you and the rākau while you're up there. And ... they have their own stories, you know, they're individuals like us ... and when you take time to actually listen to them, its amazing ... the stories that they can tell you, you know, cause they're so evolved in a whole lot of ways. Aye ... That's how we know ... their whakapapa and everything ... because ... it's different for different people but ... they do ... say their own genealogy and that. And ... as part of the rongoā ... process, we tend to recite their genealogy back to them. You know, and it's that connection and everything else, like the karakias and everything else that releases the ... magic really. Because you know, cause everybody can boil leaves but ... it's becoming in tuned with and releasing the ... magic of it and the potential of it. (Mamaku cycles of life fronds from Ngāpuhi)

In this excerpt, plants are viewed as individual entities that are alive and are imbued with the ability to communicate and have their own stories and whakapapa. This healer's story showed that communication with plants is a two-way process. As healer *Mamaku cycles of life fronds from Ngāpuhi* said '*... anyone can boil leaves ...*' but this connection process is what unlocks the '*... magic ...*', or the active ingredient and potency of the medicinal effect of the rongoā. This healer went on to describe that the plants will even share knowledge with the healer about:

... which leaves to pick first. You know ... even which ... trees to ... pick from and all that kind of stuff ... so it all depends on ... the person doing it and how connected with ... the environment and everything they are. It tends to differ ... so everything ... evolves all the time, even ... the trees evolve ... because ... the tuakana were here for millions of years before we came ... and they'll still be here after ... we're gone ... Um, well, it doesn't really matter what ... comes out, you know, ... swine flu and, and stuff like that, ... cause ... the tuakana will always have the answers, you know. (Mamaku cycles of life fronds from Ngāpuhi)

Beneath this practice there seemed to be an implicit belief by the healers that the plants actively contributed to the process by communicating and leading the healer to the right leaves to pick. The plants showed an awareness of what the healer needed and which plants and parts of the plant to pick, knowing that the end goal is that they will be made into herbal remedies. In addition to guidance from the plants themselves, healers received guidance from spiritual sources about the types of trees and plants to pick:

... what happens with me is that the um, the guides will show me what tree, what part ... what they do is they illuminate it for me, its sort of like a spotlight sort of thing, so in my eyeballs, I'm sort of

looking round these trees ... and ... they will illuminate it for me and I'm going, oh ok, no there it is, ok thank you. (Triad of pikorua and infinity of knowledge from Ngati Raukawa)

Healers are usually trained in knowledge of plant remedies, but sometimes healers will gain information on plants from their spiritual sources instead. Inevitably, the plant gets picked but this process is also conducted with respect.

But my Dad ... would be doing a karakia walking along the bush ... what he was doing, he would get me to mark certain trees and leave other ones. And what he was actually doing is asking Tane[mahuta], the kaitiaki (caretaker) of the forest, you know, which one of your children can I take? And then it was up to us, and he would mark, no, no, kao (no), leave that one alone. That one's not right. Oh yeah, mark that one ... And then we would have a karakia about it and it was like giving thanks. But my koro ... told me the idea of it is ... that now that we've taken that life force and it's become part of us now ... These things have become part of us, we're not separated to them so we need to honour them as much as. (Human origins through the whare tūpuna from Tuhoe)

Healers shared that when the plant is taken, there is an acknowledgment of the spiritual world through karakia to give thanks. Even though the life force of the plant is being taken, it then returns to become one with people which signifies 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. Put your prayer to make it strong for you to, you don't just go and take a rongoā and drink it ... Because the karakia's ... you gotta be really specific, you what you

want your rongoā to do for you. So, what you're doing with your rongoā ... cause usually ... I do three rongoās together. So if you got something wrong with your heart, um, and your kidneys, and maybe your ... chest, so I'll do three rongoās mix it together so when you're doing that prayer, you're asking them to ... bless and to make it strong for those three rongoās to work on the organs that it needs to work on to make them healthy ... That's really important, the intentions of what you want it for. Because if there's no intentions, how in the world is your rongoā going to, cause 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. Special essence. I mean, um, I can't tell you what that essence is, but we have a special essence for all our rongoā. (Pepeha that anything is possible with God from Tuhoe)

This healer indicates that in the preparation and utilisation of rongoā herbal remedies, the intention to heal becomes an active factor in the healing also. Healers firmly believe that the interactions they have with the plants contributes to the special essence and magic of rongoā herbal remedies. The process of respect involved seemed to work in cooperation with the chemical properties of plants to become an active ingredient of the healing itself. This interaction indicates a reciprocal and beneficial process that reinforces the notion of a connection between humans and plants. This interaction shows an underlying philosophy of RM of an alliance between people and plants, facilitated by reciprocal mutual communication that creates a synergy that enriches the healer and enhances the potency of plants in herbal remedies used in the healing of the client.

Discussion

The use of herbal material in traditional healing systems is well documented and supported in the literature (Bhattarai et al., 2006; Bussman & Sharon, 2006; Muthu, Ayyanar, Raja, & Ignacimuthu, 2006; Pradhan & Badola, 2008; Ragupathy, Steven, Maruthakutti, Velusamy, & Ul-Huda, 2008; Rijal, 2008; Sajem & Gosai, 2006). However, research on the use of plants in traditional medicine has often focused on the knowledge, use and transfer of knowledge of plants (Bussmann, & Sharon, 2006; Sajem, & Gosai, 2006; Vandebroek, Van Damme, Van Puyvelde, Arrazola & De Kimpe, 2004) which do not discuss traditional healer's interactions with plants. Although research has been conducted that reports on the use of herbal remedies in RM (Mark, 2008; Sporle, 1994), there is also no description of a relationship between healers and plants. The finding that people and plants are able to experience two-way communication is not found in the literature on traditional healing.

Therefore, this finding indicates that a relationship between healers and plants is only found in RM. In additional literature on RM, Māori healers believe in the ability of particular people to communicate with plants through the mauri within a plant that can reach out to the mauri of the healer, and share the gift of healing that it carries (McGowan, 2000). This may be due to the Māori belief that everything has its own mauri including people, land, plants and trees (Henare, 2001). This belief is likely to be the underlying reason that Māori healers report that they share a mutual and reciprocal relationship with plants.

Plants are an intrinsic aspect of healing treatment in RM. However, Māori healers believe that the benefit of the use of plants is not the chemical properties of plants but the synergy of the alliance between people and plants that contributes significantly to RM healing. It supports the notion

that relationships are an integral aspect of RM, this time between people and plants.

THE TĪPUNA ARE THE WAIRUA THAT CONDUCT RM HEALING

For all healers, spirituality was a significant aspect of RM healing which focused mainly on interactions with their tīpuna. Healers' descriptions of spirituality focused on communication with their tīpuna as a primary source of information during the healing session. Tīpuna gave permission for the healing to be conducted, and messages were given during the healing session. Healers saw this as a working relationship that was vital to the healing of the client. Māori healers also described the spiritual nature of people, a belief that was an integral part of their spirituality.

Māori healers often shared about their experiences of communicating with their tīpuna and viewed these interactions as an essential aspect of RM healing. This was indicated by the involvement of their tīpuna throughout healing sessions starting from the beginning:

However, we do believe in a healing session that it's ... one stop shop. And what we mean by that, is that ... once the permission has been given, must have permission. The ... whānau must give permission but more importantly, it's their tīpuna that has to give us permission ... Always. All whānau come with tīpuna. And if their tīpuna haven't agreed for them to get mahi or healing, rongoā Māori from us, then we are not, we have no permission at all. So permission must be sought from the tīpuna. Must be sought from our tīpuna. Must be sought from them themselves who are on the table ... give permission themselves ... that's the first ture (rule) that we must have aye. So they give permission. Then we wait for their tīpuna to give permission. Then our tīpuna give permission. And then we work.
(Four elements of the pounamu realms from Rongowhakaata)

Healers believe that not only was it possible to communicate with entities in the spiritual realms but that this was absolutely essential for healing to occur. There was an assumption that although the tīpuna had passed away and are in the spiritual dimension, they were fully cognizant and took an active role in the healing process and were willing to, and capable of, sending the messages necessary for the client. Communication with tīpuna is important in RM because it is these messages that facilitate the healing process.

... the spiritual dimension of healing in the wairua sense of healing, wairua, wairuatanga, for me, is the messages that are being given from our tīpuna. So our tīpuna, this is what I feel in terms of wairua and this what we believe, is that our tīpuna are the wairua to give us messages to do the mahi, aye. (Four elements of the pounamu realms from Rongowhakaata)

Communication with clients takes place using words. However, communication with tīpuna is entirely different because it occurs internally and simultaneously during the healing. For healers, a process of interpretation was required because it did not always involve using words where one healer noted that “... you hear or you feel or you sense ...” (Physical healing connection from Ngati Whakaue). However, healers aimed to do their best to tune into the messages being received.

I'm just very in tune with the guides and ... I do my best ... to listen to their advice and their guidance. Um, one thing that they do tend to do though is they tend to put stuff in my mouth before I realise it and it's out ... and when people say to me how do you know and I have to say, I just know, cause I don't ... analyse that bit. It's just what is, can't change it, that's just how it is. The information. (Triad of pikorua and infinity of knowledge from Ngati Raukawa)

Healers described being a channel rather than being the source of this information. This type of communication with spiritual sources required a close working relationship with tīpuna where the healer learned to listen and then conduct the messages. This healer became a conduit for messages from the tīpuna that came out of the healer's mouth, automatically and without her awareness. This denotes a type of whakawhanaungatanga relationship, as noted earlier, because healers often stated that they worked with their own tīpuna. In fact, healers noted that it was the ancestors who did the healing, therefore, the role of the healer was more of an intermediary role:

It's a big part of it ... it's a really, really big part of it. Because ... it's not really us that do the healing, it's really our ancestors ... connecting with the whaiora's (client's) ancestors and ... its really them that ... do the work ... cause everything is ... spirit ... and it's just really ... about facilitating change ... (Mamaku cycles of life fronds from Ngāpuhi)

This is significant because it indicates that healing sessions are not led by the healer at all, but by spiritual sources. Instead, the healer was more of a negotiator of all the relationships noted this far, because without their spiritual sources, healers would be unable to access information necessary to conduct the healing for the client.

The notion of familiarity with tīpuna in the spiritual dimensions may be conceptualised by the quote from this healer that *"We are spirit with a physical body."* (Love of pounamu, water and wood from Te Arawa). Healer, Four elements of the pounamu realms from Rongowhakaata, described this concept further saying that:

... when you go to the fourth dimension of the human being, you get to know their whole, right into their soul and you will know absolutely how they were matrixed together to become a human being. That dimension, yeah, people call it spiritual dimension, but ki a tātou te Māori (to us as Māori), we actually see it as a matrix ... (Four elements of the pounamu realms from Rongowhakaata)

This indicates the belief that humans are created in the spiritual dimension rather than the physical. This belief seems to contribute to the notion that a process of interaction and negotiation occurs between the physical realm of humans and the spiritual dimension of tīpuna in RM healing processes.

The relationship between the healer and the tīpuna was vital to the healing process and occurred in a spiritual communication interaction. The underlying philosophy of wairua in RM is that healing is directed, guided and conducted by tīpuna while the healer mediates the entire process. Wairua is a central underlying philosophy of RM healing that permeated the entire process of rongoā from beginning to end.

Discussion

This finding that communication with spiritual sources such as tīpuna, occurs during RM healing is supported in the literature. Research on Māori wairua shows that the ancestors provide a connection from the physical and spiritual reflecting a dual reality for Māori (Valentine, 2009). Communication is viewed as important in transferring knowledge between physical and spiritual realities, both internally and externally, and communication with ancestors is extremely important for Māori (Valentine, 2009). Spiritual communication during healing is supported by research with Māori healers who utilise family guides who have passed away through the ability to perceive beyond the normal range of human senses (Macleod, 1999; Mark, 2008). In this finding, healing is viewed as

reliant on spiritual communication to guide the healer to conduct the required healing. It challenges the notion of the healer as the one who conducts the healing and other studies have shown that Māori healers view themselves as 'channels' of healing (Macleod, 1999; Mark, 2008). This is significant because it indicates that RM is a spiritually based form of healing, rather than being based on herbal remedies.

Spirituality is also an inherent aspect of healing in other indigenous cultures where healers rely on their ancestors for guidance and direction (Joshi, 2004; Mzimkulu & Simbayi, 2006; Struthers, 2000). Healing is viewed as being dependent on the belief in, and acceptance of, spirit guides (McCabe, 2007). Similar to Māori, there is a consistent belief across indigenous peoples in the connection between indigenous healing practices and the celestial world where the spirit beings assist, guide and heal. This is likely to be due to a belief that the spirit world is seen as existing alongside, and intermingling with, the physical world (Portman & Garrett, 2006). For example, in the traditional Hmong worldview, the physical and spiritual welfare of people is actually viewed as being heavily dependent on their relationships and interactions with these spirits (Hickman, 2007). The nature of spirituality is very embedded in many indigenous cultures, similar to the way it is enculturated into RM healing for Māori.

It is posited that the reason that spirituality and communication with the spiritual realms is embedded in RM healing is due to the underlying Māori belief that humans are spiritual. Māori believe that humans are composed of the body, wairua and mauri. Mauri means life itself, and the wairua is viewed as the spirit that is necessary for the body. But the wairua is a free spirit that can move away from the body, but must always return to it (Henare, 2001). This corresponds with an indigenous belief that each individual has a spiritual essence (Glass-Coffin, 1998). It is believed that the human spirit existed in the spirit world before it came into a physical

body and will continue to exist after the body dies (Portman & Garrett, 2006). If Māori and indigenous cultures believe that humans are spiritual first, rather than physical, then communication with spiritual entities, especially family ancestors, may be an extension of this belief. It implies that a connection between the physical body and the spiritual realms exists through which communication is possible.

Māori have been described as mediators that have learnt how to “see” into spiritual dimensions and to “hear” messages that help facilitate the healing (Macleod, 1999). The ability to communicate with the spiritual dimension is commonly referred to as extra-sensory perception (ESP) and viewed as paranormal phenomena, as though these abilities are not normal (Benor, 2001). However, Māori healers talk of their spiritual abilities with a sense of ease as though it was normal. Perhaps this is because they see their healing gifts as an essential part of their inherent spirituality and as natural phenomena. Benor (2001) writes that the existence of extra-sensory powers is viewed as disconcerting and disorienting in Western society because these abilities appear to contradict everyday experience. This point of view is in direct opposition to the experience of healers from Māori as well as other indigenous cultures. This conflict is likely due to the Māori and indigenous acceptance of wairua which may not be accepted by peoples of Western societies.

In previous findings, relationships have been indicated as extremely important in RM. This finding on the importance of tīpuna in healing shows that healers rely on their relationship with their tīpuna in healing for guidance. This is so significant that without the involvement of the tīpuna, RM may not exist. It reflects the deeper Māori worldview of the connection between the physical and spiritual world that is embedded in RM healing processes.

DIAGNOSING ILLNESS THROUGH PAST GENERATIONS

Once the healer has built rapport with the client at the beginning of the healing session, a process of diagnosis takes place to ascertain the cause of illness to be treated. Analysis of the variety of methods used during diagnosis in the RM healing session aimed to identify the original catalyst of the disease of the client. In every case, healers had to go back in time in the client's life to discern the cause of the presenting illness. However, causes of illness sometimes extended beyond the client's current life and back several generations of whakapapa. In addition, healers sometimes received diagnosis before the client appeared for healing indicating a connection between, and intertwining of, time and illness.

The healing process begins with diagnosis of the client's presenting issue by analysing the client's past:

To see ... where ... disease has come from and to go back and try and heal ... what is there whether it be ... tangible but the intangible, to go back and see perhaps where some of the disease has come from.

(Healing hands and crystals from Ngati Porou)

This indicated that the cause of the disease, seen as being capable of being both tangible and intangible, was situated in the past of the client. This healer described the catalyst as being triggered by emotion or trauma denoting that illness was not necessarily caused by physical reasons.

Cause everything has a catalyst aye. Every māuiui (sickness) has a catalyst and so before you can treat anything, you gotta take them back to whatever triggered it, you know, whatever emotion, whatever trauma, you know, whatever experience ... triggered that whole outcome. You'd have to do that first before you treat ... whatever it is

that you're trying to treat. Otherwise it'll manifest into something else. (Mamaku cycles of life fronds from Ngāpuhi)

In order to pinpoint the catalyst, healers aimed to determine the client's issue regardless of the client's stated understanding of the problem, because the client may be unaware of the source of the problem. This often involved questioning clients about their initial awareness and understanding of their situation:

... when I go through ... the analysis stage, I know that's a very Pakehā (non-Māori) word, but what we look at is the whakapapa behind that manifestation of what's happened. So I usually ask in my consult couple of questions and the first thing was: describe to me what is happening ... And then when did the change happen. And quite often, they may go, oh I don't know. But within about five or ten minutes they'll go, oh yeah, this happened at that, at that time and I say so, so did it happen before, there wasn't anything prior to that moment ... so what we need to identify is number one, what the issue is ... So it's a very simple ... analysis ... (Triad of pikorua and infinity of knowledge from Ngāti Raukawa)

This excerpt showed that an interactive relationship developed between healer and client that involved a co-construction of the meaning of the factors contributing to their presenting condition. Clients may only have partial awareness of their issue, and the healer worked to assist the client to pinpoint the cause of the disease that has happened in their past. Healers used their skills and experience to prompt the client using the appropriate questions to elicit the response needed to identify the issue that required healing.

Healers talked of physical ways of diagnosing the client including observation of the skin, the feet and the hands as well the breath of a

client. However, when the cause of the illness was intangible, spiritual diagnosis was necessary. This healer notes that information could come from spiritual sources to assist with the diagnosis process:

... cause with the help of the wairua and spirit, they actually tell us how to help this person. See, so we gotta take it right back to the ancient days. Um, you know, ah, what you call those people that lived in the caves and that? ... Yeah, you go right back there. Sometimes further than that ... And through that we found the, the cause. And ... stopped it. (Lost wairua symbols from Tainui)

The quote from this healer indicated that illness had been passed down the generations. One way that illness could be carried through generations was explained by healer *Mamaku fronds from Ngāpuhi* who stated that ancestral issues could be hidden in the cellular memory of the body:

*... a lot of things go back to ... what the tohunga called um, cellular memory. You know, cause we tend to carry our trauma and our pains, you know, everything in life ... we tend to carry in different parts of our body. You know, so we store it, you know, and even though ... sometimes we may feel that we've dealt with it, you know, nine times out of ten, we actually haven't. You know, we've only swept it under the carpet, you know, and these become like things ... that become imprinted into our DNA ... and it's like things that become *tuku iho* (handed down) in the genealogies as they come down ... so sometimes its an ancestral thing. You know, so you can trace it back and you know, and you treat it from ... that side ... (Mamaku cycles of life fronds from Ngāpuhi)*

This healer believed that the original catalyst of the illness, if left untreated, could become imprinted in the DNA of a person and passed down through generations.

... something ... could've happened way back in your great-great-great-great-great-great grandmother's time that has ... a physical influence on your state of health today. And it could be something that's repeated in the generation. (Physical healing connection from Ngati Whakaue)

The client may be unaware of underlying issues that have been passed down through distant generations, and therefore, would be unable to verbalise them. The only way to detect these intangible causes would be through the use of spiritual perception to extract this information.

Most diagnosis methods focused on looking to the past, or at present symptoms, to point to the cause. However, healers also reported incidences of receiving notice of the client's pain before the healing began. Sometimes diagnosis was provided in advance to the healer before the client appeared for the healing:

Well, sometimes I've had pains ... that are only verified after I've started working on a person. That can happen a day before. I'd get a sore neck or ... a sore leg or a sore something. (Healing heart from Kahungunu)

In this situation, the healer had to discern the pains she received which would require a sense-making process because this pain was not her own. This is where the first finding of self-awareness by the healer was likely to become extremely valuable. This indicated a way that information, in the form of pain to the healer, crossed timelines and involved a type of 'owe it forward' interaction where apparently the healer received notice of the pain and held it until the client, to whom the pain belonged, appeared. The significant difference here was that this 'owe it forward' interaction happened in advance. This indicated that awareness by the client of their

issue or its underlying cause was not always necessary as information about the illness was sometimes provided to the healer in advance of the client's appearance.

Diagnosis has been described by Māori healers as an analysis of the client's past circumstances as well as examining their body. Spiritual sources inform the healer of the client's past, even through generations and healers also reported receiving notice of the client's pains ahead of time. This illustrated the concept that illness, described as a catalyst in the past, is passed down the generations through the DNA. The healer had the necessary healing skills to trace the cause of the illness by analysing the past, the present and sometimes the future on behalf of the client to facilitate the healing. The underlying philosophy of diagnosis in RM was the negotiation of time and illness utilising Māori healers' skills to analyse the client's issue through their relationship to their past.

Discussion

Although diagnosis is a consistent element of traditional healing systems, the finding that the process of diagnosis requires negotiating through time, the past and the future, to identify intangible causes of illness is unique to this study. Other traditional healing systems have indicated the belief that illness can be passed down through generations (Tsou, 2001). This was reported as occurring when transgressions have been committed in a past generation that have not been corrected or healed and will be passed on to descendants (Burns McGrath, 1999). However, the ways that illness may be passed down the generations, such as through the DNA as found by Māori healers in this study, have not been discussed in literature on traditional healing.

Perhaps the notion indicated by Māori healers that illness that has been passed down generations can be healed is due to a Māori belief that time is

a continuous stream of processes and events, rather than linear units of time (Royal, 2003). In additional literature on healing, the past, the present and the future are not seen as separate spaces of time, but are viewed as continuous and multidimensional (Loesel, 2006; Marks, 2006). A study of the phenomenology of healers' experiences found that healers perceive healing to take place in another reality, space and time (Van Dragt 1980, as cited in Benor, 2002). This indicates that the nature of reality, space and time appears to be negotiable during healing where time is frequently distorted (Cooperstein, 2003). Both Māori and traditional healers are reported as being able to locate illness in the past of the client, and conduct healing on causes of the illness that have been passed down the generations (Loesel, 2006; Marks, 2006). This literature shows support for the finding that time can be negotiated by healers to identify causes of illness during diagnosis in RM.

Healers also discussed the way they sometimes receive advance notice of the client's pain which also relates to a negotiation of time. An example is provided in additional literature of a Māori tohunga who described knowing when a big issue is coming ahead of time, because he would become very tired, and need to rest and sleep. When he woke up, he knew that there would be an issue that would arrive soon that would require his assistance (Moon, 2003). The origins of this information and how it is interpreted to the tohunga as the need to sleep, or to healer *Healing heart from Kahungunu*, noted earlier, as pain, is unknown. Perhaps it is derived as a function of their role or gifts as a healer, or prepares them for the healing to come, or perhaps it lessens the burden for the client, but it does not appear to happen with every healing.

The notion of an 'owe it forward' interaction seems to correspond to the first finding on the continuous nature of healing where healers reported the ability to feel the illnesses of others. This required a process of self-awareness of the healer to pinpoint these types of occurrences. As noted

in the second finding of aroha for the client, the healer then conducted the same process of questioning the circumstances surrounding the condition for the client. However, the ability of healers to diagnose through generations and send healing to the catalyst of the illness was necessary in RM because the client cannot conduct this process by themselves. Physical manifestation of symptoms of illness is readily observable. However, identification of a core cause of illness that is intangible requires spiritual techniques as an intrinsic aspect of diagnosis in RM. RM healing mediates the connection between time and illness to diagnosis illness that has been inherited from past generations of the client.

THE POWER OF EMOTIONS TO CREATE OR DESTROY HEALTH, ILLNESS AND HEALING

Healers mentioned causes of illness such as environment, food, exercise, stress and ancestral grievances. However, one of the most commonly cited reasons was the impact of emotions on both health and illness. Māori healers provided several examples of how negative thoughts created illness and how healing also involved teaching clients to cope with their emotions. Healers used the terms thoughts and feelings to describe the client's state of the mind, but believed that it was the client's choice of emotion that was a significant cause of illness.

The notion of a connection between emotions and health was discussed by several healers. This healer described how dominant thoughts and emotions manifest into physical reality:

... we encourage people to get in touch with their feelings as much as possible cause feelings will guide you to the logic that you need to take. And they always do. They're your best friend and your best enemy {laughter} ... The mataaho principle is actually my own coinage but it actually means ... from what I could gather ... kuia and koro, is

that the emotions inside us which are quite strong, the emotional choices that I make, well, the choices that I make because of emotion ... creates out of thoughts. Now my question has always been, but which thoughts would ... create ... reality ... The dominant one ... that's what will manifest as a physical reality ... If you want a life of abundance and of complete health and good health, then you have to have a look at the kind of thoughts that are entering ... your body ... And if I'm having a good old depression, I don't want somebody with happiness to come along and try and make me happy, I want to enjoy my melancholy {laughter}. (Human origins through the whare tūpuna from Tuhoe)

The dominant emotions were viewed as being able to create good health and healers worked with clients to focus on their feelings to ascertain the type of reality they were creating. Healers also spoke about how negative thoughts could contribute to illness:

I have seen how like women who've had um, like abortions and stuff like that and seen how the guilt and the regret, and you know, all the emotions that go into the whole ... whakaaro (thought) process. And, you know, state of mind, state of being and how ... the cancerous effects that flows on from that ... (Mamaku cycles of life fronds from Ngāpuhi)

This quote showed that the emotions surrounding the catalyst of the disease also contributed to the creation of disease. Another healer indicates that the length of time a negative emotional state is held seems to be significant:

... if you think of your emotions that um, eat away at you and you puhaehae, jealousy is the main one. And you can either let it go and forgive whoever and it actually go. Or you can dwell on it and ... it'll

eat into you. Or there's um, you know, you can clean some people out but before you even out the door, you just gotta listen to them. They're putting everything that you got out straight back cause of their own attitude. Um, so puhaehae, ngau tuarā (back biting meaning gossip), two of the biggest. Um, stuff that happened in childhood, um, whether it was being molested by an adult, either physical abuse of a sexual nature or just straight physical abuse. Um, that sometimes will sit in people and fester and it only needs one little thing to kick start it off again so if they don't address the issues, that's another thing that can pop up. Um, most of these things ... like bone marrow, cancer, all the deep, deep seated ... stuff's childhood ... Um, most things today are done with people's own attitudes. Um, when the people used to talk of kangakanga, cursing. Yeah. And you could, it was just that the amount of venom that you have behind the thought that you send to people. (Whānau, wairua and tinana stones from Ngati Porou)

The dominance, duration and strength of negative emotions all appear to contribute to the likelihood of manifesting illness. Healer *Whānau, wairua and tinana stones from Ngati Porou* also noted that clients may be healed but the disease may return because of their continued negativity. This implied that negative emotion could undo the healing process with repeated exposure. These stories revealed healers' beliefs on the powerful impact of negative emotions on the creation or re-manifestation of illness which indicated an underlying belief in the connection between the mind and body.

Healers aimed to illuminate underlying emotions contributing to the illness of the client, to assist in their healing. However, unless the client was aware of, and willing to release, these issues, the healing would not be complete or last. It also implied that for healing to last, the client must change and refocus their thoughts, feelings and emotions onto the reality

they desired, such as good health. Therefore, healers also focused on giving clients tools to cope with their emotions:

I think that when you have grief in your life, if you could learn from it then it hasn't been wasted time ... Being able to cope with whatever comes your way. Now, you can have a not perfect life and you may have grief every week, but good health, being able to face that and cope with it and move on, and having the tools to do that ... (Healing hands and crystals from Ngati Porou)

RM healers aimed to teach clients tools to cope with their emotions to ensure they would not repeat unhelpful emotions and situations that contributed to their illness. Māori healers believe that emotions cause illness and emotions become the focus of healing. Identification of the associated emotions of the illness ensured that the healing could be focused on eradicating the illness at the root as well as ensuring that it does not occur again. Underlying RM healing is the belief that emotions have the power to create or destroy, health and illness as well as healing.

Discussion

The finding that emotions are a cause of illness in RM is supported in previous research on Māori healing. Two studies on Māori healing found that Māori healers believed that emotions held, trapped or stored in the body may manifest as disease especially when stored for a long time (Mark, 2008; Mcleod, 1999). This was believed to be due to emotional blockages being stored as negative feelings that originate from childhood. Both studies also believed that this was due to a Māori belief in a mind/body connection where negative thoughts were thought to be powerful because they could manifest into reality and have a destructive effect on emotional and physical well-being (Mark, 2008; Mcleod, 1999). Literature on traditional health beliefs of Aboriginal people of Australia

describes emotions as a cause of illness under a category of natural illness causation that exists as a part of everyday life that results in temporary weakness (Maher, 1999). However, this belief held by Aboriginal people does not appear to be the same as the finding in this research that long-held negative emotion may manifest as disease. There are few studies in the literature on traditional healing that mention emotional causes of illness and this may be due to the lack of studies that focus on the perspectives of traditional healer on healing.

Māori causes of illness have often been largely attributed to spiritual causes such as transgression of tapu or attacks by spiritual entities (Irwin, 1984; Lange, 1999; Metge, 1967; Riley, 1994; Sanders, Kydd, Morunga & Broadbent, 2011). This notion is shared in traditional healing systems where spirituality is cited as a main cause of illness (Liddell, Barrett & Bydawell, 2005). Beliefs about disease often originate from a culture's indigenous knowledge system (Liddell et al., 2005). However, indigenous experiences of illnesses can reflect broader issues that occur during social and cultural changes brought about by colonisation (Izquierdo & Johnson, 2007), and this may cause changes to beliefs about illness. One study with Māori healers showed that the notion of the mind and mental constructs, such as emotions, are described as a Western concept introduced through European colonisation because traditionally, Māori believed that existence consisted of physical and spiritual aspects only (Mark & Lyons, 2010). Colonisation caused changes in Māori beliefs about social, cultural, medical and religious systems (Jones, 2000a) which may have impacted on Māori healers and RM healing practices causing a recent change of focus of Māori healers on emotional causes of illness in RM.

The previous finding showed how healers aimed to diagnose intangible causes of illness, and this finding focuses on the emotions as a significant cause of illness. Healers did cite other causes of illness. However, RM healers believe that identifying and negotiating the power of the emotions

involved in the client's illness is crucial for the client to heal. This focus on emotions indicated that RM negotiates metaphysical aspects of human life, such as the mind and body, which are impacting on the health and illness of the client.

FACILITATING CHANGE FOR THE CLIENT

In previous findings, RM healers often described healing as working with the client to create positive changes in their lives. However, healers related examples of sending healing to the land which changed notions of healing as being directed at people only. In addition, healers also shared that healing was also sent to people who have already passed away which challenged the notion that healing aims to shift the client from a state of illness to a state of health. This expanded the idea of the client as a person only, and the nature of healing as working to achieve health.

Several healers talked about the healing process of RM that worked to influence the client in their mind, body and spirit which is illustrated in this excerpt:

Healing is something that happens ... more spiritually ... that is external of your physical but it helps the physical, to a certain degree but ... its a part of ... influencing changes within ... your mind, within your body, within your wairua. (Physical healing connection from Ngati Whakaue)

Healers indicated that change can be made in the mind, such as lifting the client's mental state of being:

... and that his son was relating to me and, and it actually looked as though his cloud had lifted a little bit. Um, and so that's a real simple healing. I mean it sounds simple but you never know where people's

thoughts and actions are at, at the time, so any type of healing whether it's small or huge. Whether its huge physical or whether it's a small, um, you know, negative thought that they have and they just want to get rid of it. How it's going to react or how it's going to influence, um, that person. And when he left he was a lot lighter and he was more, um, inspired, I guess. (Physical healing connection from Ngati Whakaue)

This showed how healing can mean a change from one emotional state of being to another. Rather than changing a person's state of physical health, healing could mean a change in their mental thought patterns such as gaining an acceptance of their presenting condition:

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. Yeah. She never believed in it aye. She was scared of dying. (Lost wairua symbols from Tainui)

This illustrated an example of changing from being afraid to die to accepting it. Rather than promising unrealistic outcomes, healers will work to heal the needs that they perceive the client has, regardless of the client's desired outcome. There were also numerous stories of healing that directly impacted on the physical state of a client as illustrated by this healer:

... what was wonderful about it was that his back come right and you know, his back, he just says you know, girl I've had this pain for ... nearly 20 years and I'd thought that ... was just how I would be for the rest of my life, and ... Mum saw ... him like months later and he'd be still, you know, cause he was quite an active person and ah, but he always just lived. He thought that he had to live with this, you know,

mamae (pain) at the bottom of his back and that he had been to physios, he'd been to a doctor ... and I think yeah, people don't have to live with ... pain ... (Healing symbols of the koru and the triangle from Tuhoe)

This healing situation that had not been helped by medicine was assisted by RM healing that alleviated pain even when doctors had not been able to remove it regardless of the length of time. In fact, RM can sometimes treat some physical illnesses in a shorter amount of time than conventional medicine as follows:

... she had shingles. So that was my first patient. Took me couple of days to ... do poulticing on her with the kawakawa (Macropiper excelsium, a native New Zealand plant) (and um, where it was painful cause she couldn't even have clothes touching her round her back. She, yeah, the pains were round her back so I thought oh, I'll have to stop that before it connects. Coming round. So I poulticed her and ... I said I'll come back tomorrow and do some more poulticing so I did do some more poultice on her the second day and she said to me, the pain's gone cause the doctor couldn't do anything for the pain, and its only itchy now. 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, you know, her whole body went in the sea. And she said, oh she's never looked back. Well, that was only two days fixed aye. (Pepeha that anything is possible with God from Tuhoe)

This story indicated how RM can assist in moving clients from physical disease to good health but several healing examples shared by Māori healers showed that this is was not the only aim of RM. Healing that created change was most often related to people. However, healing was also directed at the land. In this healing example, the land became the

'client' because it was the land that had become infested with spirits that required healing by removal of spiritual entities.

... once I'd located it, I went and got the things I needed which um, is a couple of pump 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 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 ... (Whānau, wairua and tinana stones from Ngati Porou)

In this excerpt, the land had not made the request for healing which is different from the notion of a client as a person who requests rongoā healing. Instead, this healer was instructed to complete this healing by his tīpuna, who are located in the spiritual realms, to make other spirits, called wairua, leave the land, but who are also located in the spiritual realms. (It is noted that the Māori word 'wairua' can be translated in various different ways as spirit, spiritual or spirituality but in this case, this healer interprets 'wairua' as spiritual entities that are ghost-like and malevolent). The change is not physical or emotional, but at a spiritual level, 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.

Māori healers also shared stories of spirits that inflict physical damage on people as follows:

Well, you gotta find ... whoever can take it out. 'Cause ... it's not me that gets them out. Its whoever can take them out ... In my work, I don't do it, I find the right person or right thing ... to evict whatever it is ... Well, ... for a girl ... they were doing her and I was just sitting on the side and it was to do ... with a wairua, this girl and I was just sitting there and next minute ... I said, hey something's wrong with your fullas patient and then they have a look. She had completely died. And they, oh well they panicked. But I went straight up and I put my hand up here, I did a karakia and it was things come to me so I had to ask for her tīpuna Ngāpuhi (ancestor of a tribe of the same name) 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 its 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. So I asked Ngāpuhi to come in ... and help and that's who helps me with my mahi. Whoever it is ... (Pepeha that anything is possible with God from Tuhoe)

As noted earlier, the wairua in this situation are also described as spirits who are malevolent could inhabit or possess people and cause negative physical impacts on a person such as restrict breathing. For this healer, perhaps the lizards were a metaphorical way of labelling the spirits or may have been the way they looked to the healer. However, the healer believed that the client's tīpuna Ngāpuhi performed the healing to help her to breathe again. This story illustrated that the spiritual and physical realms have the ability to impact on each other, and the change created in this healing was to evict the spirits so that the client wouldn't die.

Several healers described another spiritual phenomena where spirits of people who have passed away, have become lost and become attached to people causing them physical symptoms. However, these spirits, rather than being malevolent, have simply lost their way.

I believe that spirit are there sometimes, that should have crossed over and they haven't. And I only believe that because I know myself personally that I pick up lost souls. Not ones that have made me sick but they've given me a few pains sometimes and if I know its not my pain, then I now know that you know, need to move on. And the thing is that if that be so, then a lot more people need to know about that. They do need to know about that because problems that they carry around for days and days and days and weeks and go into months and years, turn into serious issues where it could have been fixed quite easily long before ... (Healing hands and crystals from Ngati Porou)

Healer's shared how they must then work to lead these:

... lost souls to the light, leading them to the light, showing them how. I have to coax them like how I'm talking to you, lovingly and caringly. Not just order, you know, like how some order them? I don't order them. I talk to them and tell them, there's another, better, beautiful place that they can go to, instead of staying there by themselves, and there's others there that are waiting for them, so that's how I talk to them. (Pepeha that anything is possible with God from Tuhoë)

The change noted by this healer, was to remove the lost soul by sending them to the light which would alleviate the symptoms in the client. In effect, this type of situation could be considered a double healing, for the lost soul as well as the client who is still alive. It would be very difficult for a client to pinpoint a lost soul as a cause of a few pains in the physical body, especially without assistance from a healer who has the ability to see into spiritual realms. This also indicates a need for re-interpretation of healing because it indicates that the dead can also require healing:

Er, you know when they die, a lot of them die ... it could be accidents and they're in trauma aye. You know. So they need help ... cause she's, er, blamed herself for the accident. All that sort of thing. You know? You'd be surprised what they come up with. Exactly what we're having here today. You know ... they blame themselves and you gotta tell the person, it's not your fault. Then when ... they break down, then you know you got them. You pull them out of there, you know. (Lost wairua symbols from Tainui)

This story showed that the dead can have emotions that need healing before they can release the trauma of the circumstances they died in. In actual fact, this is similar to the notion that people who are alive have a catalyst resulting from a trauma in their past, which they need to return to and heal before they can let the illness go. The only difference is that these people have now passed away. In this example, without this healing to change the spirit's emotional state, she would continue to blame herself. In fact, the notion that tīpuna are helpful to healers, but that there are also spirits who are malevolent, is very similar to people while still here in this physical world, where some act for the good of others and some do not. Exactly how that type of interaction is ordered in the spiritual world is unknown as healers did not discuss this further, however, it implies that people react in similar ways after they have passed away that sometimes requires healing.

These healing examples have noted that RM healing can provide physical, mental and spiritual changes for people, the dead and the land. These healing examples challenge the notion of healing being a mechanism that brings people who are alive from a state of illness to a state of health or removal of illness. It indicates that RM is about transforming any issue in the client's life with which they require assistance which shows that RM involves creating a change to a different state for the client. Yet even the concept of the client is flexible as these examples denote the land, the

dead and the dying as clients also and their needs may not require a change from sickness to health. For example, the dying may not need healing to become healthy again, just healing to accept that they are going to die. This may or may not result in a visible outcome. For example, wairua leaving the land does not create a visible change. However, the change is registered by the tīpuna who requested the healing, as well as the healer who conducting the healing. Therefore, RM is characterised as facilitating a process of change rather than remaining focused on a specific outcome such as good health. RM healing exhibits an underlying philosophy of facilitating a process that creates change for any client, to assist the client to achieve a different state of being.

Discussion

The result that RM is about facilitating a process of change, rather than being about healing people to improve their condition to being healthy, is a unique finding. This may be due to the focus in the literature about healing focuses on the effects of healing on people (Abbott et al, 2001; Shore, 2004; Sundblom, Haikonen, Niemi-Pynttari & Tigerstedt, 1994). Healing is said to focus on healing people to establish balance and health in all levels of a person by focusing on, and dealing directly with, the physical, emotional, mental and spiritual aspects of the human being (Brennan, 1987). This was consistent with Māori healers' descriptions of healing for people who are alive, but it does not easily apply to healing the dead or the land. Therefore, rather than being a process of healing people from illness to wellness, the RM process of facilitating change was a term coined to acknowledge RM healers' stories of healing people who are alive, as well as the dead and the land.

The finding of RM healing as being capable of facilitating change in the land and the dead is likely to be due to a Māori belief in the nature of creation by the Gods, that the physical sphere is subject to natural laws and that

these could be affected, modified and even changed by the application of the higher laws of the spiritual world (Royal, 2003). Māori believe the land is a live entity, in the form of Papatuanuku, Earth Mother. She embodies a nurturing essence that takes care of the people. Māori healers also believe that RM plants are 'tuakana', a senior status, to humans with cosmological origins (Riley, 1994). Although physical, Māori believe that like humans, the land and plants have their own mauri or life essence (Henare, 2001). Therefore, the Māori belief that physical things, such as the land and plants, are subject to being affected by the laws of the spiritual world, is likely to be a major reason why RM healers believe it is possible to heal the land, in a similar way to healing a person.

The 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 client (Tsintjilonis, 2006) but this is dissimilar to healing examples of the impacts of lost souls or malevolent spirits on clients that was given by Māori healers. Rather than healing the dead, traditional healing practices appear to focus on sending away evil spirits or supplicating them to remove their malicious intent to the living rather than healing them of their issues (Hickman, 2007). The different approach of Māori healers to healing spiritual entities may also be due to Māori healers' belief that the physical world is subject to being impacted by higher spiritual laws. It implies that people are based in the physical world and therefore, are subject to the supposedly higher spiritual laws and entities. It indicates the significance of the Māori belief in the spiritual realms as being more powerful, and sometimes more real, than the physical world (Hukarere, 2009).

Healing the land was affiliated with Māori healing in research where clients required healing due to issues of trespassing on the land which required appeasing of spirits (Mark & Lyons, 2010). A narrative connection with the land through stories and myths about the local iwi history was seen as part

of Māori identity (Mark & Lyons, 2010). Also healing on the land was described earlier in this chapter by healer *Triad of pikorua and infinity of knowledge from Ngati Raukawa*, where she stated that her cousin does clearings on the land, so examples of healing the land are found in Māori healing. This shows support for the notion that Māori healers share an affiliation with the land and believe in healing the land. However, it is unknown whether healers of other indigenous cultures send healing to the land or the dead in a similar way as when they were alive, because little literature has been found on these types of healing.

The mechanisms of these types of healing remain largely unknown and this is likely due to a difficulty in measurement of these concepts, compounded by the lack of belief that these phenomena exist. In fact, a large amount of the data about the mechanisms of healing living people for physical, emotional or spiritual issues still remains a mystery, let alone healing the land or the dead. Regardless of this lack of 'evidence', for RM healers, there is an inherent acceptance of the ability of RM to heal people, at mind, body, spirit levels, as well as the capability of healing the land, and people who are now deceased as well as spiritual entities. Māori healers show no need or desire to question either the existence, or the reality, of healing the land or spirits. Their stated intention is merely to assist the client, whatever or whoever that may be, to facilitate change in their current condition.

HEALING MĀORI OF COLONISATION AND KEEPING MĀORI KNOWLEDGE SOVEREIGN

Māori healers often spoke about changes in Māori thinking that have occurred as a result of the process of colonisation. Healers believed that RM was able to provide a process of decolonisation through returning to Māori ways of thinking and being, healing the effects of colonisation and maintaining Māori sovereignty by holding Māori wisdom.

Several healers believed that Māori ways of thinking had changed because of the process of colonisation. An example of how one healer believed Māori thinking had changed included the separation of Māori into several iwi.

I think once we get passed this iwi dynamic, cause iwi ... isn't a Māori whakaaro at all. It was a process forced on us by the colonials so that they can get our lands by putting us all into bigger groups so that they could, you know, buy the land up. You know. Cause before then, we were whānau and, and hapū ... I think ... somehow Māoridom's just gotta come together aye, eventually. You know. Where we kind of escape our past to live in ... our present and to be in our future.

(Mamaku cycles of life fronds from Ngāpuhi)

Despite the process of colonisation that changed this aspect of Māori thinking, healer *Mamaku cycles of life fronds from Ngāpuhi* believed it was still possible for Māori to come together. Healers advocated that RM could be a vehicle that could assist to decolonise altered Māori patterns of thinking from the colonisation process by uniting Māori.

... I really think that the underlying philosophy is ... definitely to unite our people. Māoridom. Tātou katoa (all of us). Because we have been ... assimilated in such a way that even our thought patterns have gone into chaos ... so, our underlying philosophy is to bring back the uniqueness of Māoridom ... But we, this is when we have to practice our tino rangatiratanga aye ... Cause at the end of the day, if we become united in our whakaaro, you know when you do whatumanawa stuff, you know, you don't need the rest of the world to heal yourself ... You can heal yourself and heal others just like that ... Rongoā Māori starts within here. Because you are Māori. No-one else gonna give you your Māori aye {laughter}. No-one else gonna

give you a rongoā aye, you know, aye. (Four elements of the pounamu realms from Rongowhakaata)

This healer shows that RM is viewed as embodying Māori cultural values, as well as exhibiting and promoting Māori people, thought, philosophy and wellbeing which assists to unite Māori. RM is described as a multi-faceted and embedded part of the Māori world where this healer states “... *rongoā is our world.*”. Several healers often revealed Māori ways of thinking when describing their healing practices of RM as based on Māori cultural values and customs such as tino rangatiratanga, as well as through their own philosophies on life.

It has been shown, in previous findings, that RM healing aims to heal the client. For the sake of analysis, the client could be metaphorically categorised as the Māori people and the healer could be seen as the RM healing system. In this scenario, the presenting illness of the Māori people as the client would be colonisation, and the issue to be healed through removal or altering would be non-Māori ways of thinking. It is likely that the focus of healers on the thought patterns of Māori is due to their healing practice of encouraging clients to change their thoughts, noted in previous findings. The way to heal these changed Māori ways of thinking was by:

... going back into everything that all our ancestors did many years ago that made them strong, our physicalness and well as our spiritualness and they prayed and they were grateful for everything. They took what they needed, so basically, go back to basics and if we can all start doing that, it can just make us all a stronger base, really.
(Tīpuna strength through greenstone earrings from Rongowhakaata)

This indicated that for Māori to heal, it would involve changing their thinking to return to the way Māori ancestors lived with wairua. A return

to the types of thinking that this healer advocated such as tino rangatiratanga, mana motuhake, and being united in a collective Māori identity would also lead to healing of the Māori people as a whole. This also relates to the need to change dominant thoughts and focus on the desired reality, as noted in the finding of ‘the power of emotions to create or destroy health, illness and healing’. It would be possible to heal the Māori people as a whole because as this healer said:

... when you heal one, you heal the world, aye ... So our whakapapa, once you've healed this one whānau, it helps to at least, it stops it from carrying on and going through the generations as a consequence, that they are the consequence aye.

(Mamaku cycles of life fronds from Ngāpuhi)

This showed how RM can heal the effects of colonisation and ensure they are not passed down to future generations. This involved holding onto Māori values and customs as several healers shared their belief that Māori knowledge was precious.

... a lot of people haven't been able to tap into our philosophies and because we too believe that the manuscripts that need to be kept in a secret place for our DNA, to keep us alive ... it belongs to us and yet we use that in our mahi (work). (Four elements of the pounamu realms from Rongowhakaata)

This healer shows an implicit belief that there are some Māori philosophies and healing wisdoms that are purposely kept secret, and will remain that way in order to maintain Māori survival. This indicates a form of sovereignty of Māori knowledge that is intentionally held as tapu within RM, a notion that was also shared by several other healers.

Healers advocate that RM is a way to unify Māori by a return to Māori ways of thinking, but this may not be wholly possible because healers have indicated that thinking patterns have significantly altered through colonisation. However, a belief in RM as a metaphorical holding sphere to unify and heal Māori as a people by remembering Māori knowledge, identity, and ways of being is entirely reasonable. This indicates that RM holds a significant role within Māoridom, acting in its function of healing, to impact Māori individually, as well as collectively for the benefit of the whānau, hapū, iwi. RM shows an underlying philosophy of being an agent of Māori decolonisation through advocating a return to Māori ways of being and thinking and to collectively heal and unify Māori sovereignty and keep Māori knowledge, values and traditions tapu.

Discussion

This research finding of RM as a vehicle of decolonisation and sovereignty largely originated from healers' talk of changes to Māori thought patterns due to colonisation and several healers advocated a return to traditional Māori ways of thinking. This finding was different in focus than the other themes as it was not focused on the underlying philosophies of rongoā Māori healing, but instead focused on exploring the impact of rongoā on the colonisation of Māori people. It is argued that the frequency and intensity that this was mentioned by healers indicated the significance of the concern Māori healers showed for altered Māori patterns of thought, which justified its inclusion as a separate theme in this research.

This finding was supported by a study that focused on the sustainability of RM (Ahuriri-Driscoll et al., 2009) where many participants viewed rongoā as a 'vehicle' or means of addressing issues resulting from colonisation. RM was viewed as being able to combat the loss of traditional knowledge as well as nurturing and transmitting te reo and tikanga Māori (Ahuriri-Driscoll et al., 2009). This focuses on ways that RM assists in healing Māori from

colonisation. Similar results were found in other studies where traditional healing provided a way for indigenous people to learn about their spiritual and cultural traditions, knowledges and restore indigenous identity (Lavallee & Poole, 2010). Traditional healing has been viewed as a way to reclaim autonomy and control by indigenous people over their nations and communities by healing both individual and collective wounds that can be traced back to the colonisation (Kirmayer, 2004). Therefore, the finding that RM can assist with Māori decolonisation is similar to findings with other traditional healing systems which indicates an untapped potential utilisation of traditional healing for purposes that may exceed a healing role only.

One reason that RM may be seen as an agent of Māori decolonisation and sovereignty is that even though Māori thinking may have changed due to colonisation, core cultural values have remained the same. Cultural imprinting of internal patterns and beliefs is strong and even though socio-cultural elements change and remain in a state of flux, there is still a thread of continuity which integrates and holds the social fabric of a culture together (Royal, 2003). The cultural erosion of colonisation processes have not stripped Māori of their core beliefs and value systems (Royal, 2003) and this is demonstrated by the continued use of Māori cultural values such as aroha and whānau in the analysis of RM. Several previous findings have been noted to be based on Māori beliefs such as the notion of spiritual communication being based on the Māori belief that humans are comprised in the spiritual dimensions. It is considered that the continuity of these beliefs may be the core factor uniting and holding RM together while maintaining Māori cultural values at the same time, despite efforts at colonisation of Māori.

The Treaty of Waitangi may be one reason why findings about decolonisation and sovereignty emerged from Māori healers' talk but is not found in other research on traditional healing systems. This type of

agreement does not exist in all indigenous cultures and increasing Māori interest in traditional healing can be attributed to the repeal of the Tohunga Suppression Act 1964 as well as a resurgence in interest in all aspects of Māori culture including a call for greater autonomy and self-determination (Durie, 1993) which may explain Māori healers' talk on findings about decolonisation. In his research on RM in the public health system, Jones (2000a) advocates the integration of rongoā within publicly funded Māori primary health organisations. This was supported in a study that believed that RM is a way to establish and utilise health delivery structures that are more effective for Māori (Ahuriri-Driscoll et al., 2009). The integration of RM into the public health system supports the finding that RM is able to contribute to advancing the broader quest for Māori sovereignty, especially in the area of health and healing. It is viewed as leading to a degree of empowerment, where Māori people would be able to gain knowledge of ways to take responsibility for their own health and wellbeing (Ahuriri-Driscoll et al., 2009). It is also consistent with the principles of tino rangatiratanga noted by Māori healers in this research, advocating the capability of RM to provide health and healing by Māori, for Māori.

Findings discussed earlier were relevant in demonstrating the healing of Māori people from colonisation. As an underlying philosophy of RM, the finding of RM as an agent of decolonisation and sovereignty lifts RM from having a definitive healing role in Māoridom, to becoming an advocate of issues of sovereignty that are facing Māori people as a whole. RM becomes a vehicle through which to maintain Māori cultural values, keep Māori knowledge sacred and to contribute to larger Māori concerns. This expands the definition of RM and allows for the notion that RM could be a significant force capable of contributing to the future advancement of Māori.

UNDERLYING PHILOSOPHIES OF RONGOĀ MĀORI HEALING

This chapter has presented the results of the third step of the rourou Māori method of analysis. This provides a comprehensive exploration of the perspectives of all participating Māori healers and collates their individual stories into a collective story on RM healing practices. It fulfils the research purpose by answering the research question of “What are the underlying philosophies of rongoā Māori?”

The analysis of healers’ views has revealed the following findings showing that RM healing is a continual ongoing process of life. RM is primarily based on relationships between the healer and the client that assists to co-construct the healing based on aroha. RM utilises whānau values to describe the collaborative relationships between healers and the community which assists the client to receive the healing they require. The potency of herbal remedies is increased by the alliance between people and plants as an integral aspect of the healing. RM utilises the assistance of tīpuna to facilitate healing throughout the healing session that provides information on the client’s healing needs. Diagnosis involves locating where healing needed to be directed in the past of the client which could be found in distant generations when illness is passed down to descendants. A major cause of illness is the emotional state of the client that may surround catalysts that caused illness in the past of the client. RM is characterised as facilitating a process of change for any client to achieve a different state of being. This includes clients who have passed away as well as the land. Māori healers discussed the way that RM aims to heal Māori of colonisation by holding Māori knowledge, values and traditions as tapu.

A summary look over the analysis of all the findings reveals an intricate system that interconnects and overlaps each other. In particular, perhaps the key aspect of the RM healing process involves the negotiation and

mediation of interrelated relationships that are facilitated by the healer. There are relationships between the healer and themselves firstly, the client, the herbs and the natural environment, the spiritual world of tīpuna, guides and other spiritual sources and entities, other healers, the whānau and the wider community, as well as between client and the issues or unresolved emotions in their lives, past and/or present. The healer is the central figure throughout all these interactions and acts to mediate and negotiate all of these relationships on behalf of the client. Significant relationships in RM are the connections with nature, with the spiritual dimension and with people, however, these connections are not limited to the healing session only but appear to be a part of a broad perspective of a Māori way of being. Perhaps it is the way that these relationships are operationalised and focused on the healing of the client that demarcates them as unique to the RM healing process. Underlying these relationships are the findings that have emerged from healers' stories which unite these connections together to support and assist the process of healing for the client. Without acknowledgement of each of these philosophies, the full value and potential of RM may not be able to be fully understood, realised or acknowledged.

These findings align with Māori philosophy that states that Māori are interconnected with nature, humanity and the natural world (Henare, 2001) and spirituality is an intrinsic aspect of the Māori worldview (Valentine, 2009). Rongoā Māori is conceptualized as being a form of healing that is continuously happening everyday for healers. It is a people-based form of healing that relies on values such as aroha, relationships with people such as the healer and the client, plants and the tīpuna. Rongoā Māori reflects the Māori worldview about connections between the physical and spiritual world (Valentine, 2009), and negotiates time to identify illness from past generations in order to conduct healing for the client (Loesel, 2006). RM focuses on the metaphysical aspects of human life is to assist in a holistic form of healing that facilitates change for the

client. RM is characterised as having the function of healing, but is also capable of holding Māori healing knowledge and wisdom which contributes to the continued survival of Māori culture.

Rongoā Māori is characterised as an intricate and dynamic system of healing relationships negotiated by the rongoā Māori healer. This comprises relationships between the healer and people, the spiritual dimension and plants in order to co-construct beliefs about emotions, illness and healing based on values such as aroha, whānau and wairua. Rongoā Māori is championed as a vehicle of Māori cultural sovereignty which is cultivated by hope for the improved future of Māori. Rongoā Māori is intrinsically based on Māori cultural values and beliefs that provide a culturally appropriate form of holistic healing treatment for Māori.

CHAPTER SIX: FINAL JOURNEY INTO THE LIGHT OF UNDERSTANDING – TE HIKOI WHAKAMUTUNGA KI TE AO MARAMA

The final chapter highlights the most significant results of this research and discusses the significance and implications of these findings. There are three major contributions to knowledge on traditional healing systems. One of the key findings of this research is an expanded perspective on RM that is broader than was previously understood. A new understanding of the relationship between healers and plants provides an example of one finding that added to knowledge of RM. An expanded view of RM contributes to understanding how RM is able to provide cultural health treatment for Māori. In particular, RM is able to provide healing for Māori issues with spirituality and the land in ways that mainstream health treatment may be unable to provide. Second, the contribution of RM to the greater advancement of Māori tino rangatiratanga is discussed in terms of conservation and protection of environmental resources as well as preservation of sacred Māori knowledge. This signifies that RM is more than a healing tool, but is also able to contribute to issues of sovereignty and the survival of Māori cultural traditions. Third, these findings contributed to knowledge on traditional healing systems by adding elements such as aroha to current understandings of the healer and client relationship. This finding was unique to RM which contributes to further understanding of traditional healing systems. Future research is proposed that considers possible areas to be researched further.

IMPLICATIONS OF FINDINGS ON RM

There were many aspects of RM healing that were found in common with other indigenous cultures such as healers' initiation processes (Koss-Chioino, 1992; Struthers, 2000), the importance of the healer/client relationship (McCabe, 2007), knowledge transference (Struthers, 2003),

the way that herbal material is used (Bhattarai et al. , 2006; Bussman & Sharon, 2006; Hickman, 2007; Joshi, 2004; Muthu et al., 2006; Pradhan, & Badola, 2008; Ragupathy et al., 2008; Rijal, 2008; Sajem & Gosai, 2006), spiritual guidance from ancestors (Mzimkulu & Simbayi, 2006; Portman & Garrett, 2006; Struthers, 2000) and the use of traditional healing as a vehicle of cultural sovereignty (Ahuriri-Driscoll, 2008; Lavallee & Poole, 2010; Kirmayer 2004). The nature of these aspects of healing shows that several healing practices are shared across indigenous cultures. However, there are concepts that have been shown to be unique to RM healing such as the continuous nature of healing, aroha as a component of the relationship between the healer and the client in healing, whakawhanaungatanga as a referral system, communicating with plants, healing the land and the dead and the use of RM healing practices to assist in decolonisation of Māori. Perhaps this may simply be due to the nature of the research question on understanding the underlying philosophies of RM that has revealed these unique findings, as a specific focus on traditional healers' perspectives has not been conducted frequently in the literature. However, it may also be possible that the findings that are new are specific to Māori. It is considered that these new findings about RM also contribute to extending the body of knowledge on traditional healing practices by adding new elements to current known healing practices such as the relationship between healers and plants or healing the land. Perhaps these new elements already exist in traditional healing practices but have not yet been acknowledged. However, this research may illuminate ways for traditional healing practices to be understood further.

RM has been conceptualized in this research as involving the negotiation of healing, Māori beliefs, customs and values, relationships and metaphysical causes of disease and connections between the mind and body as well as the physical and spiritual realms. This expands and broadens the definition of RM by adding more specific detail to current knowledge on RM such as the relationship between the healer and plants during the use of herbal

material. An acknowledgement of each of the findings expands on the understanding of RM as more than the medicinal application of native New Zealand herbal remedies alone. RM is capable of providing healing that encompasses the mind, body, spirit, family and land aspects of Māori health (Mark, 2008) and deals with a wider range of health issues within the environment of the RM client than has been previously realised. Previous research reported the use of herbal medicine and karakia in RM to treat physical ailments in patients (Sporle, 1994). However, the findings of the present research show that RM can also deal with issues of healing the land and healing the dead, for example. This expanded understanding shows that RM is a multi-faceted holistic healing system that incorporates cultural understanding in health treatment for Māori.

The finding of the research that RM healing is continuous appears to be new. However, it is reflective of the larger indigenous worldview that all life exists in an intricate system of interdependence, so that the universe exists in a dynamic state of harmony and balance (Portman & Garrett, 2006). For Aboriginal people, the concept of healing holistically is a fluid and dynamic process and these notions appear to suggest that life is about a constant process of change (Hunter et al., 2004). In RM though, the continuous nature of healing was reflected as a form of protection and preservation for Māori healers to remain balanced in order to be effective in healing. This finding was more focused on the role of Māori healers in the healing, therefore appears to be specific to this research. This signifies the importance of healers to remain aware of their role in the healing as their personal life can become enmeshed in the healing process, which requires a degree of self-care. The role that traditional healers play in their own well-being is a topic that is largely missing in the traditional healing literature, yet this is an important factor for the success of the healing session with the client. This finding signifies the importance of the healer as central to traditional healing processes and that protection of their

interests is an important aspect of understanding and protecting traditional healing processes.

The finding of aroha, although not new to Māori culture, contributes a new understanding of aroha as enhancing the relationship between healer and client in RM. Healers believed that aroha assists to facilitate the healing of the client which contributes to the traditional healing system literature. In traditional healing systems, the main focus is on healing practices that occur between the healer and the client, such as the healer educating the client, that create an interdependent working relationship (McCabe, 2007; Waldram, 2000). RM healers often aimed to work with the client to help the client understand their condition and suggest changes they could make in their lives. This is similar to the Western medical notion of patient-centered care that focuses on communication, shared decision making, and patient education (Robinson, Callister, Berry & Dearing, 2008; Swenson, Zettler & Lo, 2006). This aims to empower the client to take responsibility for their own healing which is also supported in research on Māori healing (Macleod, 1999). However, the new finding indicates that healers believe that aroha is what underlies the interdependent working relationship between the RM healer and the client that assists with the healing. The contribution of this new finding to traditional healing systems and RM is that it may promote greater participation, compliance and commitment of Māori and indigenous clients to their own health if aroha is a component of cultural health treatment.

The finding of the utilisation of whakawhanaungatanga in RM healing is also not new to Māori culture. However, the way it is used to explain the extended family-like relationships within RM healing, is unique to this study. Aspects of this finding are found in traditional healing systems such as the inheritance of healing gifts, knowledge transference through families and referring clients to other traditional healers (Bussman & Sharon, 2006; Mphande & James-Myers, 1993; Reeve, 2000). These aspects of traditional

healing also relate to family relationships as in RM. However, the notion that healers refer clients to within their family relations is unique to RM. It is interesting to consider why this should be unique to RM because family, and relationships with others, are also very important aspects of other traditional healing systems (Portman & Garrett, 2006). RM healers may simply be reflecting whānau collaboration and the collective responsibility of the whānau for each of its members (Mark, 2008) due to the emphasis that Māori place on whānau (Pere, 1982). The way that RM healers use whakawhanaungatanga to refer clients to family relations could be useful for healers of other traditional healing systems, especially where indigenous communities are isolated.

A new contribution to knowledge on traditional healing systems and RM is the alliance between people and plants. Respect for plants and trees as well as the use of prayers during preparation is found in literature on traditional healing systems (Dafni, 2007; Bussman & Sharon, 2006). The relationship with the plant, as well as the intentions behind the preparation of the plant, is viewed by Māori healers as being as important as knowledge of the chemical properties of the plant alone. However, a respect for the environment is shared with other indigenous cultures (Portman & Garrett, 2006). Perhaps a relationship between healers and plants does exist in other traditional healing systems but has not yet been reported due to fears of their healing practices being devalued or criticised.

A significant way that RM and traditional healing systems provide for Māori and indigenous people is through the inclusion of spirituality in healing treatment. This finding is not new and reflects the way that traditional healers continue to heal the dead and lost souls, and take advice from ancestors (Burns McGrath, 1999; Mark, 2008; Marks, 2006; McCabe, 2007; McGowan, 2000; Mcleod, 1999, Portman & Garrett, 2006). This advocates the notion of spiritual causes of illness that are not widely acknowledged in biomedical treatment, yet are an intrinsic part of health and healing for

Māori as well as people from other indigenous cultures. The fact that these notions are still discouraged in biomedicine provides a challenge issued to the medical establishment that a major paradigm change is necessary to include indigenous notions of spiritual health and health treatment, issues of causation of illness and possibilities of alternative modes of treatment in mainstream health treatment.

The finding that RM healers conduct healing on the land appears to be new. The inclusion of the land as a contributing factor to the health and healing practices of Māori and indigenous people has been found in research (Mark, 2008; Richmond & Ross, 2009). However, no research or literature has been found that investigates the notion of conducting healing on the land, and therefore, this is considered to be unique to RM healing. This may be due to healers' belief that the land personifies Papatuanuku, or Mother Earth, as an entity embodying the land (Cloher, 2004), which may explain why Māori healers believe that healing can be conducted on the land. However, many indigenous cultures also have a strong affiliation with the land, and share several indigenous healing concepts such as spirituality. It is considered that perhaps healing the land has simply not been the subject of study, rather than not existing at all in indigenous healing. This finding is significant because it indicates that RM is one of the few known ways of healing issues with the land for Māori.

The contribution of RM to the quest for Māori progression, development, advancement and sovereignty continues to contribute to research on indigenous healing systems. This finding emerged from the way that Māori healers believe that Māori ways of thinking have changed, and that a return to traditional Māori ways of thinking would support Māori health and healing. A return to Māori ways of thinking supports the notion of Māori tino rangatiratanga. RM also has the potential to support the quest for Māori tino rangatiratanga by providing additional legitimacy to claims to Māori environmental resources. RM validates the conservation of plants

and rāhui (prohibited areas as tapu for Māori medicinal as well as food use, legitimising the need for conservation of environmental resources which contributes to the larger quest for Māori sovereignty (Pond, 1997). Support has also been shown for the integration of RM with mainstream medicine, and that has been viewed as a means to contribute to Māori decolonisation (Jones, 2000a). However, the focus in this study is on RM being a vehicle that advocates changing Māori colonised ways of thinking, as well as a much deeper concept of championing tapu Māori healing traditions and knowledge. RM is viewed as being more than a healing tool to maintain Māori health and healing, but also embodies a way of holding Māori traditional wisdoms and philosophies and supporting Māori tino rangatiratanga. This is significant for the continuity of Māori culture. While the Treaty of Waitangi provided Māori with the rights to be treated as full citizens of the British crown, it is contended here that RM assists in confirming and legitimising the right of Māori to be Māori, not only in health and healing, but in all aspects of Māori cultural values, beliefs and philosophies.

FUTURE DIRECTIONS

This study has focused on the perspective of 17 healers and has provided a wide range of views on the underlying philosophies of RM. A similar larger study that focuses on the underlying philosophies, or on other aspects of RM such as outcomes of RM healing, for example, could expand these findings further. A study conducted on the sustainability of RM, which involved perspectives from focus groups and workshops with traditional healers as well as RM stakeholders, such as a project conducted by Ahuriri-Driscoll et al. (2009), could provide a research methodology with which to conduct such a greater study. A wider range of gender, ages and locations of Māori healers could then be targeted.

The specific key findings of this study could, in themselves, be the focus of further study as more detailed knowledge could be gained about each one. For example, further research on the healer's role on impacting the success of the healing, or research focusing solely on causes of illness would expand the current findings. Factors that contribute to healing, such as aroha between the healer and the client, could be the subject of further research, and could contribute to notions of the empowered client in holistic health treatment for all New Zealanders.

The underlying philosophies of RM could also be studied from the point of view of RM clients as they may have a different perspective as a result of receiving RM healing. This is an area of research that is lacking in the literature as few research studies have investigated traditional healing from the client's perspective. Research with clients of RM may also provide further knowledge of the type and level of cultural involvement in health treatment that Māori and indigenous clients would prefer.

Further study into the possibility of integration of RM with the Western medical health system would be beneficial. In particular, the possibility of both mainstream health practitioners and RM healers working cooperatively to provide both traditional and Western forms of health treatment for all New Zealanders would be useful. Further research into the notion of RM as a multi-disciplinary system that already has its own whānau healing training system, referral system, as well as community links that assist in healing, could contribute to considerations of RM as already capable of providing health treatment for Māori. Research on the impacts of the environment and the land on the health of Māori may reveal further understanding of how these issues could contribute to Māori health and wellbeing.

The integration of traditional healing using herbal remedies with Western medicine appears to be the focus of much of the literature on traditional

healing (Gessler et al., 1995a; Puckree et al., 2002; Ross, 2008; Shankar et al., 2006). However, the study of herbal medicinal remedies alone can overlook the cultural and environmental contexts of healing practices, which often descend from long lines of generations of traditional healers within many indigenous cultures. Further study on traditional healing from the perspective of the healers on the use of herbal remedies, in conjunction with the cultural traditions behind the picking, preparation and treatment behind herbal treatment, would be pertinent. It would also assist in finding ways to preserve cultural healing practices when considering issues of integration of traditional healing with Western medicine.

The possibility of RM contributing to the larger quest for Māori sovereignty, raised within the present research, is a topic that would benefit from further research, particularly from a Māori point of view, to enhance efforts to advance Māori development. While the contribution to health and healing is certainly important, the preservation of Māori knowledge through RM may be an avenue for further investigation by Māori, for Māori. This may include ways that healers store their knowledge, and whether this knowledge should be shared further, with whom and how. The possibility of the use of RM as a spearhead for Māori sovereignty has been overlooked, and future research may reveal several possibilities for Māori to utilise RM to further the cause for Māori sovereignty. This may include considering ways to make RM more visible and available to the public. Further research with RM healers may provide further ideas of how RM could embody Māori sovereignty. In addition, this could be a topic of future research for other indigenous cultures, where their traditional healing practices may be able to assist in the revitalization of sovereignty of their cultures also.

CONCLUSION

Each indigenous culture has their own specific traditional healing practices and, at the same time, common concerns that traditional healing knowledge will be lost are very real and relevant in the changing landscape of global health treatment changes (Janes, 1999). Cross-cultural healing concepts may assist with strengthening the case for cultural solidarity in the face of the giant that is the Western medical health system.

Therefore, cultural transmission between indigenous cultures, rather than in opposition to biomedical perspectives, may assist with the preservation, protection, sustainability and recording of traditional healing practices and knowledge. The research that has been conducted in this study may assist with impending issues of integration between the healing and medical fraternities, by asserting cultural healing commonalities, as well as exploring the differences between the traditional healing practices of the indigenous peoples of the world.

The acknowledgement of RM as an interconnected system of Māori cultural values, relationships and notions of healing has led to an assessment of the greater possible potential of RM to assist in Māori health, healing and advancement. While this has expanded the definition of RM to a much greater extent, there continues to be much more to RM than can be fathomed in one research study. It is hoped that this research will assist in supporting Māori ways of being that will contribute to the greater dream of being Māori, for Māori and by Māori. This study on cultural values, beliefs and philosophies of rongoā Māori and traditional healing systems has privileged indigenous healing knowledge as a way for Māori and indigenous people to continue seeking pathways to health and healing treatment. Concepts of healing are shared between indigenous cultures, yet ancient wisdom is kept tapu and continues to assist in preserving the continuity and integrity of Māori culture. It is hoped that together, shared concepts of healing and the tapu wisdom of all indigenous

cultures, will work together for the self-determination of indigenous people to forge culturally appropriate ways to contribute to the health and wellbeing of indigenous people around the world.

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APPENDICES

APPENDIX A: INFORMATION SHEET

EXPLORING THE HOLISTIC NATURE OF RONGOĀ MĀORI HEALING

INFORMATION SHEET

What is this research about?

My name is Glenis Mark (MA) and I am completing my PhD in Health Psychology through the School of Psychology. I am exploring the nature of rongoā Māori healing because it is an inherently Māori cultural healing method that is able to address the physical, cultural, whānau, mental and spiritual dimensions of health and illness. I believe that these are important factors in health and well-being for Māori and would like to explore the nature of rongoā healing. The purpose of this project is to explore the meaning of rongoā Māori healing for the rongoā healers and clients of rongoā healing.

I am not interested in obtaining tapu knowledge about rongoā Māori or herbal remedies and recipes that may have been handed down through generations as that would be inappropriate and beyond the scope of a research project.

Who can participate?

I am aiming to talk to rongoā Māori healers. I will be making contact with rongoā Māori healers through contacts from my whānau and friends networks. I am looking for rongoā healers who use herbal rongoā as part of their healing practice that extends beyond their own whānau.

What will happen?

This will involve spending time with you in an interview that will take place at a time and place convenient to you.

At the interview, I would like to spend some time speaking with you about your experience of rongoā healing by asking you to share your story about how and why you came to seek rongoā, how the process of healing worked for you, and what it means to you now. I would also like to ask you to tell me an object or item of significance to you, that represents your understanding of the whole rongoā experience. This can be anything that you choose and would like to share and talk about. Examples include: piece of artwork, a song, pounamu, arts and crafts or some pieces of nature. Basically anything that is sacred to you that reminds you of your rongoā healing experience as it may allow you to gain a deeper insight.

I will do everything I can to make you feel comfortable during the interview. I would like to emphasise that you do not have to share anything that you do not want to share. It is completely up to you what you feel comfortable about sharing and you can ask for the interview to stop or pause at any time, or even withdraw from the project if you would like to.

When the PhD has been completed, I will send you a summary of the project findings for your information. This is so you can see what outcome of the information that you have shared with me. I will give you the option of using a pseudonym (alternative name) so that your identity information will remain strictly confidential if you would like. However, you may prefer to use your real name. It is entirely your choice.

Would you be willing to participate in this project? This will involve sitting with you and asking you to share with me about your rongoā experiences. This is likely to take a maximum of 1-2 hours for your interview which will greatly depend on how much you would like to share. You will receive a koha of \$50.00 to thank you for your time and effort in speaking to me.

How will your information be treated?

Once the interview has finished, I will transcribe the information and analyse what was shared and look at the overall picture of rongoā healing that will arise from everyone who participates. This will then be written into a PhD thesis which will be held in the Massey University library.

What are your rights?

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *say you want to withdraw from the study up to one week after the second interview;*
- *ask any questions about the study before, during or after the research;*
- *ask for a pseudonym (alternative name) if you wish to remain anonymous, or use your actual name for publications;*
- *be given a letter giving you a summary of the research results when the project has finished;*
- *ask for the tape recorder to be turned off or to ask to take a break at any time during the interviews.*

Please feel free to contact the researcher and/or supervisors if you have any questions about the project.

<i>Researcher:</i>	<i>Main Supervisor:</i>	<i>Co-Supervisor</i>
<i>Glenis Mark (MA)</i>	<i>Professor Kerry Chamberlain</i>	<i>Dr Rhys Jones</i>
<i>Massey University</i>	<i>Massey University</i>	<i>Auckland University</i>
<i>Albany Campus</i>	<i>Albany Campus</i>	<i>Phone:(09)373-7599 ext 86278</i>
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Email: glennistabethamark@yahoo.co.nz

Email: K.Chamberlain@massey.ac.nz

Email: rg.jones@auckland.ac.nz

Massey University Human Ethics Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application Number 09/026. If you have any concerns about the conduct of this research, please contact Dr Denise Wilson, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x9070, email humanethicsnorth@massey.ac.nz.

APPENDIX B: PARTICIPANT CONSENT FORM

***EXPLORING THE HOLISTIC NATURE OF
RONGOĀ MĀORI HEALING***

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: **Date:**

Full Name - printed:

APPENDIX C: INTERVIEW SCHEDULE

INTERVIEW SCHEDULE FOR RONGOĀ MĀORI HEALERS

Initial Introduction

Name (pseudonym or otherwise)
Age, Gender
Hapū/Iwi
Healing Venue
Clientele
How did you become a rongoā Māori healer
How long have you been a healer

Narrative Interview

To initiate the discussion, healers will be asked the following:

Please tell me your story of your experience of being a rongoā Māori healer?

Could you share with me in depth one or two of the most significant healings you have conducted? They can be related to any healing work you have done.

During the interview, each participant may also be asked:

Their role as a healer
What happens during a healing session
What healing techniques do you use
Their definition of health and healing
Their understanding of causes of ill health
The requirements for healing
Their relationship with clients
To describe how each of the herbal, physical and spiritual methods works together
Their understanding of values, beliefs and philosophies important to healing
Their understand the spiritual nature of healing
The underlying philosophy of rongoā Māori healing
How they think rongoā Māori would help Māori illness and disease rates

Object/item representing experience of rongoā Māori healing

Why did you choose this object/item?
Can you describe what this object or item means to you?
How does it represent your experience of rongoā Māori healing?

GLOSSARY

ao	world
ao marama	world of understanding
Aotearoa	New Zealand
aroaha	love
ā tātou korero katoa	all of our stories
atua	gods
awhi	support
hapū	sub-tribe
hara	error
He aha te mea nui o te ao, he tangata, he tangata, he tangata	What is the greatest thing in the world. It is people, it is people, it is people
hikoi	journey
hinengaro	mind
hongī	pressing noses
hua	result
iwi	tribe/people
kai	food
kaitiaki	caretaker
kangakanga	cursing
karakia	prayer
karanga	call
kaumatua	elders/elderly male
kaupapa Māori	research principles based on Maori values
kawakawa	Macropiper excelsium, a native New Zealand plant
kia mau tonu ki nga tikanga	hold steadfast to the customs

ki a tātou te Māori	to us as Māori
koha	gift
kōrero	talk
koroua	grandfather/elder male
koru	design in the shape of the curled shoot of the fern plant
kuia	elderly female
mahi	work
makutu	sorcery
manaakitanga	care and feeding of visitors/caretaking
manuhiri	visitors
marae	Maori meeting place
mataaho	principle regarding the manifestation of emotional choice into reality (this meaning was created by a participant)
matakite	spiritual seer
matauranga	education
mate Māori	Māori spiritual illness
ma te wā	there is a time for everything
Matua, Tama, Wairua Tapu	Father, Son and Holy Spirit
māuiui	sickness
mauri	life force
mere	short, flat weapon
mihi	greeting speech
mirimiri	massage
Nāu te rourou, nāku te rourou, ka ora te iwi	With your basket of food, and my basket of food, the visitors will be fed
Ngāpuhi	ancestor of a tribe of the same name
ngau tuarā	literally back biting, meaning gossip
noa	common
oranga	health

Papatuanuku	Earth Mother
pepeha	proverb
pono	truthful
pounamu	greenstone
poutama	stepped pattern of tukutuku panels, colloquially called the steps to heaven, symbolising genealogies and also the various levels of learning and intellectual achievement
powhiri	welcoming ceremony
puhaehae	jealousy
rāhui	prohibited areas
rākau	trees, plants and herbs
rangahau	research
Ranginui	Sky Father
ritenga	rituals
rongoā	herbal remedies/short for rongoā Māori as the entire healing system, the meaning is differentiated through the context of the word 'rongoā' in speech
rongoā Māori	traditional Māori healing
romiromi	deep tissue manipulation
roopu	group
taha wairua	spirituality
Tane/Tanemahuta	Māori god of the forest
tangata whenua	people of the land/indigenous people
tapu	sacred
tātou katoa	all of us
Te Korekore, Te Po, Te Ao Marama	the world of potential being, the world of becoming, the world of being
te reo	Māori language

tikanga	customs
tinana	body
tino rangatiratanga	Māori sovereignty
tīpuna/tūpuna	ancestors
tohunga	traditional healer/priest
tuakana	senior relationship
tuku iho	handed down
tukutuku	art panel
wahine	woman
wai	water
waiata	song
wairua	spirit/spiritual/spirits both malevolent and non-malevolent, the meaning is differentiated through the context of the word 'wairua' in speech
wairuatanga	spirituality
whaikōrero	speeches
whakaaro	thoughts
whakaeke	entry onto a marae during a powhiri
whakamutunga	final
whakanoa	ritual for purification or conciliation/lifting the tapu
tapu	sacred
whakamāramatanga	explanation/understanding
whakapapa	genealogy
whakatauki	proverb
whakawhanaungatanga	to be like an extended family
whānau	family
whānau, ā wairua me ā tinana	family, in body and spirit
whānau, hapū and iwi	family, sub-tribe, people
whanaungatanga	family relationships
whānui	wider

Whare Tapa Wha

Māori model of health - four walls of a house representing the taha tinana, physical, taha wairua, spiritual, taha hinengaro, mental and taha whānau, family aspects of Maori health

whare tūpuna

ancestral house

whatumanawa

seat of the emotions, heart, mind

whenua

land