

## Insights on wellbeing and society from a Taulasea/traditional healer perspective

Ridvan Firestone, Penina Hitti, Layla Latu, Blakely Brown, Lisa Te Morenga & Nia Aitaoto

**To cite this article:** Ridvan Firestone, Penina Hitti, Layla Latu, Blakely Brown, Lisa Te Morenga & Nia Aitaoto (18 Jun 2025): Insights on wellbeing and society from a Taulasea/traditional healer perspective, Kōtuitui: New Zealand Journal of Social Sciences Online, DOI: [10.1080/1177083X.2025.2514832](https://doi.org/10.1080/1177083X.2025.2514832)

**To link to this article:** <https://doi.org/10.1080/1177083X.2025.2514832>



© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 18 Jun 2025.



Submit your article to this journal [↗](#)



Article views: 130




View related articles [↗](#)



View Crossmark data [↗](#)

## Insights on wellbeing and society from a Taulasea/traditional healer perspective

Ridvan Firestone <sup>a</sup>, Penina Hitti<sup>a</sup>, Layla Latu<sup>a</sup>, Blakely Brown<sup>b</sup>, Lisa Te Morenga<sup>a</sup> and Nia Aitaoto<sup>c</sup>

<sup>a</sup>Centre for Public Health Research, Massey University, Wellington, New Zealand; <sup>b</sup>School of Public and Community Health Services, College of Health, University of Montan, Missoula, MT, USA; <sup>c</sup>Center for Pacific Islander Health, University of Arkansas for Medical Sciences, Fayetteville, AR, USA

### ABSTRACT

Unquestionably there is a need for more Indigenous and traditional knowledge to understand better the link between 'culture and food systems, diet and traditional practices' and 'diet-related diseases' (e.g. diabetes), particularly from a Pacific worldview. In this study, we explored the role of Samoan traditional healers or Taulasea with the research question: 'What insights are contained in Indigenous and traditional knowledge systems that can be used to design new ways to prevent diet-related diseases among Samoans (and Pacific peoples in general) in NZ?' Fourteen Taulasea participated in semi-structured narrative interviews (talanoa methodology) from June 2022 to October 2023. Transcribed interviews were coded and analysed using thematic analysis. Four major themes were revealed that examined the sacredness of their knowledge and practice, Taulasea specialisation, treatment methods and holistic views that impact health. These insights highlight why Samoans continue to use traditional healing as the first port of call for their health needs.

**Glossary of Samoan/Māori words:** Fa'afaletui: a Samoan research framework used to weave different perspectives together based on the different groups of individuals interviewed; Fofu: traditional massage; Va: relational space; Vai: traditional medicines based on plants; Talanoa: Pacific methodology approach of weaving the discussion points in qualitative research using semi-structure interviews; Taulasea: traditional healer/practitioner; To'ala: a life-essence that resides in the upper torso of a healthy individual. Healers usually palpitate for the to'ala to see if it is in place or mis-aligned; Rongoā: traditional Māori medicine; mirmiri: massage; karakia: prayers, chants or incantations.

### ARTICLE HISTORY

Received 4 September 2024  
Accepted 29 May 2025

### KEYWORDS

Taulasea; traditional healer; holistic; diet-related disease; foodway systems

**CONTACT** Ridvan Firestone  r.t.firestone@massey.ac.nz

© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group  
This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

## Introduction

In traditional, pre-colonisation Pacific societies, most sicknesses and illnesses were attributed to supernatural causes, whilst other diseases and ailments were believed to have been caused by conflicts between family members, violations of community traditions, or transgressions of social, moral, or religious activities (Finau 1994; Finau 1994; Aitaoto et al. 2007; Aitaoto et al. 2012; Aitaoto 2013; Aitaoto and Ichiho 2013; Aitaoto and Ichiho 2013; Firestone et al. 2018; Firestone et al. 2019). Across the majority of Pacific Island nations, when healing or medicine was required, people would seek the help of a traditional healer, recognised by the community as a competent practitioner, who could provide treatment based on traditional food knowledge, spiritual practices, and natural plant-based medicines (Finau and Tipene-Leach 1999; Bodeker et al. 2005; Aitaoto et al. 2007). These treatments were often passed down through the generations, either kept within the family or from healer to healer. A belief in spiritual or supernatural power frequently explained the science of how the remedy or therapy worked.

Traditional healers are often the first port of call for Samoans in need of care, playing an important role as gatekeepers and advising the users on when to seek more Western biomedical healing. Some of their work includes promoting improved food supply and nutrition, balanced diets, education on safe water supplies and sanitation, and promotion of disease control particularly for endemic diseases (e.g. malnutrition) (Hoff 1992). According to Tiatia's work, Taulasea place a strong belief in their work in correlation to having a commitment to God, which indicates a spiritual foundation of their work, and for this reason, receiving income or monetary payment in return for their services was censored to protect their treatment regime, personal identification and for other culturally sensitive reasons (i.e. it is considered impolite to discuss cash or values of gifts received) (Tiatia 2004). As traditional healers can work collaboratively with medically trained professionals in a community setting (Suswardany et al. 2015), the lack of recognition, dialogue and clarity of their services from governments has discouraged the use and uptake of traditional healers, who can play an important societal role, particularly where resources and wellbeing services are scarce and, or rurally based (Sundborn et al. 2011).

## Historical viewpoint

Prehistoric archaeological evidence (Field et al. 2009) suggests changes in diet occurred over 2000 years ago in Oceania, transitioning from diets largely consisting of marine protein (e.g. sea turtles and fish) and plants (e.g. seaweed), to mainly cultigen-based and terrestrial diets (plants and grasses), in the pre-colonisation era. Pacific peoples were described largely as foragers, not gardeners. In the 1800–1900s dietary habits were described as simple and traditional, including starchy foods (root crops, taro, yam, breadfruit) accompanied by fruits (banana, coconut), seafood, and some meats. As Pacific peoples lived off the land, their access to food was secure and their diet was relatively healthy (Pollock 2017). Insights from documented reports from some of the first missionaries to the South Pacific Islands in the 1800s have indicated that food was aplenty, and central to social interactions with visitors. For example, meetings

between the early missionaries and Samoans were always accompanied by feasts of: 'bananas, taro, yams, wild yams, coconuts, sugar cane, fowls and pigs, various fruits, and bark of the hibiscus' (p.35) (Crocombe RG 1968).

From the early 1900s, following colonisation patterns experienced around the world, urbanisation and globalisation led to the introduction of new foods, that were highly palatable, high in calories and low in dietary fibre (e.g. sugar, rice, bread, potatoes) (Community SotP 1999). Additionally, global transportation routes gave rise to trading communities and plantation societies, with new agricultural practices, including large-scale land clearances for new crops, resulting in a nutritional transition in Pacific Island nations that has engendered a high prevalence of diet-related conditions. Furthermore, the impact of world war two (mid-1940s) had a considerable negative impact on the food supply among Pacific Island nations. Health surveys conducted by the US Navy on arrival in the Pacific showed 'complete absence of malnutrition or obesity, no diabetes and almost no hypertension' (Institute of Medicine 1998) among Pacific Islanders. However, US occupation led to loss of biodiversity due to nuclear weapon experimentation, missile tests and chemical contamination, that resulted in the introduction of army rations (e.g. tinned meats, breads) (Lentfer C and Specht 2010). These factors led to dramatic and deleterious changes to traditional diets, as well as gardening and farming practices, that persist today (Coyne et al. 2000), and consequently diet-related diseases (e.g. diabetes) are widely prevalent amongst Pacific peoples.

The World Health Organization (WHO) recognises the complementary work of traditional healers (World Health Organization. Programme on Traditional 2002), particularly on how to address malnutrition concerning food security and quality issues (World Health Organization. Regional Office for the Western 2010). Previous work has provided an overall description of social-political, social-cultural, and cultural-environmental perspectives (Foliaki and Pearce 2003; DiBello et al. 2009; Hawkes et al. 2009; Pollock 2017; Rao 2019). Perceptions of what is 'good food' influences consumption and this differs substantially across the generations in Pacific communities. Recent Pacific dietary diversity analyses (Tupai-Firestone et al. 2019) compared older (grandparents and parents) and younger (youth aged 15–24 year old) generations of Pacific peoples in NZ. The findings showed the older generation ate a greater diversity of foods that were considered to be 'healthy diets', than the younger generation. In contrast, the younger generation consumed highly processed foods characterised as 'unhealthy diets'. Furthermore, environmental changes have impacted dietary patterns in the Pacific. Large scale man-made farming, fishing and agricultural projects worldwide have been linked to increased frequency of climate hazards including extreme weather events, food-borne and vector-based infectious disease outbreaks, and emergence of new plant and animal diseases in the Pacific (Watts et al. 2018a). Such hazards can have severe negative impacts on humans, as evident in reduced food security and undernutrition due to fewer crop yields and harvests, with disproportionate effects in developing countries, including the Pacific Islands. The link between dietary transition and the high incidence of diet-related disease amongst Pacific peoples is well understood by health professionals with a biomedical health perspective (Balint et al. 2006), but less so by Pacific peoples who understand health more broadly as collective, holistic, spiritual and linked to cultural identity (Aitaoto et al. 2015). While there is no formal or agreed definition of Pacific diet-related diseases, many

Pacific peoples agree that these diseases have supernatural causes, and can be cured by traditional healers and medicine, whilst Western diseases have physical causes and can be treated by Western medicine (Puaina et al. 2008).

This paper describes key insights obtained from Samoan traditional healers (referred to here onwards as *Taulasea/s*), using semi-structured interviews, with the aim of understanding their perspective of diet-related conditions, particularly given the changing NZ and Samoan environments. Such knowledge can help to better delineate their position and role in the current health and wellbeing space in NZ and Samoa and provide confidence in end-users (and next-users) of their services. Of note, we intended for this research to have relevance for all Pacific peoples, and although the research is a Samoan perspective, the learnings from this research can be useful for other Pacific groups that may share similar cultural practices and values.

## Methods

The Fa'afaletui framework was used to underpin the research processes (Tamasese and Waldegrave 2005). Fa'afaletui embodies the Samoan cultural viewpoint in three ways: the view from the: top of the mountain; top of the tree, and canoe (close to the fish and sea). In investigating any issue or question of relevance to Samoan people, it was necessary to identify and understand the short (canoe) or long (tree) views; and an overall (mountain) viewpoint of the Samoan people. Therefore, all information collected will be sensitive and responsive to Samoan cultural norms and values.

To address the aim of this paper, we investigated the Samoan dietary habits and traditional healing knowledge, based on personal perspectives of changes in food consumption patterns, stories of healing and practices from Taulaseas. This may explain in-depth the relationships between the people in context, or to expound their realities as affected by these changes.

The study used key informant face-to-face interviews and talanoa methodological principles (Voaioleti 2006), as a process to capture the rich knowledge of foodways, dietary habits and traditional and Indigenous lifestyle practices that may have been lost, restricted, or re-shaped. To recruit and invite Taulaseas to participate, we identified the traditional healers using purposeful sampling, identified through the research team's community provider networks because the team were mostly Samoan. Also, due to the NZ-Samoan diaspora context, the research team was aware that people continue to access Taulasea when visiting Samoa, and that the likelihood of that there would be more Taulasea practicing in their home environment to access their medicinal plants (than in NZ). Thus, this resulted in the decision to recruit and interview in both countries to obtain a more generalised perspective.

## Recruitment

Snowball sampling was used to identify and recruit the Taulasea in NZ and in Samoa. Participation was open to individuals who self-identified as a Taulasea or were known to family, friends, or community members and were currently practising. A total of 20 Taulasea were identified and invited to be interviewed, and 14 (12 females and two males) provided written consent. Of the participating Taulasea, three were from NZ

and the remaining were from Samoa. They were aged between 44–94 years old and practised a range of healing methods, including a broad range of expertise.

### **Interviews**

The data collection took place from June 2022 to October 2023. The interviews were semi-structured and conducted face-to-face in NZ and in Samoa by an experienced interviewer who was fluent in the Samoan language. Due to safety protocols, a research team of two (interviewer and observer and note-taker) attended the interview sessions. During the invitation period, the research team requested consent of the Taulasea for a small team to attend, and they did not oppose to this request. Of note, the observers/note-takers were non-Samoan ( $n = 2$ ) and Samoan ( $n = 3$ ) research team members. Moreover, in Samoa, as the interviews were conducted at the home of the Taulasea, part of the fieldwork protocol required a safety-management plan, and this included that interviews would be conducted in pairs. When conducting the interviews, the researcher/s introduced themselves, their family name, and the village their family descended from in Samoa to establish cultural and social familiarity. Similarly, the interviewer introduced the accompanied researcher and their role in the interview session, which was verbally translated in Samoan. The semi-structured interview approach allowed for flexibility on how the preplanned interview questions were discussed based on the Taulaseas' perspectives of their lived realities. Thirteen open-ended questions allowed for multiple topics to be explored conversationally with the Taulasea. The questions explored their: understanding of their role and practices; understanding of why diet-related conditions are prevalent among Samoans; and historical perspectives on food and traditional lifestyles. All the interviews were conducted in the Samoan language and audio-recorded with the individual's consent, otherwise, the interview discussions were documented in written notes. Each interview varied in duration, some taking up to three to seven hours, with an average of 3.1 h. In translating the recorded interviews, a pair of older fluent speakers of the Samoan language and a senior member of the research team translated the transcripts, verifying the conversations, concepts and ideas from the transcripts, from Samoan to English.

### **Data analysis**

Once translated, the interviews were analysed following the six phases of reflexive thematic analysis development by Braun and Clarke (Braun and Clarke 2006) and we employed a comprehensive systematic model developed by Naeem et al. (2023) which was a good fit for this project because it accounts for ethnographic and narrative research approaches (Naeem et al. 2023). Furthermore, the latter was specifically employed to enhance the rigor of the findings and offered a comprehensive strategy for theoretical conceptualisation when undertaking thematic analysis (Naeem et al. 2023). The six-step strategy included a systematic approach to interpretation of keywords, codes, and themes to conceptualise the keywords, codes and themes (through re-interpretation) that leads to the final presentation of conceptual framework (Naeem et al. 2023). The interviews were manually coded and organised collectively according to the purpose of this paper. As the number of Taulasea in NZ was too small ( $n = 3$ ), it was not possible

to investigate differences in perspectives and practices between countries, and it was not the purpose of the original research inquiry.

## **Ethics**

This study received full ethical approval from the Massey University Human Ethics Committee: Southern A Committee (SOB 21/45) in 2021, and later another ethics approval was obtained from the Ministry of Health in Samoa, Health Research Committee in 2023, to carry out the interviews in Samoa.

## **Findings**

The findings from thematic and comparative analyses revealed four major themes from the interview data illuminating the key learnings and reflecting the perspectives of the Taulasea, which have been woven into each theme description. The themes are: (1) Sacredness of the Taulasea knowledge and practice, (2) Taulasea specialisation, (3) Taulasea methods and approaches, and (4) Holistic views that impact health.

### ***Theme 1: Sacredness of the Taulasea knowledge and practice***

This theme positions the sacredness of the role of Taulasea in Samoan society. There was consensus across all traditional healers that each viewed that their healing practices have been conceptualised within a ‘*spiritual context*’:

I do it for the love for the people. I pray and depend on the mana from God. (Participant 1)

... prayer and faith and believing that they will be healed through these methods. (Participant 2)

... it takes a lot of trust for me to do [healing] things. (Participant 9)

Trust is very important in this work. (Participant 12)

Also, they viewed their role as a ‘sacred duty’ to practice in the community and this informed the way they conduct their practices:

... being a Taulasea is a gift that is given to me by up above. (Participant 9)

... many people think that Taulasea heals people, but that’s not it – God heals people and we help facilitate the healing. (Participant 11)

The Taulasea regarded the nature of their work as ‘acts of service’ to their people as the majority do not perceive their practice as a job or employment, and therefore their service is offered freely:

I don’t ask for pay but accept what they give. (Participant 1)

I don’t charge but at the end of all the sessions if they want to bless me with something then I will accept with a grateful heart. (Participant 2)

Finally, the gift of healing, which they viewed as being given to them by God, through relatives (of past Taulasea), or through longstanding village connections (e.g. they

demonstrated a willingness to learn), highlighted their craft as being ‘generational knowledge holders’:

[with mother] we talked about the importance of keeping up the family tradition. (Participant 14)

Taulasea are gifted and receive training from relatives to help family members with their health issues. (Participant 13)

### ***Theme 2: Taulasea specialisation***

The second theme highlights how the Taulasea are systematically trained and often have a specialisation. First, the ‘process of training’ happens over a long period. Usually, this process begins in childhood, where a practising Taulasea, often a family member, may ask a child to assist the healing session by carrying out simple chores, such as gathering certain plants for producing medicine:

[...] things started slowly, mostly me doing chores for her while she is doing her session – things like picking and cleaning leaves, making sure patients are comfortable ... (Participant 11)

Second, the ‘training’ is completed through active demonstration by the Taulasea and observation on the part of the trainee:

I listened and watched everything, later I became familiar with all the plants, preparation and the way my grandmother explain things ... First, I sit and listen very carefully to what you are going through during this process I will know what I will need to do. (Participant 2)

I learnt from my mother ... would ask to come with her to learn [method of treatment] to understand the illness. (Participant 4)

Third, the Taulasea are specific about who they can treat (‘specialisation’), some could only treat women and children, a few worked only with men, and some focussed on certain illnesses.

I only work with men and their specific issues. (Participant 9)

I work mostly with men – only on muscle pains or numbness due to stroke ... (Participant 10)

[...] work a lot with babies and young children. (Participant 11)

I treat only women and children, not men. (Participant 3)

Finally, Taulasea acknowledged that their healing abilities have limitations. If they do not think they can heal an individual, they will refer them to another healer or encourage the patient to go to the hospital. These processes are not uncommon in the way that Pacific people develop their knowledge and skills as Taulasea.

ssss

### ***Theme 3: Taulasea methods and approaches***

The Taulasea placed a strong emphasis on the need for in-depth conversation with their patients in order to arrive at a diagnosis. They asked numerous questions about the patients’

lives and lifestyles, ensuring they had as much information as possible before attempting to facilitate treatment. Active listening was considered essential to accurately discern the patient's health and the source of their pain, ensuring a holistic approach to healing.

Stay away from sugary and salty food or drinks. Also, no spicy, or non-natural [foods]. (Participant 14)

[...] encouraging our grandchildren to drink water and discouraging them from drinking sugary beverages. (Participant 8)

I advise people to stay away from rich foods and stick to simple foods. (Participant 10)

The Taulasea emphasised the importance of providing 'diet-related advice', urging their patients to avoid unhealthy foods and often advocating for a simpler traditional diet, as a healthy option. In addition, each healer specialised in one or a combination of 'treatment methods', tailoring their approach to the specific needs of their patients. For example, the methods may include: plant-based massage, Vai (medicine) drawn from plants, prayer, and prescribed routines.

My role at this point is just to listen and put things together and I'm also listening for gaps in the story so I can probe for clarification or more information. (Participant 13)

[...] listening is important and tuning in to what is not said is also very important as there is a reason why they didn't say those things and my job is to probe and make them comfortable to tell me. (Participant 12)

Patient compliance' was deemed crucial for being eligible for their services. Some healers would only take on patients who were willing to adhere to their prescribed treatments. The number of treatment sessions was consistent among the healers, with referrals to other healers if the patient's illness persisted.

[...] if they can't do that then I will ask them to find another healer ... willing to follow instructions. (Participant 2)

They [patient] must commit to the [number of treatments and methods] otherwise they won't be healed ... waste of her time. (Participant 3)

I record all names of the people who come for treatment (over 1000). (Participant 1)

There is an element of trial and error with the Taulasea methods and approaches as a 'service system', and this is not an unusual practice. One common method across the majority of the Taulasea was to examine for the *to'ala* – a Samoan concept that either denotes female reproductive organs or a life-essence that resides in the upper torso of a healthy individual. For this study, we are concerned with the latter meaning of *to'ala*. The Taulasea may feel for the *to'ala* and if they find that it is displaced in the body, their treatment focus will be aimed at re-aligning the *to'ala* back to its proper site to relieve the symptoms and to re-balance the body's wellbeing through massage and plant-based medicines.

#### **Theme 4: Holistic views that impact health**

The final theme describes the impact of the holistic view borne out of the role of Taulasea, their practices and values. All Taulasea agreed that the change in the diet through the

introduction of processed and foreign foods has caused social and physical harm, with some observing these adverse effects on the health and wellbeing of older and younger generations. Some of the examples below highlight the ‘dietary changes’ that the Taulasea have observed over time:

The cause of sickness is eating processed foods. (Participant 6)

Today there is so much food around, but the quality is not good. (Participant 2)

[...] people fry their food too much. (Participant 4)

I know that these foods [traditional food] are better fit for us as our bodies were made to fit these types of foods. (Participant 10)

This whole thing of eating 3–4 times or even more meals a day is new. (Participant 13)

[...] finding healthy foods, cooking the healthy way and serving healthy food is also much harder nowadays. (Participant 14)

Additionally, they have remarked on a shift in people’s relationship with the land. With growing trends of urbanisation and lifestyle modification, people are no longer working on the land and using different modes of transport to travel resulting in modern-based health conditions like obesity. Some examples below highlight how Samoans today have become ‘less mobile’ and the connection to ‘disease prevalence’:

[...] walk a long distance to fetch water and nowadays almost everyone has a tap [water]. Big issue is people hardly exercise. (Participant 1)

[...] people work hard for food – there are no stores, so people were very healthy as they worked the land. (Participant 2)

[...] old days, walk many miles. (Participant 3)

In those days hardly any diabetics. (Participant 1)

[...] evidence in our ancestry that they don’t have health conditions compared to the modern days and different conditions of today. (Participant 5)

The holistic views held by many participants highlight the interconnectedness of various aspects of health. These perspectives emphasise the importance of integrating traditional knowledge and practices into modern healthcare systems. Many Taulasea believe that holistic approaches, incorporating physical, mental, and spiritual wellbeing, were crucial for achieving optimal wellbeing outcomes, which is why emphasis was placed on conversing with the patient to fully understand their circumstance (as described above in theme 3). Some of the examples below highlight the ‘religious influence’ and their view of ‘integrating holistic practices’:

Culture and Christianity must go hand in hand. (Participant 1)

[bad spirit] no more of this kind of sickness, maybe people believe in the bible and that’s why this sickness is slowly disappearing. (Participant 6)

They [formal health practitioners] are also promoting holistic and incorporating mental health and encouragement – we also have been doing that for a very long time and we are also much better at doing it ... Nowadays modern science and health practitioners are

promoting ‘natural’ and ‘organic’ healing practices and food – we have been doing that from the beginning of the time. (Participant 13)

[...] things that we have been saying for a long time [traditional knowledge] – things they [Western science and formal health practitioners] said was wrong, not right and promoted – now there are research findings. (Participant 14)

I think reflecting on traditional ways of doing things and adapting to fit the current situation and illnesses is the best way forward. (Participant 7)

The spiritual health component is demonstrably a view that the Taulasea perceives as foundational to all other dimensions of the holistic self.

## Discussion

This paper highlights four major themes relating to the wellbeing and society of Samoan people due to the changing diet, environment and the use of Taulasea and their services. This section of the paper will discuss the most significant themes from the findings. The first finding is drawn primarily from the first and fourth themes, which posit, *the role of the Taulasea’s knowledge and practice as having a profoundly spiritual dimension*. The healing practices of Taulasea are deeply rooted in a spiritual context, where their work is above mere employment and is perceived by them as a sacred duty. This sense of duty shapes how they conduct their practices, emphasising the role of service over financial remuneration. The findings also show that those who use their services understand these spiritual and cultural contexts, which are crucial for appreciating the full scope of the Taulasea’s contributions and the deeply ingrained values that guide their practices. Other research on traditional healing and medicine has reported traditional healers’ work as a state of being and doing. The foundation of healing practices is based on spirituality and a greater being (God), culture, values, and traditions, thus differentiating traditional healers from other forms of contemporary healing practices (Mark et al. 2019). Although it is difficult to validate the spiritual dimension of the Taulasea’s work, as people continue to use their services as either a first port of call or simultaneously whilst seeking Westernised medicine, the perpetual use of traditional healing reinforces the value of their positionality in society. They viewed themselves as working through a greater spiritual being (God) in their role to reinstall spiritual health and wellbeing, and because they viewed their skillset as a ‘gift from God’, they revealed that reciprocity for their services should primarily be through patient compliance of the treatment regime, and sometimes they welcome food or other material resources, but not monetary exchange. However, access to their services were limited through familial and village networks, or word-of-mouth for those with specific expertise. Monetary exchanges (e.g. fee-for-service) was viewed as potentially detrimental to the Taulasea’s gifts and could also result in them or their family becoming sick with the illness. This differs to other traditional practices in NZ, particularly compared to that of traditional Rongoā Māori (Indigenous healing). Any person who is unwell or injured can access traditional Māori healing practices in NZ (Rongoā (medicine), mirimiri (massage), karakia (prayer)). Furthermore, the government agency subsidising accident-based injuries, disabilities, illnesses, etc. now includes the healers’ fees, allowing greater access to traditional medicines and practices (Corporation AC 2024). According

to the Taulasea in this study, their essential role remains strongly in the 'spirit of service'. Nevertheless, we have inferred from our findings that people want to have a connection with the healers, because they are accessible and provide a holistic treatment approach.

The second major finding relates to the first and second main themes. The Taulasea recognised shifts in practices due to the changing environment and conditions that people present to them. This recognition is important because they are adapting their traditional healing ways to meet modern contexts, which are useful and essential for their continued relevance and self-efficacy in contemporary society. The blend of traditional, cultural, spiritual, and scientific may provide a robust framework for addressing health issues and enhancing overall quality of life. In some societies, there have been collaborative approaches, where Taulasea have played a complementary role with Westernised doctors, but this has been largely regulatory towards traditional healers. Nonetheless, both practitioners can coexist, but a model of care and the nature of the collaboration requires further consultation between the two (Solera-Deuchar et al. 2020). This approach would provide mutual benefits for both the Taulasea and the people. A model of care and support would require trust and overcoming scepticism and the colonised rhetoric, of which the WHO stated, 'that the body of work surrounding traditional healing is underlined by uncritical enthusiasm or uninformed scepticism' (2002), and that a deeper understanding of the role that traditional healers play in their respective societies is needed. Recent research has shown that there may be 'subjective benefits' that patients reap from seeing a traditional healer that may not be quantifiable in a Western framework, and thus these subjective benefits must be further explored to gain a deeper understanding of their work and role (Jones 2000; Bodeker et al. 2005; Marques et al. 2021; Corporation AC 2024). In the current study, insights obtained indicate that the Taulasea continue to play a significant role in Samoan society. Our study documented the skills and knowledge of Taulasea that are used to implement more holistic health practices to ensure better health outcomes for their patients. Even according to the Taulasea in the New Zealand diaspora, their practices are different because they do not have the same access to medicinal plants. The societal connections also differ because they no longer have the same level of village support and family connections. However, the advancement of knowledge, technology and globalisation, and the prevalence of modern-day health conditions such as obesity and diabetes that were virtually unknown before 1945 are important features of the large environmental and social shifts, which have modified the way Taulasea practice.

The third major finding relates to the third and fourth themes. The Taulasea's perspective and insight on holistic health were based on their experiential knowledge and observation of the transformation of traditional diets, which had significantly impacted how people live, eat, and maintain their health. Many Taulasea reflected on the shift from traditional foodways to the 'convenience' of store-bought foods as negatively affecting the overall diet quality. Introduced foods in Samoa provide a variety to traditional offerings that are easily accessible and prepared and are manufactured to be highly palatable. This also means that the diets of Pacific peoples who have migrated to New Zealand are similar to diets in the islands in terms of the diminishing contribution of traditional foods (Swinburn et al. 1999). Another aspect of the shift was explained by the urban drift of Pacific peoples from a life of simplicity to the city, or migration to another country away from island life, where the daily rhythms of physical work to produce food have

been replaced by more sedentary jobs and lifestyles, and acculturation with city-life or in a new host country has exposed Pacific people to new tastes and foodways. Much has been written on the changing diversity of Pacific food (Tupai-Firestone et al. 2019), highlighting significant contributions to the economies of small Pacific Island nations. Many different food security strategies were reported to have been implemented over the last 500 years, including the introduction of at least ten species of plant foods from Asian countries across the Pacific region as a response to the challenges of changing Island environments (Pollock 2017). Thus, the intensification and commodification of global agriculture has driven a shift away from traditional Pacific-based diets, towards ones high in sugar, processed foods, and saturated fats (Tilman and Clark 2014). Introduced foodways (i.e. the cultural, social, and economic practices relating to the production and consumption of food) in Pacific Island nations are often in conflict with traditional cultural values and food systems. They have created new issues in local food economies, such as food supply being administered under the control of external agencies (Pollock 2017). Therefore, people are forced to choose between the affordability of cheap and imported foods (e.g. rice, noodles, cookies etc.) versus living off the land. Furthermore, intensive food production practices across the globe have impacted dietary patterns in the Pacific. Large-scale commercial farming and fishing projects worldwide have been linked to increased frequency of climate hazards including extreme weather events, food-borne and vector-based infectious disease outbreaks, and the emergence of new plant and animal diseases in the Pacific (Watts et al. 2018b). Such hazards can have severe negative impacts on humans, as evident in reduced security of local food production resulting in undernutrition due to lower fishing and crop yields, with disproportionate impacts in developing countries, including the Pacific Islands (Watts et al. 2018b). More recent work on adapting traditional healing values and beliefs for health and wellbeing has been anchored in the notion that there is a strong connection between the land and one's health and wellbeing. These connections are essential for cultural identity, and developing a better understanding of the ecological, economic and social contexts, which are needed to strengthen the position of traditional healing within indigenous communities.

The final finding from this study refers to themes two and three. The Taulasea consider their healing a gift and their service is offered free of charge, promoting a more meaningful relationship between the healer and the patient. With more studies now agreeing with a holistic approach, such as that used by traditional healers to heal the sick, there are still obstacles to its integration into the Westernised healthcare system. Opportunistic approaches to utilise both traditional and Westernised methods can co-exist if built on a mutually respectful relationship between healer and physician, and their co-existence strengthens the outcome for the patient's wellbeing. Studies show 60%–80% of those seeking primary medical care have nothing physically wrong with them, however for those people what is needed is sympathy and understanding (Poltorak 2010). Although the Taulasea see and treat fewer patients, they are better positioned to provide adequate time and attention that patients may not receive from a typical physician-patient relationship (Poltorak 2010). As global standards are shifting to incorporate more Indigenous and traditional knowledge, it would be important to acknowledge the Taulasea still have a significant role in current modern-day systems, and this could be

capitalised upon. For example, from reviewing our current findings, the Taulasea's positionality constitutes a central role as part of the community's cultural belief system, making them vital to the community (Anjorin and Hassan Wada 2022). Additionally, acknowledging the differences between Taulasea and Western medical practices, from our findings, the Taulasea were very clear on obtaining patient commitment and compliance with their treatment regime. This approach differs from going to a regular Western physician, where the patient pays for the service and a prescription is provided. From the Taulasea's perspective, this is a critical part of their service, because should the patient not comply, the consequences are detrimental to the Taulasea themselves or their family members. They believe that the sickness or illness transfers to them and or to their family members, whether people regard this as being superstitious, it is a commonly held view by the Taulasea in this study from generational knowledge passed down to them. In Western medicine, there is less attachment to this mode of thinking as being a requisite for visiting the doctor because if advice is given, it is up to the patient to use that information and advice with no real consequences to the physician. Although the Taulasea work in the realm of traditional knowledge, they recognise the potential of other forms of healing as an adjunct to their care. Therefore, they will not require their patients to avoid accessing Western medicine.

Overall, the last two findings discussed highlight the complex constructs of culture, social, genealogy, ancestry, and traditional healing practices which are critical to protecting traditional intellectual property and intelligence, so that people can continue to acknowledge, access, and use traditional medicine and healers with confidence in the modern world (Marques et al. 2021).

### ***Limitations of the study***

The study has several important limitations that temper the strength and generalisability of its findings. First, with only fourteen Taulasea participants (twelve women and two men) recruited via purposive, snowball sampling and with only three of them located in New Zealand, the sample size is both small and non-random, making it difficult to extend the findings to other Samoan Taulaseas, let alone to other Pacific Island healers. Second, all interviews were conducted in Samoan and translated into English by members of the research team without any back-translation, which may have shifted or provided limited meanings to culturally loaded concepts such as *to'ala* and *Vā*. However, this was minimised through independent validation of concepts and meanings being sought from older fluent Samoan speakers who were independent of the research. Third, the study relied solely on narrative interviews without other forms of methodological triangulation, such as, observational data, so it is unclear how widely the beliefs and practices described raises the positionality of the Taulaseas in society (although this is a fairly Westernised viewpoint). Additionally, ethical protections of confidential healing knowledge also meant that detailed information on specific medicinal plants and procedures was deliberately omitted, limiting the study's utility for informing applied interventions in a scientific manner. Finally, the very small New Zealand subsample ( $n = 3$ ) prevents meaningful comparison between diaspora and homeland practices, even though differences in plant availability and village support were highlighted as potentially important.

## Conclusion

This paper supports the notion that Taulasea or traditional healers play a significant role in contemporary Samoan society, and this is evident from the perspectives of Taulaseas on their role and how the health of people have changed according to emergence of diet-related conditions. Although we did not share the intimate knowledge of medicinal plants and procedures of the Taulasea, it was deemed more important to protect and respect that knowledge, in acknowledgement of their sacred duty and station in society today (and of the past). What is currently needed, is a further understanding of why people continue to use Taulasea and how a reciprocal model of care be informed and developed for use in the future, where Samoans (and all Pacific people) have access to the best of both traditional and Westernised healing practices.

## Acknowledgements

We like to acknowledge the Ministry of Health in Samoa Health Research Ethics Committee and our funders, the Royal Society of New Zealand (Marsden Fund), for enabling us to undertake this research. The authors would like to express their gratitude to all the Taulaseas who participated in this study and for entrusting the research team with their knowledge – without their generous participation, this research would not have been possible.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Funding

This work was supported by the Marsden Fund, administered by the Royal Society Te Apārangi, under Grant [MAU090].

## Data availability statement

To access data from this manuscript, please apply in writing directly to the Corresponding Author.

## ORCID

Ridvan Firestone  <http://orcid.org/0000-0003-2834-8044>

## References

- Aitaoto N. 2013. Pacific culture and type 2 diabetes: formative research to inform interventions to improve glycemic control among Pacific Islanders [Unpublished thesis]. University of Iowa.
- Aitaoto N, Braun K, Dang K, Soa T. 2007. Cultural considerations in developing church-based programs to reduce cancer health disparities among Samoans. *Ethnicity and Health*. 12(4):381–400.
- Aitaoto N, Braun K, Estrella J, Epeluk A, Tsark J. 2012. Design and results of a culturally tailored cancer outreach project by and for Micronesian women. *Preventing Chronic Disease*. 9:E82.

- Aitaoto N, Campo S, Snetselaar LG, Janz KF, Farris KB, Parker E, Belyeu-Camacho T, Jimenez RP. 2015. Formative research to inform nutrition interventions in Chuuk and the US Pacific. *Journal of the Academy of Nutrition and Dietetics*. 115(6):947–953.
- Aitaoto N, Ichiho H. 2013. Assessing the health care system of services for non-communicable diseases in the U.S. affiliated Pacific islands: a Pacific region perspective. *Hawaii Journal of Medicine and Public Health*. 72(5):106–114.
- Anjorin O, Hassan Wada Y. 2022. Impact of traditional healers in the provision of mental health services in Nigeria. *Ann Med Surg (Lond)*. 82:104755.
- Balint GP, Buchanan WW, Dequeker J. 2006. A brief history of medical taxonomy and diagnosis. *Clinical Rheumatology*. 25:132–135.
- Bodeker G, Ong C-K, Grundy C, Burford G, Shein K, World Health Organization. 2005. Programme on traditional medicine WHO/CfH 2005. WHO global atlas of traditional, complementary and alternative medicine. Kobe, Japan, Kobe, Japan: WHO Centre for Health Development.
- Braun V, Clarke V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3(2):77–101.
- Community SotP. 1999. The Pacific Islands food composition. Noumea, New Caledonia, Secretariat of the Pacific Community.
- Corporation AC. 2024. Building stronger connections through Rongoā Māori Conference; [accessed 2024 May 26]. <https://www.acc.co.nz/newsroom/stories/building-stronger-connections-through-rongoa-maori-conference>.
- Coyne T, Hughes R, Langi S. 2000. Lifestyle diseases in Pacific communities/ by Terry Coyne. In: Hughes R, Langi S, editors. Noumea, New Caledonia: Secretariat of the Pacific Community.
- Crocombe RG CM. 1968. The works of Ta'unga: records of a Polynesian Traveller in the South Seas 1833-1896. Canberra: Australian National University Press.
- DiBello JR, McGarvey ST, Kraft P, Goldberg R, Campos H, Qusted C, Laumoli TS, Baylin A. 2009. Dietary patterns are associated with metabolic syndrome in adult Samoans. *J Nutr*. 139(10):1933–1943.
- Field JS, Cochrane EE, Greenlee DM. 2009. Dietary change in Fijian prehistory: isotopic analyses of human and animal skeletal material. *Journal of Archaeological Science*. 36(7):1547–1556.
- Finau SA. 1994. Traditional health practices in a modern Pacific: a dilemma or blessing? *N Z Med J*. 107(970):14–17.
- Finau SA, Tipene-Leach D. 1999. Traditional healing and Pacificans: a manual for community health workers / Sitaleki A. Finau, David Tipene-Leach. Tipene-Leach D ed. Auckland, N.Z., Masilamea Press.
- Firestone R, Cheng S, Kaholokula JK, Borman B, Ellison-Loschmann L. 2019. Investigating differences in dietary patterns among a small cross-sectional study of young and old Pacific peoples in NZ using exploratory factor analysis: a feasibility study. *BMJ Open*. 9:e023126.
- Firestone R, Funaki T, Dalhousie S, Henry A, Vano M, Grey J, Jull A, Whittaker R, Morenga L, Mhurchu C. 2018. Identifying and overcoming barriers to healthier lives. *Pacific Health Dialog*. 21:54–66.
- Foliaki S, Pearce N. 2003. Prevalence and causes of diabetes in Pacific people. *Pac Health Dialog*. 10(2):90–98.
- Hawkes C, Blouin C, Henson S, Drager N, Dubé L. 2009. Trade, food, diet and health: perspectives and policy options. Wiley.
- Hoff W. 1992. Traditional healers and community health. *World Health Forum*. 13:182–187.
- Institute of Medicine. 1998. Pacific partnership for health: charting a course for the 21st century.
- Jones R. 2000. Diagnosis in traditional Maori healing: a contemporary urban clinic. *Pac Health Dialog*. 7(1):17–24.
- Lentfer C PC, Specht J. 2010. Natural and human impacts in a 35 000-year vegetation history in central New Britain, Papua New Guinea. *Quaternary Science Reviews*. 29(27):3750–3767.
- Mark G, Boulton A, Kerridge D. 2019. Rongoā Māori is not a complementary and alternative medicine: Rongoā Māori is a way of life. *International Journal of Human Rights Education*. 3(1):12.

- Marques B, Freeman C, Carter L. 2021. Adapting traditional healing values and beliefs into therapeutic cultural environments for health and well-being. *Int J Environ Res Public Health*. 19(1):426.
- Naem M, Ozuem W, Howell K, Ranfagni S. 2023. A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*. 22:16094069231205789.
- Pollock N. 2017. Diversification of foods and their values: Pacific foodscapes. In: EG-R Paini A, editor. *Tides of innovation in Oceania: value, materiality and place*. Australia: ANU Press; p. 261–294.
- Poltorak M. 2010. ‘Traditional’ healers, speaking and motivation in Vava’u, Tonga: explaining syncretism and addressing health policy. *Oceania*. 80(1):1–23.
- Puaina S, Aga F, Pouesi D, Hubbell F. 2008. Impact of traditional Samoan lifestyle (fa’ Samoa) on cancer screening practices. *Cancer Detection and Prevention*. 32(Suppl 1):S23–S28.
- Rao GHR. 2019. Global syndemic of metabolic diseases: editorial comments. *J Diabetes Clin Res*. 1(1):2–4.
- Solera-Deuchar L, Mussa MI, Ali SA, Haji HJ, McGovern P. 2020. Establishing views of traditional healers and biomedical practitioners on collaboration in mental health care in Zanzibar: a qualitative pilot study. *Int J Ment Health Syst*. 14:1.
- Sundborn G, Taylor S, Tautolo el S, Finau S. 2011. Utilisation of traditional Pacific healers by mothers and children of the Pacific Islands families study. *Pac Health Dialog*. 17(2):105–118.
- Suswardany DL, Sibbritt DW, Supardi S, Chang S, Adams J. 2015. A critical review of traditional medicine and traditional healer use for malaria and among people in malaria-endemic areas: contemporary research in low to middle-income Asia-Pacific countries. *Malar J*. 14:98.
- Swinburn B, Egger G, Raza F. 1999. Dissecting obesogenic environments: the development and application of a framework for identifying and prioritizing environmental interventions for obesity. *Prev Med*. 29:563–570.
- Tamasese KPC, Waldegrave C, et al. 2005. Ole Taeao Afua, the new morning: a qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. *Aust & NZ Jou of Psychiatry*. 39(4):300–309.
- Tiatia R. 2004. Samoan traditional healers “O Le Susuga Faito’o”: cultural constructions in New Zealand [master’s thesis]. Aotearoa: Victoria University of Wellington.
- Tilman D, Clark M. 2014. Global diets link environmental sustainability and human health. *Nature*. 515:518.
- Tupai-Firestone R, Cheng S, Kaholokula J, Borman B, Ellison-Loschmann L. 2019. Investigating differences in dietary patterns among a small cross-sectional study of young and old Pacific peoples in NZ using exploratory factor analysis: a feasibility study. *BMJ Open*. 9(3):e023126.
- Voaiioleti T. 2006. Talanoa research methodology: a developing position on Pacific research. *Waikato Journal of Education*. 12:21–34.
- Watts N, Amann M, Arnell N, Ayeb-Karlsson S, Belesova K, Berry H, Bouley T, Boykoff M, Byass P, Cai W, et al. 2018a. The 2018 report of the Lancet Countdown on health and climate change: shaping the health of nations for centuries to come. *The Lancet*. 392(10163):2479–2514.
- Watts N, Amann M, Arnell N, Ayeb-Karlsson S, Belesova K, Berry H, Bouley T, Boykoff M, Byass P, Cai W, et al. 2018b. The 2018 report of the Lancet Countdown on health and climate change: shaping the health of nations for centuries to come. *The Lancet*. 392(10163):2479–2514.
- World Health Organization. Programme on Traditional M. 2002. WHO traditional medicine strategy 2002–2005. Geneva: World Health Organization.
- World Health Organization. Regional Office for the Western P 2010. Achieving the health-related MDGs in the Western Pacific Region: progress report 2010. Manila, WHO Regional Office for the Western Pacific.