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**CONCEPTUALISING
MIND, BODY, SPIRIT INTERCONNECTIONS:
perspectives of Māori and non-Māori healers**

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ABSTRACT

This study into the nature of the mind, body, and spirit aimed to enhance psychological understandings of the holistic nature of human beings. There is a focus in mainstream psychology on the biomedical model, which has a limited view of people, of health and illness. The biopsychosocial and biopsychosocialspiritual models of health and illness, and the Whare Tapa Wha and Te Wheke Māori cultural models encompass holism but there is little literature or research specifically on MBS interconnections.

Due to the difficulty of studying the mind, body, spirit according to scientific assumptions and methods, the interconnections between these three elements were explored through spiritual healers' understandings of spiritual healing practices. There were twelve participants, six indigenous Māori and six non-indigenous spiritual healers who participated in semi-structured interviews. The data was analysed using interpretative phenomenological analysis techniques.

Three specific questions about mind, body, and spirit interconnections conceptualisations were studied. The first research question focused on how spiritual healers conceptualise mind, body, spirit interconnections. The second research question considered how mind, body, spirit interconnections are understood by spiritual healers practices of spiritual healing. The last research question examined how a Māori cultural worldview influences spiritual healers' understandings of interconnections between the mind, body, and spirit.

The diversity of mind, body, spirit interconnections broadened and expanded on the sparse definitions in the literature by showing the use of the mind, body, spirit as both separate and combined elements. There were illustrations of the theoretical and practical use of mind, body, spirit interconnections in healing and in

life. Cultural perspectives influenced and impacted on views of the mind, body, spirit with the addition of whānau and whenua to the mind, body, spirit concept that was considered culturally appropriate. The results provided a much broader picture than traditional models of health and illness, and showed further definitions and understandings of MBS interconnections. It is concluded that it is important that Māori cultural meanings of health and illness are included in the New Zealand health system.

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CHAPTER ONE

CONCEPTUALISING MIND, BODY, SPIRIT: AN INTRODUCTION

The study of the mind, body, spirit (MBS) is an exercise in searching for alternative paradigms, explanations and methods of research. This is mostly due to the non-material nature of the MBS that literally cannot be observed, measured or expressed in numbers. Although a common view is that we should establish whether a phenomenon exists before examining underlying mechanisms, collecting 'more of the same' kind of data may not provide any new insights or explanations (Hyland, 2004). However, it is possible to study the interconnectedness of the MBS by investigating areas that utilise the MBS concept in explanation, definition or classification. This includes changing concepts of health that encompass holism and alternative modalities of treatment such as spiritual healing and indigenous cultural perspectives.

The concept of health has emerged in recent decades as something far more than just disease-free biological functioning. Health is now considered to be powerfully influenced by cultural, social, and philosophical factors (Miller & Thoresen, 2003) and the new paradigm of holistic medicine includes the need for mental and spiritual as well as physical care (Zimpfer, 1992). From the holistic viewpoint, the traditional medical model, in its relentless quest to eliminate the symptoms of disease, is heavily criticised (Lyons & Chamberlain, 2006) and is limited. However the relatively new holistic paradigm embraces the spiritual, as well as physiological, psychological, and social dimensions of human existence (Hartley, 2004) which wholeheartedly encompasses the MBS concept.

This thesis aims to discover insights into MBS interconnections through exploring MBS definitions, conceptual models, spiritual healing and indigenous perspectives. Chapter one examines definitions of the MBS in the literature and discusses biopsychosocial (BPS) and biopsychosocialspiritual (BPSS) conceptual models. This chapter aims to create connections between the MBS and the BPS and BPSS conceptual models of health and illness. Chapter two introduces the complementary and alternative therapy of spiritual healing. It considers how spiritual healers understand the MBS through their spiritual healing practices. Chapter three examines indigenous and Maori beliefs about health, illness and healing in relation to the MBS and describes the Māori conceptual models of health of Whare Tapa Wha and Te Wheke. In this chapter, the purpose of the research is also presented by stating the three research questions. Chapter four describes the theoretical, methodological and the analytic explanations of each step of the research process. The analysis and results of the data shows conceptualisations of MBS interconnections across all participating healers in chapter five. The perspectives of the Māori healers are then presented in chapter six. Chapter seven explicates the conclusions that can be drawn from the research data about conceptualisations of the MBS. Several considerations about the rigour and limitations of the research are contemplated and future research recommendations are made.

MIND, BODY, SPIRIT

The journey to exploring the concepts of the MBS begins in this chapter with a review of definitions in use in the academic literature. Although the word 'definition' will be avoided as it is understood to be an exact description of the nature of a thing (Patterson, 1998), it is important to get a foundational understanding of how the literature has treated the mind, the body, and the spirit firstly as separate terms and then as a complete term. This will lead to an exploration of the BPS conceptual model that explores the combinations of

mind/body and social factors in terms of health outcomes and interventions. The BPSS conceptual model adds the spiritual element and the different combinations of spirit/mind, spirit/body and spirit/social will be explored. This section aims to provide a background understanding of how the research has conceptualised the MBS concept.

DEFINITIONS IN USE

The mind, the body, the spirit as separate terms

The mind and the body

Definitions of the mind often refer to the mental processes and to emotions (Fosarelli, 2002) such as; sensation, perception, thinking, memory and belief; intention, decision, purpose, action, and want; pain and pleasure, emotion, and mood; and aspects of the personality, like generosity, courage or ambition (Campbell, 1984). This is the aspect of an individual that deals with the emotions of human interactions (Young & Koopsen, 2005).

The body refers to the physical, biological, and chemical aspects of a human person (Fosarelli, 2002) and is the physical dimension of the body that is world-conscious. It is the aspect of an individual that allows the five senses of taste, touch, sight, hearing and smell to be experienced (Young & Koopsen, 2005).

Spirituality

The spirit is described as a unifying force within an individual, integrating and transcending all other dimensions (Young & Koopsen, 2005). Hiatt (1986) refers to spirit as a non-material and non-mental dimension of a person that is the source of unity and meaning. He also separates the definition of spirit from spirituality,

which refers to the concepts, attitudes, and behaviours that derive from one's experience of that dimension.

It is interesting to point out that the mind and body are often discussed as separate from spirituality, which confirms the assumption that the mind, body and spirit are not seen as interrelated and interconnected in the academic literature. However the plethora of non-academic literature on spirituality as a separate topic has led to a multitude of attempts to define spirit and/or spirituality. The academic literature shows a common insistence that spirituality is difficult to fully understand or measure using traditional scientific methods (Young & Koopsen, 2005) and little consensus has been reached about what the term spirituality actually means (Chiu, Emblen, Van Hofwegen, Sawatzky, & Meyerhoff, 2004). As a complex, multidimensional part of the human experience (Young & Koopsen, 2005), the spiritual dimension is so elusive that it seems to evade definition no less than investigation (Campbell, 1984). Beyond a lack of agreement about what spirituality is, there is also no consensus concerning standards for judging ideas about spirituality (Bolletino, 2001). There appears to be a great variety of elements that are attributed to spirituality. However, most do seem to agree that each person has a spiritual dimension that motivates, energizes, and influences every aspect of his or her life (Young & Koopsen, 2005).

Spirituality is often defined as separate from religion. Spirituality is a broader term and may be viewed as an umbrella concept under which one finds religion (Kaye & Kumar Raghavan, 2002) and is more inclusive and universal (Brady, Peterman, Fitchett, Mo, & Cell., 1999). Although there are a variety of religions, spirituality is common to all human beings (Bolletino, 2001) and need have no specific denominational overtones (Fosarelli, 2002). The spiritual nature of individuals can be differentiated from the religious aspects of an individual's life (Kaye & Kumar Raghavan, 2002). Spirituality is concerned with the transcendent, addressing

ultimate questions about life's meaning, with the assumption that there is more to life than what we see or fully understand (Hiatt, 1986; Young & Koopsen, 2005).

A thematic analysis of current definitions of spirituality revealed the following themes: existential reality (experiences, meaning/purpose in life, hope), transcendence, connectedness (relationship with self, others, nature and higher being) and power/force/energy (creative energy, motivation, guidance and a striving for inspiration) (Chiu et al., 2004). Spirituality is seen as a central philosophy of life and common defining features from the literature have been listed as a universal human desire for transcendence and connectedness (Chiu et al., 2004; Hall, 1998; Kaye & Kumar Raghavan, 2002; Mytko & Knight, 1999; Young & Koopsen, 2005) and a search for meaning and purpose in life (Fletcher, 2004; Young & Koopsen, 2005). In defiance of a standard definition, spirituality remains a highly subjective, personal, and individualistic concept (Young & Koopsen, 2005).

Religion

While religions aim to foster and nourish the spiritual life, it is possible to adopt the outward forms of religious worship and doctrine without having a strong relationship to the transcendent. Religiousness has specific behavioural, social, doctrinal and denominational characteristics (Fetzer Institute and National Institute on Aging Working Group, 1999) that relate to a person's adherence to the beliefs, values and practices proposed by an organized institution (Miller & Thoresen, 2003; Mytko & Knight, 1999). The Fetzer Institute (1999) working group identified the following key domains of religiousness/spirituality as essential for studies of health outcomes including: daily spiritual experience; meaning; values; beliefs; forgiveness; private religious practices; religious/spiritual coping; religious support; religious/spiritual history; commitment; organizational religiousness; and religious preference.

Spirituality can be experienced from either a secular or religious standpoint. The secular emphasises the core values and beliefs of a spiritual orientation, rather than formal religious beliefs or rituals (Galanter, 2005). The interconnected and transcendent nature of spirituality is compatible with the holistic nature of the MBS term because of its ability to encompass the large variety of values and elements that have been described. A focus on spirituality rather than religion will allow a broader exploration into the MBS, therefore it is this all-encompassing definition of spirituality, rather than the religiousness aspect of spirituality, that will be the used in the current research.

The mind, body, spirit as a complete term

When discussing the MBS as a complete term, there is a strong focus on holism. Holism refers to viewing an individual as a whole person that is integrated through the body, mind and spirit which are inseparable (Narayanasamy, 1999). The body and its biochemical processes, blend with the mental and emotional processes of the mind, and combine with the attitudes and beliefs of the spirit (Shannon, 2001). The MBS becomes a whole with no dividing lines needed (Shannon, 2001) making it difficult and artificial to try to separate these three dimensions (Young & Koopsen, 2005). The mind, body, and spirit are interconnected and interact in dynamic ways (Young & Koopsen, 2005) in continual interaction within the environment (Burkhardt & Nagai-Jacobson, 2002). Holism runs counter to the mind/body and spirit/body split, which has characterized Western thought for hundreds of years (Shannon, 2001). Therefore these holistic viewpoints of the MBS can be seen as outside of mainstream Western medical, philosophical, and conceptual thinking. However, it could open new possibilities for health care and understanding to eliminate the long-standing division between mainstream and alternative paradigms (Shannon, 2001).

The MBS has also been described as a way of maintaining health. Physical practices such as regular exercise and proper diet, mental practices such as meditation and spiritual techniques such as retreat, reflection and contemplation help improve and maintain well-being (Shannon, 2001). Holism emphasizes that a continued harmonious interaction between the spirit, the mind and the body is required to maintain an individual's health (Narayanasamy, 1999).

CONCEPTUAL MODELS

The definitions of the individual MBS elements and the holistic perspective of the MBS combined provide a basis from which to consider how interconnections between the MBS can occur. The following descriptions of the BPS and BPSS models show how concepts of the MBS and social are considered in the literature and link the MBS aspects together. The BPS model is widely accepted in health psychology, which adds more credibility to the consideration of the mind, body and social factors, both separately and together. The BPSS model, although used much less than the BPS model, is discussed here because it sets a foundation on which the MBS concept can be understood and utilized. This is necessary as mainstream psychology relies on visible models and theories to enable investigation and promote integrity of research.

The BPS model is important because it proposes a wider opportunity for extra factors such as social aspects to contribute to understandings of health and illness. The BPSS model, although less well known and accepted, also allows spirituality to be considered as a factor involved in illness and disease, making both of these models relevant to the study of the MBS. Due to the alternative nature of the MBS, and alternative paradigms of health being investigated, these conceptual models are included because they provide a mechanism by which combinations of the MBS are considered in terms of health and illness.

Biopsychosocial (incorporates Mind/Body + Social)

The BPS model was initially proposed by psychiatrist George Engel (1977) due to a need for medicine to take the patient into account and include the patient's social context and societal impact on illness (Lyons & Chamberlain, 2006). The traditional biomedical paradigm considers disease primarily as a failure within the body, resulting only from injury, infection and inheritance. The biomedical model has been very productive for medicine, however its reductionistic character prevents it from adequately accounting for all relevant medical aspects of health and illness (Alonso, 2004). Therefore the BPS model allows the integration of the biological, psychological and social factors to be integrally and interactively involved in physical health and illness (Alonso, 2004; Lyons & Chamberlain, 2006; Suls & Rothman, 2004). The BPS model aims for a holistic approach and allows the inclusion of aspects of the mind and body to be involved in health and health care.

McLaren (1998) is an opponent of the BPS model and has strongly argued that it is seriously flawed and should be abandoned. He believes that Engel has been unable to define the BPS model fully, and he argues that biological, psychological and social factors can not be researched or integrated in any meaningful or coherent manner (McLaren, 1998). Therefore, his arguments are based on the definition of a model rather than the BPS model itself, however he does not disagree that each of these factors actually does impact on people and their health. Therefore, despite these reservations, the BPS has remained steadfast and has become the conceptual base for health psychologists in their roles as researchers, practitioners, and policymakers. The BPS model has proven very successful at enabling health psychologists to create a multilevel, multi-systems approach to human functioning. However, further work is needed to create

models that are able to connect the biological, psychological, and social systems (Suls & Rothman, 2004).

Suls & Rothman, (2004) aimed to find out how well health psychologists employed the BPS model in their work. This was done by determining how often researchers measured the three variables of biological, psychological and social. However they also added another variable of the macro, which considered cultural, socioeconomic status and ethnicity aspects. Although the biological, psychological and macro variables received almost similar attention, the social domain received less coverage (Suls & Rothman, 2004). The results show that of the four domains of biological, psychological, social and macro, investigators have tended to focus on the interaction between either psychological and social (mind and social) factors or psychological and biological (mind and body) factors. Researchers found that the basic elements of the BPS model are taken seriously, but more could be done to pursue the linkages among subsystems (Suls & Rothman, 2004). The current research also hopes to contribute new knowledge about the interconnections within the BPS model.

Mind/Body

The debate on the relationship between the mind and body has continued since the days of Descartes. Theories of mind-body connection have arisen such as dualism, behaviourism, central-state materialism, functionalism, epiphenomenalism (Campbell, 1984). It began with dualism, the separation of the mind and body, however as time has gone on, eventually the theory and the research began to show that the mind and body do have some kind of connection. Although not fully understood, it is now widely accepted that thought patterns, emotions, images, beliefs and expectations of the mind produce an effect upon the body (Hartley, 2004).

One example of the powerful effect of the mind on the body is the placebo effect (Fosarelli, 2002). This refers to a substance that can have a positive, negative, or no effect, depending on the beliefs of the person receiving it. Attempts to explain placebo have included classical conditioning and expectancy theory. Classical conditioning hypothesizes that a placebo response could be elicited once the patient has associated the administration of a substance (unconditioned stimuli) with the mode of delivery (conditioned stimuli) (Hirsch, 2004). Research in the area of expectancy theory suggests that classical conditioning is not enough on its own for placebo effects to occur. Research supports the notion that the strength of the placebo effect is based upon both conditioning and expectancy for pain reduction (Hirsch, 2004). However, despite extensive literature, the exact BPS mechanisms through which placebos operate are still not fully understood (Hirsch, 2004).

Mind/body Health outcomes

One explanation of the effect of the mind on the body states that energies of thought, feeling, attitude, belief and imagination become manifest in the physical body, creating changes in physiology and biochemistry. The potential that these energies can be harnessed to aid in the treatment and prevention of disease (Salt & Neimark, 2002) makes the mind/body connection extremely important. There have been many studies of the effect of mind/body and psychosocial factors on a large variety of health outcomes, such as the effect of stressful life events and minor depression in acute myocardial infarction (Rafanelli et al., 2005) and the effect of social networks on mortality from cardiovascular disease (Kawachi et al., 1996). One review of evidence linking psychosocial factors to a variety of health outcomes showed that anger/hostility and anxiety are linked to negative health outcomes, while there are significant links between depression and the incidence of future cardiac events (Astin & Forsys, 2005). A review of prospective studies published between 1986 and 1997 that investigated depression or anxiety in the

etiology of coronary heart disease found a positive association in all of the studies (Hemingway & Marmot, 1999). This brief discussion of mind/body research shows that health outcomes is one way that the mind/body connection can be researched and measured in the literature.

Mind/Body Interventions

The healing potential of the mind-body connection has been researched and applied in medicine and in various therapeutic methods (Hartley, 2004). Mind-body interventions use a variety of techniques designed to facilitate the mind's ability to affect bodily function and symptoms. Some mind-body interventions that have a well-documented theoretical basis, such as cognitive-behavioural approaches, are now considered "mainstream". However other types of techniques, such as meditation or hypnosis are still categorized as alternative (National Center for Alternative and Complementary Medicine, 2006). Other mind-body treatment modalities include biofeedback, guided imagery, relaxation and prayer (Matthews, 2002). For example, mind/body intervention research has studied relaxation and guided imagery (RGI) used in the treatment of children with asthma, and suggests support for RGI as a promising intervention (Peck, Bray, & Kehle, 2003). In a 10-week medical symptom reduction programme among somatizing patients, it was found that physical and psychological symptoms were significantly reduced in both groups (Nakao et al., 2001). Further, an intervention that taught chronic low back pain patients about relaxation response and movement therapy improved pain perception ratings, mood state, and functional status (Berman & Singh, 1997).

A recent meta-analysis reviewed evidence for the effectiveness of an array of mind-body/psychosocial interventions including relaxation, meditation, imagery, stress-management, and cognitive-behavioural therapy. The findings concluded that there was strong evidence to support the incorporation of mind-body

approaches in the treatment of chronic low back pain, coronary artery disease, headache, insomnia, preparation for surgical procedures, cancer, arthritis, and urinary incontinence (Astin & Forsys, 2005). The sheer number of mind/body interventions would seem to indicate an increased awareness of the benefits of intervention that focuses on a combination of both mind and body modalities. This provides further support for the significance of the mind/body connection, especially in regard to effective health treatment.

Other fields

Psychoneuroimmunology (PNI) is an interdisciplinary field of research that examines the multidirectional interactions among the brain, neuroendocrine, and immune systems (Peck et al., 2003) showing how the mind affects the body (Fosarelli, 2002). It seeks to shed light on how mental events and processes affect the immune system and how immunological activity is capable of altering the function of the mind (Daruna, 2004), and shows that how we think can play a role in the initial stage and outcome of a given illness (Fosarelli, 2002). Therefore, PNI provides a framework for mind–body practice and research with its integrative approach (Robins et al., 2006).

Psychophysiology is another interdisciplinary scientific discipline devoted to the study of the interrelationships between the physiological and psychological aspects of behaviour. This approach incorporates a large number of disciplines like psychology, medicine, engineering, anatomy and neuroscience (Vanman, 1996) and uses techniques such as biofeedback to test connections between the mind and body. Both PNI and psychophysiology are comprehensive fields in their own right, however, in this context, they serve to provide useful examples of how these fields not only accept the mind/body connection but whose research begins to delve into deeper and more specific explanations of how the mind and body interact.

Biopsychosocialspiritual (incorporates Mind/Body + Social + Spiritual)

The BPS model has been explained in terms of biological, psychological, and social factors, however recent consideration has been given to a fourth factor, namely spirituality (Jappy, 2001). With the increasing frequency in the literature of the concept of spirituality, a broader holistic perspective encompassing BPSS factors of health and illness is emerging (Kaye & Kumar Raghavan, 2002).

This model is largely absent in the literature indicating how new it is. One study does support a move to the BPSS model for quality of life measurement, stating that the spiritual domain encompasses important and unique information which is lost when it is overlooked (Brady et al., 1999). Another study surveying spiritual practice and beliefs related to healing found that spirituality should be included in the BPS model because many patients think there is a faith factor involved that can strongly influence health behaviour. These researchers argue that there is value in broadening the BPS model to include the spiritual (Mansfield, Mitchell, & King, 2002).

Despite the sparse use of the BPSS model in the literature, the increased interest in the holistic paradigm may mean that this model will gain popularity in the future. In the meantime, the BPSS model, with the addition of the spiritual element to the mind and the body, lends support to the use of the MBS as a combined term.

Spirit /Mind, Spirit/Body and Spirit/Social

Studies incorporating religiosity and spirituality with emotional and physical illness have found significant relationships between religiosity, spirituality and physical well-being, psychosocial well-being and quality of life. This research indicates that

religious and spiritual beliefs and practices may provide physiological, affective, behavioural and cognitive mechanisms for coping with illness and distress (Mytko & Knight, 1999) and may provide a buffer against both major and minor stressors through direct physiological pathways (Fetzer Institute and National Institute on Aging Working Group, 1999). A review of similar research shows that the beneficial effects of participating in religious practices are primarily due to their role in strengthening religious belief systems and also appear to have significant protective effects for the emotional and physical well-being of individuals in crisis (Fetzer Institute and National Institute on Aging Working Group, 1999). Although there is a sparse and mixed body of evidence supporting links between religiosity and physiological processes related to health, an overall interpretation shows that aspects of religiosity/spirituality may be linked to physiological processes through cardiovascular, neuroendocrine, and immune function, however more research is needed (Seeman, Fagan Dubin, & Seeman, 2003).

CHAPTER SUMMARY

The exploration of literature surrounding the MBS concept shows that it is part of a new paradigm of holism that suggests an interconnected link, however, research still tends towards separating the three elements. Although the BPS and BPSS models aim to integrate these elements, there is still more theorising and conceptualising needed about how the BPS and BPSS may be linked. One way to do this is by examining conceptualisations of interconnections of the MBS. This overview of the literature about the MBS provides a strong foundation on which to base the current study into conceptualisations of MBS interconnections between each of the three elements and as an entire concept.

CHAPTER TWO

SPIRITUAL HEALING AND HEALERS

Complementary and Alternative Therapies (CAM) are healing techniques that work outside mainstream medicine and are methods that encompass the holistic paradigm. Spiritual healing comes under the umbrella of CAM, and is seen as a mode of healing that will allow concepts relevant to the MBS to emerge from spiritual healers. The relevance of CAM, spiritual healing and spiritual healers to how the MBS can be conceptualised and how this can be researched, is discussed in this chapter.

COMPLEMENTARY AND ALTERNATIVE THERAPIES

Alternative medicine is a term that applies to a variety of non-traditional medical techniques (Galanter, 2005) known as CAM. However a single definition of alternative medicine seems simplistic since alternative healing includes a wide assortment of therapies and beliefs (Kaptchuk & Eisenberg, 2001). Tatarzyn (2002) has proposed four paradigms of health and illness that classify medicines according to the basic assumptions of health and disease associated with each medicine. The four paradigms are the body paradigm, mind-body paradigm, the body-energy paradigm and the body-spirit paradigm. CAMs classified in the body paradigm are those that work through biologic mechanisms as the primary determinants of health. The mind-body paradigm includes factors such as stress, psychological coping styles, and social supports as primary determinants of health and disease. The body-energy paradigm assumes that health and disease are functions of the flow and balances of life energies. The body-spirit paradigm assumes that one or more transcendental aspects that exist outside the limitations of the material

universe can influence health and disease (Tataryn, 2002). These paradigms provide a starting point for explaining connections between the MBS through health, health outcomes and disease.

A new paradigm, called a consciousness revolution, has core principles of a physical body composed of energy that is capable of healing itself. It also encourages a strong push towards an inner spiritual path to find meaning and a mind that can be used to impact the body, health and well-being, and has shown a transformation in health care (Shannon, 2001). There has been increasing use of complementary and alternative medicines (CAM), a range of healing approaches that are not an integral part of conventional medicine (Matthews, 2002). There was a massive acceleration in CAM visits and spending during 1990-1997 in the United States (Eisenberg et al., 1998) and this trend is continuing with an increase in use of a wide range of individual CAM therapies (Kessler et al., 2001). CAM use in Australia now appears considerably higher than previous Australian studies suggest and this may reflect the growing popularity of CAM although regional variations and a broader range of CAM may contribute to this reported increase (Xue, Zhang, Lin, Da Costa, & Story, 2007). Also, given the amount of research on the patterns and use of CAM in health areas such as cancer (Sparber, Bauer et al., 2000), HIV/AIDS (Sparber, Wootton et al., 2000), mental health among Chinese Americans (Fang & Schinke, 2007), depression in women (Wu et al., 2007) and many more, it seems that the popularity of CAM has continued into recent years.

The number of CAMs being utilized by North Americans and health care consumers is growing at an astounding rate (Tataryn, 2002). Explanations for this increased usage of CAMs include a gap between people's spiritual needs and biomedicine's preoccupation with the mechanics of the body (Galanter, 2005). Patients are dissatisfied with mainstream medical care (Hirsch, 2004). People are seeking conventional health care that transcends the limitations of the body paradigm and

integrates the more natural and holistic medicines of the MBS (Tataryn, 2002) and research into the reasons for this increased use continues.

CAMs cover a wide range of philosophies and therapeutic practices and treatments, including acupuncture, chiropractic, homeopathy, naturopathy, energy therapies such as therapeutic touch and reiki, mind-body therapies and herbal remedies of various sorts and special diets (Lyons & Chamberlain, 2006). Many of these modalities rely on an underlying belief of spirituality for their validation (Galanter, 2005) and the holistic approach and principles of spiritual healing are common denominators amongst many of the complementary therapies (Benor, 1995). Despite being considered one of the more 'fringe' complementary therapies (Benor, 1995), spiritual healing is appropriately included as one of the modalities of treatment classified under the umbrella of CAMs.

SPIRITUAL HEALING: AN INTRODUCTION

Alternative therapies are called holistic, which generally describes the whole person as including physical, mental, emotional and spiritual aspects (Matthews, 2002; Pelletier, 2002; Shannon, 2001). Spiritual healing is one of the alternative healing treatments that aims to bring about a harmonisation of the MBS as well as emotions and community (Benor, 1995). Holistic healing honours the integration, balance and harmony of the MBS and emotions and considers health as a function of coherence among these components (Seaward, 2000). Because of the holistic and unifying theory of spiritual healing (Benor, 2001), it becomes an ideal vehicle through which to explore the interconnectedness of the MBS.

Spiritual healing has been described as "...the intentional influence of one or more people upon one or more living systems without utilising known physical means of intervention" (Benor, 1995, p. 234). This can be done with a laying-on of hands (Brown, 1995) lightly touching or held near to the body which is often combined

with visualisation, meditation, prayer or other focused intent. Visualisations may include seeing the healee as whole and well, as surrounded with white or coloured healing light or as a clearing of cloudiness within the biological energy field around the body (Benor, 1995). Spiritual healing is said to ease symptoms, remove blocks in energetic flows, retrieve repressed memories of emotional hurts and bring improvements in many illnesses, relationships and facilitate an opening into spiritual awareness (Benor, 1995). Both the philosophy and practice of spiritual healing appears to be inherently holistic (Benor, 1995; Patterson, 1998). Healing is about treating the whole person who has the disease, not merely about addressing the disease the person has (Benor, 2001). Spiritual healing can be considered to have three primary characteristics. It provides relief from disease; operates outside the boundaries of established empirical medicine; and ascribes treatment effectiveness to higher metaphysical or spiritual powers (Galanter, 2005).

There are no standard treatment effects with spiritual healing, although healing has been known to alleviate almost every known symptom and illness in some people, some of the time (Benor, 2001). This unpredictability of treatment response has created skepticism about the benefits of healing. However, Benor (2001; 1995; 2002) has compiled extensive lists of spiritual studies where out of 191 randomised, controlled studies of healing, 124 demonstrate significant effects that exceed a probability of 0.05 or better indicating that there is research support for the efficacy of spiritual healing. Rather than the scientific validation, treatment efficacy or actual practices of spiritual healing, however, it is the use and understanding of the MBS throughout spiritual healing practices, treatment and explanations that will be the focus of this research.

Therefore, spiritual healing is being studied in the current research because it utilises all three elements of the MBS at various stages of the healing session and healers will have their own conceptualisations about how these work. One

example is the initial questioning of the patient, the patient's history and symptoms. The initial method of diagnosis used by most healers is to question the patient about the history of the illness and elicit information to discover what stresses or troubles have been experienced. Although the preliminary source of information comes from the patient, the healer may not always automatically accept the person's explanation, and may rely instead on advice received from spiritual sources such as the Christian God, the spirits of dead relatives or a spirit that works closely with the healer. Communication with the spiritual dimension can occur as a dialogue, as an internal intuition within the healer or as interpretation of significant signs in nature (Baddeley, 1985).

This act of questioning indicates that cognition of the mind of the patient is engaged in the diagnosis process because they are required mentally to remember prior events in their lives that may be relevant. Although the healer also uses physical methods of inspection and mental signals to comprehend and process the information, he/she will often rely on spiritual insight to confirm the diagnosis. At different stages of the diagnosis, each one of the mind, body and spirit is utilized at different times but they can also be used collaboratively to bring about the desired result. The questioning/spiritual consultation process in the spiritual healing session indicates a patient and healer combined effort where the mind, the body and the spirit are used both individually and collaboratively as tools to gather information to determine diagnosis (Baddeley, 1985). It is the spiritual healer's understanding of spiritual healing practices that is the focus of the current research that aims to explore the conceptualised links between the MBS.

SPIRITUAL HEALERS

Spiritual healers, as practitioners of spiritual healing, have a worldview on health, illness and healing that is grounded in holism and the interconnectedness of all things (Patterson, 1998). Their unique perspective on their spiritual healing

practices will provide a way of considering MBS connections that would not be possible otherwise.

A spiritual healer is a non-biomedical health practitioner who utilises methods that may use botanical, animal or mineral products and is sought out to treat physical, mental, and social diseases (McMillen, 2004). A healer is a gifted individual who may use the gift of touch, energy work or rituals and also may have an ability to use a variety of therapies to heal people spiritually, emotionally or physically (Hill, 2003). Although the term "spiritual healer", necessarily groups together a diverse group of people who may not have much in common culturally, socially, or professionally (McMillen, 2004), there have been attempts to classify spiritual healers which range from those healers that use practices based on rational and reality based constructs, through varying stages to the use of metaphysical and non-reality based constructs (Cooperstein, 1992). Various spiritual healers may elicit different responses in the same person, and the same healer may find the same person responding differently from one treatment to the next. Some healers are particularly successful with some illnesses but may have no response when treating other problems (Benor, 2001). Due to the variety in definition of spiritual healers, the current study will allow participants to self-identify as spiritual healers and no individual will be excluded based on methods of spiritual healing.

Conventional explanations may not only be inadequate to explain healing, but might impose inappropriate frameworks incapable of encompassing the holistic nature of the healing context (Durie, 2001). There was a process of contemplation about the type of group that would be appropriate to research for the MBS topic that would be suitable, interesting and practical to approach for the study (Smith & Osborn, 2004). Spiritual healers seemed an ideal group of individuals because their work is based in the holistic paradigm, and it was hoped that interconnections about the mind, body, and spirit would emerge from the data rather than taking a more direct approach of interviewing people about their concepts of the MBS.

Therefore, this study aims to understand the MBS from the spiritual healer's worldview and perspective that will demonstrate aspects of the MBS.

HOLISTIC PERSPECTIVE OF ILLNESS AND HEALING

Spiritual healers believe that illness indicates that the body is out of balance and that symptoms draw attention to the imbalance. Healers maintain that illness can be viewed positively and provide opportunities to enhance spiritual development (Brown, 2000). Spiritual healers claim that the physical body is an expression of the states of subtle energy fields that surround and interpenetrate the physical body, each of which is distinctly related to an aspect of the physical, emotional, mental or spiritual. These emotional, mental and spiritual fields can also influence the physical body (Benor, 1995).

Spiritual healing appears to be based on a belief that we are all part of the natural harmonious energy of the universe, with the healer operating from an intention to utilise or channel that energy for the benefit of others. These channelled positive energies have the ability to heal body, mind and emotions (Patterson, 1998). Healing is a holistic approach in which the individual is seen as a unique complex organism interacting with an environment. Healers view the individual as being self-regulatory and, ultimately, self-healing. Spiritual healers tend to work intuitively at the particular level of mind, body, emotion or spirit that they consider to be appropriate at that time (Brown, 2000).

Mind/body placebo effect of patient expectancy

The significance of belief in a higher power is related to people's expectancy that spiritual healing will have positive effects which should be factored in as an important part of the healing process (Kissman & Maurer, 2002). One study was designed to explore the possible impact of healer and patient expectations on

mental and physical health parameters following a spiritual healing session. The results confirmed that those patients who had a high level of expectancy or belief in the efficacy of spiritual healing (and the healer) responded to the treatment sessions to a greater degree than those patients who possessed a low level of belief or expectancy in the spiritual healing treatment or the healer (Wirth, 1995). The placebo effect is elicited by the symbolic and behavioural activities of the patient-healer encounter. This placebo effect seems to work through the power of belief, expectation, hope, imagination, will, intention, preference and commitment (Kaptchuk, 2003). Therefore the mind/body placebo effect is influential in the healing session where the effect of healers and their patient's expectancies of each other and of the healing treatment helps determine the effectiveness of treatment. The placebo is not unique to spiritual healing as the placebo effect also takes place in other health encounters, for example, between a general practitioner and a patient, however, it may be more important in the spiritual healing context.

Mind/Body Healer Reactions

Healers reportedly apply a variety of approaches during healing sessions that utilise aspects of the mind such as intention with the use of; verbal affirmations and imagination; alterations in consciousness of personal identity and attention; shifts of enhanced and expanded awareness and intense concentration towards the patient; control over cognitive processes through the use of self-regulative, meditative techniques such as centring, meditative prayer and healing meditations; and emotional responses being heightened (Cooperstein, 1992). Bodily processes are also affected such as motor activity where heart, pulse rate, and respiration decrease. Other non-ordinary physical sensations may be experienced, including quasi-energy feelings, variations, oscillations or rhythmic reverberations and thermal changes involving extraordinary warmth or coldness. Also due to the combined effects of sustained, absorbed attention and reduced sensory input from the external environment, body boundary awareness is reportedly decreased, and

alterations in body image may be experienced (Cooperstein, 1992). The number of altered mind and body functions of the spiritual healer during healing sessions is one of the ways that the MBS can be explored from the spiritual healer's perspective.

Spiritual Element

During the healing session, the illness and subsequent treatment might be said to involve supernatural forces. The use of the spiritual dimension can take the form of beliefs associated with non-ordinary energies, powers, and forces, discarnate beings and parapsychological abilities which healers often use as a means of interpreting and communicating their experiences (Cooperstein, 1992). There are several spiritual entities that have been identified in the literature. There is the divine spirit, God or universal energy, the ancestors or spirits, which may include spirit gods or angels or other different forms and there is the higher self or the subconscious (Cumes, 2003; Struthers, Eschiti, & Patchell, 2004). Methods of spiritual connection may involve divining and spirit possession which may be central to establishing diagnosis, prognosis, or composition of appropriate medicines (McMillen, 2004). Whether these abilities, entities or methods are 'real' or able to be verified is not the focus of the current study. The use of elements of the spiritual realm depends on the personal choice, preference, and training of the spiritual healer. However, rather than the authenticity of their practices, it is spiritual healer's understandings that will provide conceptualisations of the interconnections across the MBS and will aid in the exploration of this concept.

Adaptability

Adapting to the changing expectations and needs of clients may prompt healers to incorporate ideas or practices from biomedicine into their own practices and

synthesize or create “new” disease models or treatments. This facilitates his or her ability to adapt to changing surroundings and client expectations (McMillen, 2004). For example, one healer learnt about some plant medicines from other healers, but said that most of the plant medicines he uses today have come to him through dreams (McMillen, 2004). Another healer speaks of the spirits who communicate in advance that patients might come and sometimes knows the disease and required treatment ahead of time, therefore when the patient arrives, he knows what signs of illness to look for (Struthers et al., 2004). The ability to adapt to the needs of the patient is important in spiritual healing treatment.

CHAPTER SUMMARY

The holistic nature of the philosophy, health practice and treatment of spiritual healing is compatible with the MBS making it an appropriate CAM modality through which to explore the MBS and its interconnections. Likewise, spiritual healers with their unique perspective of holism in illness and healing, and the active role they play in the healing session through the placebo effect and mind/body reactions means that they will have an informative and unique perspective of the various elements of the healing session. It is through their training, their experience and their spiritual “gifts” that they are able to provide effective healing for the client. Their knowledge of how their healing works and what happens during the healing session will provide access to unique conceptualisations of MBS interconnections that will enable further exploration and understanding of the MBS.

CHAPTER THREE

INDIGENOUS PERSPECTIVES ON THE MBS

In this chapter, an examination of health, illness and disease beliefs from indigenous peoples around the world as well as Māori begins to show further holistic perspectives of the MBS. Indigenous perceptions of spiritual healers and healing shows how cultural beliefs and values influence the healing process and also discusses the suitability of spiritual healers for this study. A section on Maori healing and healers describes traditional Maori healing methods and the holistic worldview of Māori healers. As the final part of the introductory chapters of the thesis, the purpose of the research ends this chapter.

Although the holistic paradigm seems relatively new, there is a strong influence of indigenous cultural values and beliefs, and many ancient non-Western cultures have always embraced a holistic approach in their respective philosophies. Cultures from around the world offer various models for understanding the relationships between spirituality, healing and illness (Young & Koopsen, 2005) and it must be understood that indigenous culture is not like mainstream culture as it embodies a different perspective related to health and illness (Struthers, 2003). People of indigenous cultures have a view of the MBS and health, illness, disease and healing that is inherently holistic and interconnected. This shows how important the concept of the MBS is to people of indigenous cultures.

HEALTH, ILLNESS AND DISEASE

Native American medicine recognises the four elements of the person as spiritual, emotional, physical and mental (Matthews, 2002). A state of health and well-being in Native American medicine suggests a state of balance, harmony, synchronicity, and wholeness be present within the spiritual, mental, emotional, and physical realms as well as relationships within the family and community, with nature and the universe (Struthers, 2003). One qualitative grounded theory study on health care decision making of American Indian women emphasised that balancing mind, body, and spirit was important for the women interviewed. Health was not simply the absence of disease or physical problems. Health was a balance between mind, body, and spirit and a holistic approach toward living. In order to feel healthy, participants needed to experience balance between the physical, mental, and spiritual realms of their lives (Canales, 2004). Therefore, the desire to maintain a sense of balance influences health care decision-making, showing the importance of the MBS to indigenous health care and decision-making processes. One interesting point to note is that much of the research literature on indigenous perspectives of health and illness involves female participants rather than male. It would be interesting to consider the difference gender would make on indigenous opinions of health and illness, and this could be an area for future research.

A belief among African Americans is that balance among mind, body and spirit is necessary for good health (Russell, Swenson, & Skelton, 2003). The participants in one study that researched the meaning of health in mammography screening for African American women described good health as a balance among the emotional, physical and spiritual aspects of individuals. To maintain this balance for good health, individuals needed to consciously and actively engage these three dimensions to stay healthy. The participants described health as a combination of awareness and comfort with the body, positive attitudes for staying healthy, taking an active role in maintaining health and having faith in God to help keep an

individual healthy (Russell et al., 2003). This belief in balance for good health and in the MBS indicates that indigenous beliefs influence health behaviour.

The basic assumption of traditional Chinese medicine supports a view where the physical, emotional, social, and spiritual well-being of individuals is indivisible (Chan, Chan, & Lou, 2002). A group of social workers in China have been developing a Body-Mind-Spirit empowerment approach, which integrates concepts and practices from Western models with traditional Chinese medicine and the Eastern philosophies of Buddhism, Taoism, and Confucianism. This approach was adopted in the design of an empowerment group for divorced women in Hong Kong. The Body-Mind-Spirit empowerment approach uses a variety of techniques including breathing exercises and massage for the body, positive self-affirmation and journal writing for the mind and forgiveness practices that support living with spirit. This approach aims to help the MBS dimensions interact in a dynamic equilibrium to bring about total well-being for divorced women (Chan et al., 2002). The results indicated that the integration of body, mind, and spirit strategies helped the participants to increase their physical and mind energy levels and empower them in terms of their ability to manage emotion and master life (Chan et al., 2002). This study suggests that the holistic aspect of the MBS provides a basis for successful MBS intervention to improve people's lives.

Indigenous perspectives also contribute to understandings of disease and illness. For Māori, poor health is regarded as a manifestation of a breakdown in harmony within the individual and between the individual and the wider environment (Glover, 2005). Illness and disease are seen as a fragmentation, a denial or as a disequilibria of the body, mind, and spirit (Fosarelli, 2002; Kaye & Kumar Raghavan, 2002). From a holistic perspective, where there is an imbalance or dissonance in the layers of the human energy field, the result is disease or illness to the physical body (Seaward, 2000). The physical manifestations of disease are traditionally seen as symptoms of weakness caused by being out of balance or off-

centre. The weakness may be derived within the spiritual, emotional or psychological aspects of the person (Matthews, 2002). Understanding how indigenous cultures view disease and illness may indicate the types and methods of healing that may be most effective to indigenous cultures.

MĀORI PERSPECTIVES

A Māori view of health is invariably holistic (Cram, Smith, & Johnstone, 2003) and health is perceived as spiritual, mental and physical well-being in terms of harmonious living (Parsons, 1985). The Whare Tapa Wha [four sided house] is a model of Māori health that compares health to the four walls of a house. These walls represent the four dimensions of whānau [family], hinengaro [mental], tinana [physical], and wairua [spirit] (Durie, 2001). These aspects of health are viewed as interrelated and working in harmony to influence health. The whānau element is the family system that embraces all and links the individual, the family and wider social and the environment. The hinengaro is the mental and emotional aspects of a person. The tinana domain recognises the physical or bodily aspect of a person. The wairua component is the spiritual aspect of a person (Durie, 2001). The Whare Tapa Wha is universal in its application but also reflects a unified view of the universe, which is fundamental to the Māori worldview (Rochford, 2004).

Another Māori conceptual model of health is Rose Pere's Te Wheke (The Octopus) (Pere, 1995). Te Wheke illustrates the interdependence of all things and uses the metaphor of the different parts of the octopus to represent the philosophies of the model. The head represents the child/family. Each tentacle represents a dimension that helps give sustenance to the whole, that moves in all directions and that is intertwined with the others. The suckers on each tentacle represent the many facets that exist within each dimension which need to be understood in relation to each other, and within the context of the whole. The eight tentacles represent wairuatanga [spirituality], hinengaro, taha tinana [physical side],

whanaungatanga [extended family], whatumanawa [emotional], mauri [life-principle in people and objects], mana ake [unique identity], hā a koro mā, a kui mā [inherited strengths] (Pere, 1995). The Te Wheke model also includes other Māori cultural values and beliefs such as aroha [unconditional love], te reo [Māori language] and whenua [land] which provides a comprehensive overview of a wide variety of Māori concepts.

Conceptual models, although theoretical, can be used in applied health interventions. One study that utilised the Whare Tapa Wha model as a theoretical framework for analysing Māori smoking cessation behaviour, interviewed Māori for their viewpoints and opinions (Glover, 2005). This study analysed tinana/physical aspects of smoking behaviour, such as smoking history variables and number of cigarettes smoked per day. Participants' beliefs about their reasons for smoking, motivation and intention to quit were grouped under hinengaro/mind. Social and family influences on participants' smoking were discussed under whānau/family and the effects on, and the role of, spirituality are discussed under the wairua/spirit dimension. An additional aspect, te ao turoa, was also used in this study to provide a category for the contextual, political, environmental influences on health (Glover, 2005). The results and conclusion of the study emphasised that the application of Te Whare Tapa Wha to the problem of smoking for Māori needed more holistic approaches. A more effective intervention to reduce Māori smoking prevalence would need to include components that address smoking damage to the physical, mental and spiritual health of the person and their whanau. The physical dependency on nicotine would be treated, and would include a cognitive behavioural component that could be delivered in a culturally appropriate way to the whole whanau (Glover, 2005). This study shows how indigenous perspectives can contribute to alternative models of health and health treatment that are culturally appropriate and relevant to indigenous participants.

HEALING

Healing in alternative traditions is nested in the context of the whole person, one who has a spirit, a body and a mind (Sinott, 2001). If one or all parts are out of balance, all parts need to participate in the healing process (Crofoot Graham, 2002). Healing and wholeness are closely related (Burkhardt & Nagai-Jacobson, 2002). Māori see healing as containing five cornerstones of: wairua, hinengaro, tinana, whānau and matauranga [education] (Jones, 2000a). The American Indian relational worldview perceives health and wellness as a balance of the spirit, the context, the mind and the body (Crofoot Graham, 2002) and healing is accomplished holistically by maintaining this balance (Iwasaki, Bartlett, & O'Neil, 2005). This is reinforced by a study of coping with the stress of diabetes in First Nations and Métis Aboriginal people in Canada, which showed an overarching theme of holistic healing which emphasizes the balance among mind, body, and spirit (Iwasaki et al., 2005). Community interconnections are a central element in balance and healing (Crofoot Graham, 2002). Although there will obviously be variation in individual philosophies (Parsons, 1985), the holistic worldview of indigenous healing contributes important perspectives on the MBS.

Some mental and behavioural states that cannot be classified according to Western illness and disease categories are referred to as culture-bound syndromes because they are only found in particular cultures. An example of a culture-bound syndrome from Māori culture is mate Māori which may take several forms and involve physical and mental symptoms that may not be readily identified as a specific illness (Durie, 2000). A Māori spiritual healer may be able to identify this culture-bound syndrome more easily than either a Western health professional or a healer from another culture and causes can be attributed to supernatural causes, historical ancestor's transgressions or breaking of tapu [sacred] sites or artefacts (Durie, 2001), among other things, which may only be known by someone of the

same culture. Many other cultures have similar syndromes specific to their culture and the indigenous spiritual healer may be better suited to dealing with these particular illnesses.

Traditional healing services are inextricably entwined with indigenous cultures. Their philosophies, delivery, treatments, and ways in which healers are recognised are consistent with wider cultural belief systems and values as a reflection of broader cultural dynamics. Their credibility depends on the cultural codes of their communities, using language, concepts and healing methods that are aligned with the client's values. Healing that is removed from the cultural realities of its people cannot be justified and while there are similarities between traditional healing and Western healing, traditional healing can only ever be completely understood through the viewpoint of the culture of its origin. Therefore it can never be entirely rationalised by, or compared with, biomedicine as biomedical explanations are not able to identify the real meaning of traditional healing (Durie, 2001).

INDIGENOUS SPIRITUAL HEALERS

Indigenous spiritual healers are targeted in this research study because some of their healing practices may be specific to their indigenous culture alone. Also, their conceptualisations of the MBS may be illuminating, revealing and unique compared to the other healers. Healers that maintain close links to their community talk to patients and their family members in ways that match their own language, values, and belief systems whereas the biomedical model and language do not (McMillen, 2004). One Ojibwa healer stated that the Western world has identified various sicknesses, however in his native language there is no term for the word "cancer". Ojibwa healing ceremonies treat whatever is affecting the human whether a physical or mental sickness but there is no specific identification of the sickness (Barkwell, 2005). This concept of not identifying an illness is specific to the Ojibwa culture and will only be understood by a spiritual healer native to the culture who

will act differently with the patient, in accordance with this belief, than a healer from another culture. In today's culturally diverse society, it must be recognized that people hold alternative models for explaining illness and cultural perspectives need to be evaluated with equal legitimacy (Barkwell, 2005). Indigenous spiritual healers situated in their culture of origin are able to provide important culturally appropriate knowledge relating to health and illness for their own culture. Therefore comparing the viewpoints of indigenous spiritual healers with those of non-indigenous spiritual healers may provide an understanding of the difference between indigenous Māori and non-indigenous cultural perspectives of the MBS and the impact that cultural perspectives have on understandings of the MBS.

MĀORI HEALING AND HEALERS

In pre-European times, Māori healers were called tohunga meaning an expert in a discipline, which may have been technical or spiritual. Māori tohunga were often set aside as children for this task or were recognised as tribal leaders (Durie, 2001) and were highly respected members of Māori society (Jones, 2007). A tohunga healer often had spiritual abilities, and knew about plants and how they help to heal the body. Tohunga had an inherent belief in the interrelated wairua, hinengaro and tinana. Ancient Maori had a very holistic view of the body and believed that everything had an energy and for Maori, healing was a part of everyday life (The Healing Circle Ltd, 2006).

Illness was often regarded by Māori as spiritually based and as guardians of the earth, Maori focused on remaining one with the natural world. Therefore, sickness was often viewed as a result of being in conflict with the forces of nature rather than a physical ailment (Jones, 2007). Sickness was also seen as a result of supernatural afflictions and tohunga, who were consulted for healing, often searched for the cause of treatment to determine the transgression and to identify the spirit involved (Jones, 2000b).

Traditional Māori healing techniques involved deep tissue massage in Te Oomai Reia that works on releasing emotions that are trapped in body tissues (The Healing Circle Ltd, 2006). Another similar technique is mirimiri or therapeutic massage used for healing injuries and releasing tension (O'Connor, 2007). A method that works with the medicinal use of plants is rongoā which involved herbal remedies, physical therapies as well as spiritual healing (Jones, 2007). Common methods used in Māori healing include; karakia [prayer] (Durie, 2001; Jones, 2007; O'Connor, 2007); kōrerorero [discussion] (O'Connor, 2007); and water therapy, suffusions and heat applications (Durie, 2001).

In modern days, healers incorporate knowledge and practices from medical systems with traditional knowledge passed down from whānau, hapū and iwi (Jones, 2007) and often healers use several methods at different times (Durie, 2001; O'Connor, 2007). Unlike ancient tohunga, modern healers are often not so clearly aligned with their tribes and their training is not necessarily through attendance at Maori schools of knowledge (Durie, 2001). However, most rongoā practitioners use herbal medicines with an emphasis on spirituality (Jones, 2007) which was the same for tohunga, so there continue to be some similarities between methods used by ancient tohunga and modern healers.

Māori perspectives on health and illness show a holistic perspective of the body that use different traditional methods to help treat the patient. Although there are differences between the ways that ancient tohunga and modern Māori healers operate, there are also similarities and Māori culture remains a central aspect of Māori healing today. Due to the holistic nature of the worldview of Māori, the cultural perspectives of Māori healers and healing techniques were seen as an appropriate mode through which to explore the cultural influence of Māori values and ideals on MBS interconnections.

CHAPTER SUMMARY

This section on worldwide indigenous understandings of health, illness and disease, health treatment and intervention, and healing show that various indigenous cultural perspectives hold a strong belief in an interconnected MBS. Cultural perspectives on holistic worldviews are not shared by mainstream science, medicine and psychology therefore there is much to be learned from indigenous perspectives. Because indigenous perspectives are so profoundly rooted in the holism and interconnectedness of the MBS, a comparison between Māori spiritual healers, as the indigenous people of New Zealand, and non-indigenous healers will discover if Māori hold views on MBS interconnectedness that are culture-specific and stem from Māori cultural worldviews, beliefs and values. It will show whether these differences contribute further to understandings of the MBS.

PURPOSE OF RESEARCH

In exploring the literature for MBS topics and themes over the first three chapters, it has been shown that there is a great deal of support for connections between the mind, the body and the spirit from various points of view. There are MBS definitions and conceptual models that demonstrate theoretical concepts about the MBS. The holistic paradigms of spiritual healing and worldviews of healers illustrate different perspectives on MBS interconnections. Indigenous populations show that cultural values support views of an interconnected MBS. Together, these theories, paradigms and perspectives provide a way for the immaterial nature of the MBS to be described and expressed. These perspectives will allow an intricate exploration into spiritual healers' conceptualisations of MBS interconnections that has not yet been undertaken.

This research aims to broaden the theoretical basis for the MBS as a distinct entity. There are three specific research questions that will be the main focus of this exploration into the MBS. In order to ascertain concepts that link the MBS together, spiritual healers' understandings of the interconnectedness of the MBS will be analysed. The first research question focuses on extracting higher abstract levels of data about the MBS by asking: how do spiritual healers conceptualise mind, body, spirit interconnections? The second research question is specifically related to spiritual healing and asks: how are mind, body, spirit interconnections understood by spiritual healers practices of spiritual healing? The cultural perspective of Māori healers will also be explored in an attempt to discover the impact of indigenous worldviews on the MBS. This last research question asks: how does a Māori cultural worldview influence spiritual healers' understandings of interconnections between the mind, body, spirit? It is hoped that exploration of these three questions will begin to lay a foundational framework necessary to support conceptualisations of the MBS and its interconnections.

CHAPTER FOUR

MIND, BODY, SPIRIT RESEARCH PROCESS

This chapter endeavors to give a clear description of the theoretical, methodological and analytic processes and decisions made throughout the study (Horsburgh, 2003). It introduces interpretative phenomenological analysis and explains the step-by-step procedures taken at each stage of the research process, including literature review, interview schedule, recruiting participants, data collection and data analysis.

INTRODUCTION TO INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Interpretative phenomenological analysis (IPA) is a method of qualitative research that aims to explore the way participants make sense of their personal world (Smith & Osborn, 2003). Individuals are actively engaged in interpreting the events, objects and people in their lives so that the central concern for IPA is the analysis of how individuals make sense of their particular personal lived experiences (Smith & Eatough, 2006).

IPA aims to gain direct access to participant's life experiences, and at the same time, recognise the direct nature of the interaction between the researcher and the participant (Willig, 2001). Although by speaking to participants you can get close to their personal world, you can't do this directly or without the use of the researcher's own conceptions to interpret that other personal world (Smith, Flowers, & Osborn, 1997). Therefore, the analysis of the participant's experience also involves the researcher's own beliefs, values and worldviews (Willig, 2001).

THEORY

Theoretical influences on IPA include phenomenology, symbolic interactionism (Smith et al., 1997) and hermeneutic inquiry (Smith & Eatough, 2006).

Phenomenology originated from Husserl's attempt to create a philosophy of science of perception at the turn of the century (Smith et al., 1997).

Phenomenology focuses on the way people gain knowledge of the world around them within a particular context and situation (Willig, 2001) rather than attempting to produce an objective statement of the event or examining the event with pre-determined concepts of scientific criteria (Smith & Eatough, 2006).

Symbolic interactionism holds that the meanings individuals give to events should be the main focus of research, but that these meanings can only be gained from a process of interpretation and also as a result of our social interactions (Smith et al., 1997). Hermeneutics is concerned with the way we are interpreting and sense-making individuals (Smith & Eatough, 2006). This is integral to the theoretical background of IPA especially with the two-way process that takes place, the double hermeneutic, where participants are trying to describe their world while the researcher is trying to interpret that understanding (Smith & Eatough, 2006). Therefore, the researcher's own conceptions are required to the interpretation process of understanding the participant's experience (Smith & Osborn, 2003). These theoretical influences emphasise the sense-making and interpretative nature of IPA that will allow flexible and comprehensive exploration into understandings of MBS connections.

RATIONALE FOR IPA

IPA is about trying to discover meanings and understandings rather than elicit facts (Smith et al., 1997). The spiritual healer's understanding of their spiritual

healing practices seemed to be an ideal vehicle that would enable the methods, techniques and understandings of their healing methods to be the bridge that connects the gap between the concept of the MBS and their perceptions of it.

It was hoped that by eliciting what spiritual healers believe about their healing practice, their understandings of the links and interconnections between the MBS would emerge. IPA is concerned with the individual's personal perception and description of an object or an event (Smith et al., 1997; Smith, Jarman, & Osborn, 1999). Therefore, although this research did not examine spiritual healing per se, it was instead focused specifically on conceptualisations of MBS interconnections within talk of spiritual healing.

One of the aims of IPA is to capture the depth of individual experience (Willig, 2001). IPA had the flexibility needed for this topic to be able to capture the richness of spiritual healers' experiences. This was done as an alternative to asking people directly about the MBS because there is always a degree of the extent to which participants are able to communicate the full nature of their thoughts, ideas and beliefs (Willig, 2001) which would be difficult given the non-physical and non-observable nature of the MBS. Therefore discussing their spiritual healing work provided a way to enable participants to talk about familiar experiences that would allow exploration into MBS conceptualisations.

IPA is extremely useful when researching topics that are complex or novel (Smith & Osborn, 2003). The MBS is a marginal topic in mainstream psychology however studies should not be valued only on whether results confirm or counter existing scientific laws, but also on their contribution to human experience and to understanding the human being as a whole (Cooper, 2003). IPA is one of the qualitative research methods that will allow a full exploration into the MBS given its complexity and novelty, despite a lack of research into this topic.

RESEARCH PROCEDURE

LITERATURE REVIEW

The literature review was conducted prior to the creation of the interview schedule or data collection. Usually in IPA studies, the literature review is conducted after analysis to avoid preconceptions being formed. However, as a highly marginalized topic that is not really recognised by the modern scientific view (Shannon, 2001) or mainstream psychology, a preliminary search of the literature was necessary to explore the current level of research and awareness on this topic. It also ensured there was a foundation in the literature on which to build a research study. Once this was completed, it was evident that the literature did provide further support for research into MBS interconnections and their conceptualisations.

PARTICIPANTS

Purposive Sampling

IPA usually aims for purposive sampling of a closely defined group for whom the research question will have specific relevance for participants who are selected because they share similar experiences (Smith & Osborn, 2004; Willig, 2001). Spiritual healers were chosen as target participants and sampling strategy was strictly based on the participant identifying himself or herself as a spiritual healer, regardless of gender, techniques used, length of time in the profession or age. The only other requirement was based on ethnic nationality of Māori or non-Māori. However, within the non-Māori group, there were no other nationality requirements. IPA studies usually have a small, fairly similar sample (Smith & Osborn, 2003) that is not necessarily representative of the general population (Smith & Osborn, 2004). Twelve participants with six participants in each group of

Māori and non-Māori were recruited. This seemed an average number of participants that would enable similarities and differences to be examined without the data being too overwhelming (Smith & Eatough, 2006).

RECRUITMENT

Twelve participants were recruited, eleven females and one male. It was not intentional to recruit mostly female participants and participants were merely recruited based on willingness to participate and availability. However, a majority of healers are female and therefore, were easier to recruit. Seven participants were recruited through the researcher’s networks both in person and via email. One participant was approached at a Mystical Fair in person and assisted in recruiting two other participants. One participant responded to contact via email alone. Another participant responded to contact being made twice via phone. The data describing participants’ gender, ethnicity and location are shown in Table 1 below.

TABLE 1: All participants’ gender, ethnicity and location data

Participant Number	Gender	Ethnicity	Interview Location
1	F	Non-Māori	Auckland
2	F	Non-Māori	Auckland
3	F	Non-Māori	Auckland
4	M	Māori	Auckland
5	F	Non-Māori	Auckland
6	F	Non-Māori	Auckland
7	F	Non-Māori	Auckland
8	F	Māori	Auckland

9	F	Māori	Ruatoki
10	F	Māori	Taneatua
11	F	Māori	Taneatua
12	F	Māori	Taneatua

All participants were spiritual healers who practiced a wide variety of forms of spiritual healing. The techniques that were mentioned most frequently across all participants included hands-on healing, distance healing, reiki, romiromi and mirimiri. These are described in Table 2 below. It was noted that Māori healers provided healing for clients irrespective of their ethnicity or background. Six practiced spiritual healing from their home residence, one had a separate house behind a community centre especially for her healing, one had a house specifically for her healing work, and the remaining four did healing from a variety of places including their own or others' private homes, clinics, marae, hospitals, spiritual fairs or wherever they happened to be when healing was required.

TABLE 2: Descriptions of spiritual methods mentioned most frequently across all participating healers

Hands-on healing	Healing energy flows through and extends out towards the individual's physical body which works by putting hands on different parts of the body and sending energy (Heidt, 1990)
Distance healing	An intentional act of mental effort to benefit the physical or emotional well-being of another person at a distance (Sicher, Targ, Moore, & Smith, 1998)
Reiki	Using the hands on, or near, the body with an intention to help or heal another (Fontaine, 2000)
Romiromi	Involves working with deep tissue alignment, pressure

	points, and nerve centres and muscle tissue (The Healing Circle Ltd, 2006)
Mirimiri	Therapeutic massage or the manipulation of soft tissues of the body (O'Connor, 2007; Fontaine, 2000)

DATA COLLECTION

ETHICS

An ethics application for the research was approved by the Massey University Albany Human Ethics Committee (file number MUAHEC 06/001). When researching with Māori as participants, approval and active support from appropriate and authoritative Māori is required to maintain cultural sensitivity throughout the entire research process (Massey University, 2006). This ensures an appreciation of Māori values, customs and traditions (Massey University, 2006). Therefore, to establish a collaborative partnership between the researcher and Māori participants (Massey University, 2006), two kuia were approached who are active in the Māori community and knowledgeable in tikanga Māori. One kuia was from Kaeo, Northland and the other was from Ruatoki, Bay of Plenty. The researcher explained to them both the aims and goals of the research and the Māori components of the research. They were consulted for their opinion on the Māori cultural appropriateness of the research and how the Māori participants were to be treated and would be involved in the research. They were both happy to be involved with the research, supported the nature of the research and approved the Māori cultural sensitivity to be used while interviewing Māori participants and in particular, keeping in with the concept of koha. They were also willing to be contacted again, if there were any problems to do with the cultural appropriateness of any aspect of the research.

Ethics procedures were followed strictly in each interview with each participant. The interviewer made sure to explain the research fully, and allow each participant to read the Information Sheet. Then the interviewer gave each person the Participant Consent form with the options of agreeing to have the interview audio taped, to have the tape returned to them and to have their data placed in an official archive. Then the interviewer explained that the Release of Tape Transcripts form meant that they could read and amend the transcript of the interview. At this point, participants were offered the return of the tapes, or a copy of the transcripts or the final thesis. It was explained that this form also gave their permission for the use of the data collected in the interview to be used in research reports and publications. It was also assured that any names were to remain strictly confidential. Every participant agreed to participate and all signed the Participant Consent and Release of Tape Transcript forms.

One participant asked to see a copy of her transcript before she signed the Release of Transcript form. Once she had read the transcript, she suggested minor changes and then signed the form. Six participants asked to see a copy of the transcript of their interview. One participant asked for a copy of the interview tapes and four participants asked for the return of the interview tapes once they were no longer required for the research. Three participants also asked to see a copy of the final thesis. These requests were subsequently completed according to the wishes of each participant.

INTERVIEW SCHEDULE

The questions were created with an intention to be relevant to spiritual healing practices, to allow the conversation to flow and to help the participant start talking about the topic (Smith & Eatough, 2006). The questions were specifically created to be open-ended so that they gave the participant an opportunity to share their personal experiences with the researcher (Willig, 2001), were neutral and avoided

leading the participant into giving specific responses (Smith & Osborn, 2003). The Interview Schedule is attached in Appendix I.

INTERVIEWS

Face-to-face semi-structured interviews were used as a flexible method of data collection, which allowed for multiple topics and concepts to be explored in detail (Smith & Eatough, 2006). It also allowed for obtaining a richer account of the person's thoughts, views, opinions and understandings (Smith, 1996). One of the central aspects of IPA method is allowing participants to give their own ideas, stories, concepts in their own words (Smith et al., 1997) and the semi-structured interview method of data collection was ideal for this. The researcher was aware of the need to allow the participant to answer fully, while continuing to ask probing questions about the topic (Smith & Eatough, 2006). There was a definite attempt to establish rapport with every participant and make them feel at ease (Smith & Osborn, 2003).

All participants were met at a time and place convenient to them and interviews lasted between 40 and 180 minutes. Eight interviews were conducted at the participant's place of residence and four interviews were conducted at a clinic or house that was specifically for healing purposes.

One interview was interrupted after forty minutes by the arrival of the healer's family, however, later this participant volunteered to answer the rest of the questions. Once the remaining questions were emailed to her, she replied through email with answers to the remaining questions. This decision was made due to the participant's willingness to offer to complete the remainder of the questions and her feeling that she hadn't fully answered all the questions. Although this meant the rest of her data was received in a different format at a later time, the questions were the same and were included in the data set.

All but one participant agreed to be audiotaped. This participant stated that she didn't usually allow taping in her healing work and felt that such matters shouldn't be taped. Therefore, her wishes were respected and she was not audio taped. In order to keep a record of what was said, handwritten notes were taken during this one interview and these were later typed in the same format as other interview transcripts. At times during the interview, note taking was difficult, and the participant slowed down to aid the process. Although it was not possible to record the finer details, the main points were still captured.

One interview was conducted with two healers at the same time. This was due to time and availability constraints however both healers were quite willing to be interviewed together as they often conduct their spiritual healing together. There was a slightly different social dynamic that occurred during this interview where these two spiritual healers took turns to speak and share their opinions. It also meant that they would agree with, or prompt, each other and the interview ran smoothly despite the presence of three people in the room.

The researcher aimed to give each participant a small gift and to take some food to each interview. This custom was incorporated into the research interview process as a way of honouring the Māori concept of koha, the giving of gifts. Traditionally, koha has meant expecting a return gift some time in the future (Mead, 2003), however in this research study, a small gift was offered as a means of thanking each individual for their time. However, rather than offering koha exclusively to Māori participants, it was considered polite and inclusive to offer the same to all participants to show gratitude for their participation. However, participants were not told that they were to receive a koha before the interview to ensure that they participated out of free will. Rather than money, it was planned to give every participant a small gift of gemstone crystals and some light food such

as biscuits. Gemstone crystals were chosen as appropriate for spiritual healing work and therefore, useful to the healers.

However, due to circumstances during interviews with three participants, this did not happen, or did not happen fully. One participant did not receive any koha because the interview ended abruptly and the interviewer forgot to give the koha and it seemed inappropriate to post it later. In another interview, the food that was brought did not seem to be appropriate for the participant, however, a collection of crystals was given in partial koha. Two participants brought biscuits to share during the interview, in anticipated reciprocation of the Māori custom of koha which was much appreciated as the interview happened immediately after another one and there was no time to retrieve further food. However, these two participants were later treated to a meal by whānau of the researcher's contact person, as they were all related. They were also given crystals as koha.

IPA procedure states that the interviewer should learn the questions by heart (Smith & Eatough, 2006; Smith & Osborn, 2003) however this did not happen. The interviewer wanted to make a conscious effort to be flexible to the responses of the participant's responses. The interview schedule was hand-held by the interviewer who referred to it several times during each interview but this did not seem to cause any problems with the pace and flow of the interviews. Also the interviewer did not follow the exact sequence of questions on the interview schedule or ask every question so that the interview kept pace with the topics being introduced by the participant (Smith & Eatough, 2006). Although there was prompting, it was not scripted into the interview schedule to allow the interviewer to give spontaneous responses to issues raised by participants (Smith & Eatough, 2006). There was a differing degree to which different participants felt more at ease to articulate their thoughts and ideas (Smith et al., 1997) and prompting was used according to the participant's seeming need during interviews.

Several questions asked in earlier interviews that were not on the interview schedule which were spontaneously asked due to particular participant's responses, were included in later interviews. These often included areas that had not been predicted by the researcher, but were brought up by participants which were considered relevant to the MBS and illuminated the topic further (Smith & Osborn, 2004). For example, the questions "*what is your personal view of spiritual healing*", "*do you practice self-healing*", and "*have you ever had healing done on yourself*" were spontaneously asked in the earlier interviews which were then included in later interviews. It was considered that these unique issues were valuable and elicited comments that would not have been made otherwise. They helped to shed further light on the topic being investigated. This is in line with the IPA aim to further explore any interesting and especially unexpected issues that may come up during the interview (Smith & Eatough, 2006).

After each interview, the researcher wrote down personal thoughts, comments and observations. This provided a reference point that enabled helpful reminders especially when analysing the data later. It became a summary of the whole experience with notes of issues, points missed or interesting ideas that were very useful to allow for improvement in each succeeding interview.

Normally, the IPA procedure is to complete an interview, transcribe and analyse the data for one participant before continuing to another interview (Smith & Eatough, 2006). However, interviews were scheduled for whenever participants were available. Therefore, recruitment, interviews and transcribing took place simultaneously. This meant that, with the exception of one interview, all the interviews took place within a two-month time span. Therefore, all the interviews were completed and transcribed before data analysis began.

While IPA recognises that the importance of context and language help shape participant's responses (Smith, 1996), the transcripts were transcribed at a

semantic level where all the words spoken are transcribed including long pauses and laughs (Smith & Osborn, 2003). However languages filters such as um and hmm were not always transcribed especially if they were not relevant to the topic being researched.

REFLEXIVITY

Reflexivity involves evaluation of the subjective and personal nature of the researcher where the researcher engages in an open exploration of thoughtful self-awareness and introspection (Finlay, 2002). This enables the researcher to come to an understanding of their own worldview and how that interacts with the relationship with the participant, their understandings and with the whole research process. It can be confessional and delve into the researcher's reactions and insights, the possible bias of the research and how that fits into the research process, encompassing subjectivity rather than seeing it as a problem (Finlay, 2002). In qualitative research, and due to the interpretive nature of IPA, the researcher is so intimately involved in the entire research process, that it is appropriate to identify and explain the involvement and the potential or actual effect upon the findings (Horsburgh, 2003). Reflexivity often uses 'first person' to describe the parts of the research in which the researcher has had personal involvement (Horsburgh, 2003) and therefore, the remainder of this section on reflexivity will be written in 'first person'.

My own personal worldview and beliefs were the catalyst for the initial ideas for the research based on the assumption that the MBS concept does exist, and that there are interconnections between the MBS. There is a focus in mainstream psychology on the mind and mental concepts, which are then seen as different from mind-body medicine, and this is kept separate from research on the impact of spirituality on health. I believed that each of these areas could be integrated into a holistic way of describing a human being. This gave me passionate motivation to

continue despite the MBS being a marginalized topic that may challenge mainstream psychological concepts about what is normal or even possible for the human being. It also made a difference in the way I questioned participants and how I analysed the data because of my beliefs that there are MBS interconnections. It meant that I went into each interview and into the data analysis process looking for connections rather than wondering if they existed which was a critical factor in driving the research ahead.

I felt that being Māori made a difference for Māori participants. One participant did not know if I was Māori before the interview but once he saw that I was Māori, he realised that he would not have to explain basic Māori cultural concepts and assumed that there would be a shared cultural understanding. This seemed to be the case with the rest of the Māori participants and it made me wonder if the information and topics they discussed would have been different if I had not been Māori, which may have changed the data collected. However, in the context of this study, it made it much easier to build rapport with Māori healers which led to amicable interviews during which being Māori meant I was able to have a deeper insight into the background context of Māori culture and perspectives as participants were being interviewed.

Being Māori was also the reason why I wanted to give a koha. In research, monetary payment is discouraged since it may be seen as enforced incentive to participate. However, in line with the concept of koha, the healers willingly gave their input, time and especially energy so koha was given as a means of thanking them.

The relationship between the researcher and the participant was not a conscious consideration for me while preparing for interviews. Semi-structured interviewing is participant focused therefore the IPA interview tended to take place within the parameters of a one-sided interview during which participants often shared

intimate details about themselves which was not able to be reciprocated by the researcher (Smith et al., 1997). However at the end of most interviews there was usually a mutual interaction and a time of sharing conversation, in order for some reciprocation. In some cases, food and a cup of tea were shared together. Often, we started the interview as strangers, but by the end of it, I felt like we were friends and would sometimes hug before we parted. This led me to feel that I really wanted to do justice to the participants' experiences, to find a richer analysis and I had a feeling of wanting to do a greater justice to the each person's input (Smith & Osborn, 2003) which definitely came up again during the data analysis stage of the research. Yet there was always a conscious effort to maintain a balance between researcher and friend.

I very much felt that there was a pressure to remain engaged in the interview process for the aims of the research. As each healer would speak, and especially share very personal details of their lives sometimes, it was hard to remember to remain a detached and neutral listener and not allow the conversation to become a personal interaction. I was also tempted at times to ask questions of personal interest that had nothing to do with the research, so there was definitely an element of needing to control my input and be responsive to participants and, at the same time, remain focused on the MBS topic.

When analysing the data, I experienced a great amount of personal anxiety over the amount of data I had to leave out. It is my personal opinion that each one of the healers would have agreed with many of the other themes gathered, however, as is IPA and research standard, I had to analyse the data according to what they actually said during each interview. It became a very personal process where I wanted to include extra themes or healer's experiences that were significant to them but were not relevant to MBS interconnections. I would have liked to add much more, but due to space and manageability, it was necessary to limit the amount of material I could include. A part of me felt like apologising to the

healers for what I had to omit, however, I am sure they understand that this is the nature of research. Although this was one of the most difficult parts of the research for me, I'm sure the only impact on the research is the extra amount of data and extended length of my thesis.

I have also considered the fact that I am young and female and the possible impact this may have had on the interview process. I was younger than all of the healers and they may have related differently to me during the interview if I had been older or male. As a female, I believe it enabled a mutual bond making it easy to relate as though it were a personal social interaction and I feel this aided the interview process.

I am also a chronic kidney dialysis and transplant patient. When I began the research, I was undergoing three hospital visits for haemodialysis per week. Then I underwent a kidney transplant and had multiple hospital visits for a variety of health issues before, during and after the entire research process. This made continuity of the research process difficult, however, it provided me with the motivation to aim for good health and well-being in order to continue with the research and it gave me a personal goal to complete. In living with chronic illness for eighteen years, having a reason to be well has been a valuable part of my healing process and this research provided that role for me in my personal life during the last three years.

DATA ANALYSIS

IPA is an idiographic approach that begins with the detailed analysis of each individual participant's case and through a series of stages moves to more generalised themes (Smith & Osborn, 2004). Each stage was followed according to IPA guidelines until the final stages.

First stage

Data analysis began with reading the transcript several times to become thoroughly familiar with the material and with the meaning of the participant's words (Smith & Osborn, 2003). Notes were made on the left margin about anything that seemed relevant or significant about what the participant was saying (Smith & Eatough, 2006; Smith et al., 1999; Smith & Osborn, 2003). Reading and making notes continued for the whole of the transcript and then analysis returned to the beginning of the transcript to note emerging themes on the right side margin (Smith & Osborn, 2003).

Second stage

Emerging themes were noted in the right hand margin and this involved using key words to collate the ideas together (Smith & Eatough, 2006; Smith et al., 1999; Willig, 2001). At the early stages of analysis, the researcher continually referred back to the participant's words to ensure that the true meaning was being captured (Smith & Eatough, 2006).

Third stage

Once the first initial themes are identified, a second group of themes was created into clusters and referenced back to the data (Smith & Eatough, 2006). These clusters were given a label to describe the nature of the themes within that cluster and some themes fit and some were dropped, changed or merged with others (Smith & Eatough, 2006). The close interaction between what the participant was saying and meaning, and the interpretation of the researcher was an interactive process (Smith et al., 1999).

Fourth stage

At this stage, a summary table of the clusters of themes with their overall label was created along with page and line numbers that refer to brief extracts of data (Smith & Eatough, 2006; Willig, 2001). Each case was analysed this way and then there was a search for patterns across all themes (Smith & Eatough, 2006). Once analysis of all cases had been completed, it was then possible to consider all cases to gain an overall understanding. This process continued until full integration of the shared experiences between participants had been reached (Willig, 2001) and a final table was completed.

The themes of all participants were analysed according to direct reference to the MBS or relevance to MBS connections, frequency in the data, importance to the participant, richness of data, combining, summarising and paraphrasing. The themes from Māori participants were then analysed in order to discover those that were specifically related to Māori cultural views and understandings of the MBS. Themes were included if they specifically related to Māori culture and customs, were exclusive to Māori participant responses and added new insights or cultural understanding to the MBS. Despite the difficulties of limiting the material, the researcher was well aware of the need to only include data material that was specifically related to MBS interconnections and the researcher took editorial privilege and omitted a large amount of irrelevant material (Horsburgh, 2003).

CHAPTER FIVE

HEALERS' CONCEPTUALISATIONS OF MBS INTERCONNECTIONS

This chapter presents the analysis and results of the data showing the MBS interconnection themes that emerged from interviews with all participants. Specific considerations that arose during analysis are explained. The MBS themes and the ensuing results are then presented with in-depth discussion of the data from interviews along with the supporting literature for each superordinate and subordinate theme.

The analysis of data initially revealed concepts that were relevant to healing which was edited to include only those themes that strictly illuminated meanings about the connections between the MBS. Many of the themes that emerged from the data were ethereal in nature and involved complex description. Therefore, in reporting and interpreting participants' responses, no consideration is given to the plausibility of their responses, ideas or worldviews; neither does the analysis fully describe healing. There is a particularly conscious effort to only explore MBS interconnections that emerged from participants' responses.

The final stage of data analysis involved the emergence of two separate sets of themes. One of these included data from all participants that related to conceptualisations of MBS interconnections and one specifically discussed Māori cultural understandings of the MBS. This was done to establish themes that are exclusively related to Māori values and beliefs. Therefore, the MBS interconnection themes elicited from interview data that were common to all participants are

discussed here in Chapter 5. The MBS interconnection themes that emerged from interviews with Māori healers are discussed in Chapter 6. (Please note that a Māori word glossary is included after the appendix section).

CONSIDERATIONS DURING ANALYSIS

There were several issues raised during the data analysis process that required special consideration and the rationale and justification for the choices made while collating and organising the data are discussed here.

Data results on MBS interconnections involve controversial and complex concepts due to the etheric nature of spiritual healing and there has been a conscious effort to categorise the themes with consistency. The data extracted themes that described aspects of spiritual healing, healers' understandings and healers' lived experiences rather than descriptions of the healing session only.

The themes have been organized into the categories of mind, body and spirit in a 'best fit' type of classification method. Although this may seem crude, with a lack of guidance from the academic literature, categorization guidelines could only be generated from the meaning of talk elicited from healers' interviews. This guided the decision process of which category of MBS each theme represented. However, the accountability of the researcher's worldview, values and beliefs for the classifying process and final theme outcomes is acknowledged.

Spiritual healing is a generic term that can include many categories, such as therapeutic touch (O'Marthuna, Prymachuk, Spencer, Stanwick, & Matthiesen, 2002), intercessory prayer (Palmer, Katerndahl, & Morgan-Kidd, 2004; Zachariae et al., 2005), healing touch (Post-White et al., 2003; Wardell & Weymouth, 2004; Wilkinson et al., 2002), reiki (Wardell & Engebretson, 2001) and biofield energy healing (Warber, Cornelio, Straughn, & Kile, 2004). However regardless of the

technique used by the healers in this study, many of the underlying principles of each healing method are regarded as relevant to the more generic term of spiritual healing, therefore, research and literature is liberally and purposely borrowed from different types of spiritual healing methods in discussing the findings.

MIND, BODY, SPIRIT THEMES

There were four superordinate themes that emerged from the data analysis that were most closely associated with the research topic of the MBS as separate terms, as a whole term and as the interconnections between them. These were: *MBS interconnections of healing; impacts on the mind and body; spiritual aspects of healing; and metaphysical/esoteric connections*. Each of these superordinate themes contained subordinate themes that were explored in further detail. The results of the thematic analysis on the MBS are shown in Table 3.

TABLE 3: MBS INTERCONNECTION THEMES FROM MĀORI AND NON-MĀORI SPIRITUAL HEALERS' INTERVIEWS

Superordinate themes:	MBS Interconnections of Healing	Impacts on the Mind and Body	Spiritual Aspects of Healing	Metaphysical/Esoteric
Subordinate themes:	<p>Searching for causes of illness</p> <p>A healing channel</p> <p>Healing at MBS levels</p> <p>Effects of spiritual healing</p> <p>MBS views of a person</p>	<p>Effect of emotions on the body</p> <p>Body and energy links</p>	<p>Spiritual communication with spirit guides</p> <p>Distance healing</p>	<p>Reincarnation</p> <p>Karma</p>

RESULTS

Each of the superordinate themes are introduced briefly, then the subordinate themes will be described and explored further using quotes from passages of participants' transcripts as a point of reference to provide detail and justification for the analysis and interpretation.

After a thorough search through the literature, very little research was found that focuses on a detailed exploration of the MBS as a concept let alone interconnections between them. In addition, the spiritual aspect of the MBS, and combinations of the three have been researched much less than have the mind and body (Kinney, Rodger, Nash, & Bray, 2003). However, each of the superordinate themes with their respective subordinate themes will be discussed in relation to the sparse literature that was found. For each subordinate theme, there will be discussion of research that directly relates to the healing aspect being described. The supporting research has been chosen because it is consistent with healers' views or because it illuminates understandings of MBS interconnections. There is a certain amount of reliance on general literature rather than research, which is an unfortunate characteristic of studying such a marginal topic. However, it provides a unique and exciting opportunity to pioneer new explorations into, as yet, uncharted territory.

MBS INTERCONNECTIONS OF HEALING

During interviews, healers directly mentioned different aspects of healing relevant to the MBS. In the superordinate theme of MBS aspects of healing and views of a person, there were several subordinate themes as follows: *searching for causes of illness; a healing channel; healing at MBS levels; effects of spiritual healing; and*

MBS views of a person which are discussed below using relevant research and literature to support the data.

Searching for causes of illness

In the healing session, before the healing can proceed, the problem or issue has to be identified so that the best way to help the client can be determined.

Participant 3 (female, non-Māori, Auckland): *So I'm looking at all of that seeing ... Finding the cause of what is wrong. Because you're not going to heal what is .. manifesting into their physical body, until you know what, where .. the cause is.*

Although initial conversations take place between healers and clients, participants also described looking for causes of illness at different levels of a person.

Participant 3 (female, non-Māori, Auckland): *If there's something manifesting in the physical body, then it's filtered down from a mental level, ... or emotional level or an ... etheric level. So ... always start at the highest and filter down ... see where the cause is.*

This search is necessary because the causes of illness may not be obvious to either the client or the healer. For participants, this process is facilitated through extra sensory perception. Healers utilised spiritual gifts as follows:

Participant 4 (male, Māori, Auckland): *... a person ... who has an open third eye ... And can see .. into a spiritual realm. See other people ... and some people might call that a clairvoyant.*

Participant 3 (female, non-Māori, Auckland): ... *you're ... clairvoyant, you see, you're clairaudient, you hear.*

The healers have an inherent belief that people do have MBS levels and that causes of illnesses can be found at any one of the levels. The client may not know the cause of disease or what level of MBS is causing the illness. Therefore, the healer's search for the cause of illness on an etheric level through the MBS may be the only way to find an obscure cause of illness. The subordinate theme of 'causes of illness' shows that the healer uses her spiritual gifts to search the client's MBS and this extra sensory perception (ESP) ability connects the spirit and the MBS together.

This shows that healers believe that disease can originate from levels other than the physical. In an ethnographic study of spiritual healing, qualitative data gained from spiritual healers found that participants believed that disease manifests spiritually before becoming apparent in the physical body so treatment also begins at the spiritual level (McClellan, 2005). This is supported by a view that an imbalance in the psychological or spiritual aspects of the individual may then manifest illness on the physical level (Wirth, 1995). This subordinate theme shows that healers believe in an interconnected MBS where illness can be found at any one of the mind, body or spirit elements.

The use of ESP to view, search, and look through another individual's MBS is discussed in a qualitative study conducted on biofield energy healing. Healing therapists discussed the way they gained knowledge through the five senses and extrasensory perception. These therapists used extraordinary senses such as clairgnosis (clear thinking), clairvoyance, a knowingness or a sixth sense, or an intuitive experience and participating healers described the ability to move between the emotional, mental and spiritual layers (Warber et al., 2004). However, ESP is just as non-observable, non-material and etheric in nature as the

MBS and yet healers displayed an innate confidence in their supernatural abilities and that was all that they required to investigate the etiology of disease for clients at MBS levels. Healers believe that not only does the MBS exist, but that it is possible to search these levels for causes of illness. Healers' conceptualise MBS interconnections that facilitate interactions between people where one is able to search another person's MBS and where any one of the levels may contain a cause of illness.

A healing channel

This subordinate theme recognises the uniqueness of the healer's role in the healing session. Several healers believe that they are not the ones doing the healing and instead, believe that they are just a channel or a vessel. Participants described themselves as:

Participant 2 (female, non-Māori, Auckland): ... *the clearest channel that I can be for the healing energy.*

Participant 3 (female, non-Māori, Auckland): ... *the vessel that brings the energy through and sends ... it out.*

As a vessel for the healing, healers felt that their hands were used by the Creator or spiritual guides to conduct the healing energy.

Participant 9 (female, Māori, Ruatoki): ... *I am only a vessel for healing. Now the healer is the Creator.*

Five out of twelve participants referred to spiritual guides and sources as "he" or "they" that work through, and guide, the healer's hands.

Participant 8 (female, Māori, Auckland): ... *because of my belief in the Lord .. I believe he uses my hands to channel the healing ...*

Participant 1 (female, non-Māori, Auckland): ... *where it's my hands and they work through my hands.*

Participant 2 (female, non-Māori, Auckland): ... *and my guides and they will just work through my hands.*

Participant 7 (female, non-Māori, Auckland): ... *there's a force that's guiding my hands.*

As a channel, the healer brings through the healing, the energy or information as follows:

Participant 7 (female, non-Māori, Auckland): *So and you bring in forces that are beyond yourself that's makes it ... channelling ... You open yourself to the big pool of information that's the universe ... and from that ... information does come through and it comes in pictures and words. It comes in all sorts of sensations, it can come in all sorts of various forms ... so I guess, one way of saying what is channelling, is to open ... to the big pool of information.*

Participant 4 (male, Māori, Auckland): ... *hands-on healing which is ... opening up to the universal energies and allowing those ... energies to come through you and especially through your hands and letting your hands just ... go free and it's channelling ... vibrations which ... that person needs.*

The healer becomes the conduit of the healing energy received spiritually that is then conducted to her body, therefore, this process of channelling healing energy

links the spirit and body together. The nature of channelling healing energy at a spiritual level leads to considerations of what is meant by energy. Generic descriptions of energy include energy flow, life force or electromagnetic field (Hammond-Newman & Brockman, 2002). However, healing energy is distinctive and has been described as subtle energy that can be directed by conscious intent, altered, and transmitted (Leder, 2005). It is when healers operate with an intention to channel energy for the benefit of others that these positive energies have the capability to facilitate healing of the body, mind and emotions (Patterson, 1998). One conceptual view of the body as possessing a life force that sustains the physical body shows that it is also linked to an infinite source of energy (Fontaine, 2000) and this supports healers' views that the body is able to channel healing.

In the literature, sources of healing energy include God, spirits or universal energies, or even biological healing energies in the healer (Zachariae et al., 2005). The healer is able to tap into, or connect with the surrounding universal energy field (Warber et al., 2004) which describes how healers are able to channel healing from these various sources. One qualitative study explained the process of therapeutic touch for both healers and patients. One theme that emerged from the data was called engaging, or the experience of directing and receiving the flow of universal life energy. Engaging explains the flow of universal life energy where the healers are able to move, direct or facilitate the flow of universal life energy (Heidt, 1990). Therefore, healers conceptualise energy as one of the ways that the elements of the MBS are interlinked.

Healing at MBS levels

There is an intrinsic belief amongst the healers that the MBS are already connected and it is only when they are not connected that problems begin.

Participant 11 (female, Māori, Taneatua): ... *connecting back their mind, their hinengaro, the ... tinana, the body and their wairua ... Cause when one is not working fully to its potential, it won't work. It doesn't work.*

Another healer agrees and describes the levels as dimensions that when separated, will manifest as disease.

Participant 6 (female, non-Māori, Auckland): *It is when these dimensions are unconsciously separated, acknowledged or unrecognised that un-ease enters our lives and disharmony is the result. That of course takes many forms from unhappiness to diseases or dysfunction.*

This implies that when the levels are connected there is a healthy state of being, but when one of these elements is separated or in disharmony it leads to illness. One way that this connection can be interrupted is when there are blockages throughout the body and at different levels of a person.

Participant 3 (female, non-Māori, Auckland): ... *something's blocked ... somewhere and you've got to ... deliver the energy that's going to move the blockage.*

Once the blockage has been located, it needs to be cleared and moved which happens during the healing.

Participant 2 (female, non-Māori, Auckland): ... *it would be working at the spiritual level to heal blocks ... or to clear blocks ...*

Participant 1 (female, non-Māori, Auckland): *Every living thing has ... an energy attached to it and its teaching that energy to clear ... channels and blockages which is what a lot of disease is in the human body.*

Healing is then described as connecting the MBS back together bringing health on all levels.

Participant 11 (female, Māori Taneatua): *There's no separation ... It's all in one. But you ... can work with them on an individual ... Because ... that might be why they have a mamae [illness], cause ... the hinengaro is not going with the tinana or their hinengaro. So, and that's what our, part of our biggest mahi [work] is, is connecting all whole three.*

Participant 6 (female, non-Māori, Auckland): *Once the origin of these issues is found, through a variety of means, the body, spirit, mind and emotions can once again become balanced and healthy.*

Participant 7 (female, non-Māori, Auckland): *... healing is about bringing more ease and joy into a person's life and that can be physically, mentally, ... into the person's thinking and into the body. And when the ... body and the thinking ... sinks in, ... then what we have ... is a healthy person on all levels.*

This subordinate theme links all three levels of the mind, the body and the spirit together through both health and disease. It purports a view that when the MBS are connected, it leads to good health and when they are separated, it leads to illness. A person's energy and life force can be affected and blocked by issues such as health, psychological, historical and spiritual dilemmas which may result in physical, psychological, spiritual, and emotional symptoms. These elements influence each other in many ways (Sinott, 2001). The healers in the current study reported that illness or imbalance is often caused by blockages. This is similar to the traditional Chinese point of view that disease manifests from a patient's disharmony of energies (Chan, Chan, & Ng, 2006). This notion of

separation, blockage, disharmony or imbalance of energies reported by the healers showed that this can occur at the level of mind, body or spirit which will then affect the whole.

When a person's energy fields are in illness, they are unbalanced or blocked, and when energy fields are balanced, they are in a state of health (Frank et al., 2007). The practitioner releases and clears the blockage to get the energy flowing through the MBS again (Heidt, 1990). Healing then aims to strengthen the client's body by restoring balance, complete harmony and connectedness to the energy flow between the physical, psychosocial, and spiritual systems (Chan et al., 2006). This subordinate theme shows that healers conceptualise MBS interconnections as enabling energy flow or blockages that can occur at any or all of the MBS levels.

Effects of spiritual healing

Although the reported effects of healing were numerous, the responses common to the majority of healers showed mostly physical and mental effects. Clients usually conveyed the results of the healing after healing sessions. Client's stated physical results where pain that had been causing problems for months disappeared as reported in the following extracts:

Participant 1 (female, non-Māori, Auckland): ... *the pain was completely gone, the flexibility had increased to the point where she was doing things and then realising she hadn't been able to do them for four months.*

Participant 3 (female, non-Māori, Auckland): ... *pain goes.*

Participant 6 (female, non-Māori, Auckland): *Clients describe being free from pain or illness ...*

Participant 7 (female, non-Māori, Auckland): ... *certain kinds of pains, it's just gone away ... one person, had chronic pain and rung me up later and said it's totally gone ...*

The healing energy was also reported to effect change to the mind and mental processes. Healers stated that clients shared with them the following effects to their mental state after receiving healing.

Participant 3 (female, non-Māori, Auckland): ... *emotionally people find joy ... mentally ... finding a way out of the fog.*

Participant 4 (male, Māori, Auckland): ... *mainly is that ... they feel ... a lot lighter ... their mind is a lot clearer ... it's like they don't have ... a couple of houses on my shoulders ... they feel at ease.*

Participant 5 (female, non-Māori, Auckland): *People just feel blessed. They feel relaxed, they feel clean ... they're able to focus ...*

Participant 6 (female, non-Māori, Auckland): *People describe feeling very light, very happy, their physical problem is frequently gone, if not alleviated ... I mean often, when they think about the original issue they came in for ... and I ask how you're feeling about it, they often say well, it just isn't a problem anymore.*

Participant 7 (female, non-Māori, Auckland): *I will find people say that they just find they feel ... more relaxed, more calm. They say, more peaceful ...*

As shown in the subordinate theme of 'a healing channel', the participants believe the healing energy originates from the spiritual level and moves through the healer's body. This healing energy is then sent to the client and the healing was

reported to produce effects to the client at mind and body levels. This indicates that the mind and body are seen as connected through channelling of healing.

According to the participants, reports from clients after healing sessions have shown effects in the client at mind and body levels and there are several examples of research on the effects of a variety of spiritual healing techniques. One study assessed the role of healing touch (HT) and guided progressive relaxation (GPR) to determine whether HT and GPR could influence the pain and coping in veterans with a spinal cord injury. Amongst the qualitative findings, participants in the HT group found pain relief or pain shifted after receiving healing. Rather than pain relief, participants in the GPR showed a general ability to relax (Wardell, Rintala, Duan, & Tan, 2006).

The aim of another study was to test relaxation of stress reduction as a mechanism of touch therapy. After 30 minute Reiki sessions, the examination of physiological and biochemical effects on participants showed that anxiety was significantly reduced, blood pressure dropped and skin temperature increased during treatment, not before or after. The results suggested that biological and physiological changes occur during healing (Wardell & Engebretson, 2001). Other research has assessed the impact of healer and patient expectations on mental and physical health following a spiritual healing session, and the results also found biochemical and physiological changes (Wirth, 1995). These research studies are consistent with healers' statements that clients experience physical and mental changes after healing.

According to participants, the channelling of healing occurs between the healer and patient where energy is transferred from the physical to psychological levels during healing. This is supported by the literature where Heidt (1990) argues that life energy flows through the healer as they put their hands on different parts of the client's body and send energy. According to Warber et al. (2004), healers are

then able influence improvement in the client facilitating holistic healing of their mental, physical, and spiritual aspects (Warber et al., 2004). The healers find that their clients experience beneficial changes in their mind and body after receiving healing. Healers understand and believe fully that the healing they facilitate is able to effect change on the client's body and mind. It indicates a conceptualisation of MBS interconnections where healing facilitates change from one individual to another.

MBS views of a person

Healers' descriptions of spiritual healing revealed statements that describe a person as one interconnected MBS system. Two healers described the MBS connectedness of a person when they stated:

Participant 6 (female, non-Māori, Auckland): *Spiritual healing sees a person as a being of spiritual, emotional, physical and mental dimensions that are continually interacting, not separated but connected.*

Participant 3 (female, non-Māori, Auckland): *Everything in the world is connected ... All of creation is connected on every level. Emotionally, mentally, ... got the physical plane, etheric plane and just that everybody exists on all of these planes.*

Healers also describe the MBS characteristics of a person as follows:

Participant 3 (female, non-Māori, Auckland): *... the person on a physical level ... etheric, emotional, mental and the soul part takes over what you would call spirit, the spiritual side ...*

Participant 4 (male, Māori, Auckland): ... *the mind has a healthy important ... place to play in regards to spiritual and the physical ... and the ... body's the vessel that we walk in.*

The addition of a higher self as an aspect of a person expands the spiritual dimension in the following quote:

Participant 5 (female, non-Māori, Auckland): ... *everyone has a higher self ... and they also have their higher, what they call your ... own presence or your Christ-like, Christ consciousness which connects you right through from Mother Earth right through ... to God.*

The existence of a higher self that has a connection with Mother Earth and God adds an etheric nature to the description of a person.

These descriptions show that healers view a person as having a mind, a body and a spirit that is constantly connected on all levels. There are multiple descriptions in the literature of the MBS aspects of a person. Individuals are seen as holistic beings, that are composed of multiple interactive components including cognitive, biophysical, psychological, and social subsystems with continuous MBS interactions (Kinney et al., 2003). All parts are seen as being linked, however, the whole and the parts can be both separate and connected at the same time (Chan, Chan, & Lou, 2002). Although this seems to conflict, it appears to be a characteristic of MBS interconnections noted in the literature. There are also descriptions from healers throughout all themes of issues relating to manifestation of physical illness, to the effect of the emotions and to the spiritual aspects of healing, each as separate dimensions. Yet there is also clear consensus that the MBS is connected at all times. Therefore, these seemingly contradictory descriptions from the literature are consistent with healers' views that the MBS can be separate, and at the same time, constantly connected and interactive.

The interconnectedness of the MBS is supported by research where participants questioned on good health and well-being found that health is a balance between the interconnected physical, mental, and spiritual aspects of their lives (Canales, 2004). Research on how Māori talk about health found that participants talked about the importance of defining health holistically to encompass interconnectedness of physical, spiritual and mental health (Cram, Smith, & Johnstone, 2003). These research examples show that the MBS is important in considerations of health and supports healers' conceptualizations of the interconnected and interactive nature of MBS interconnections.

Summary

The *MBS interconnections of healing* superordinate theme shows data from healers that elicited the four subordinate themes of: *searching for causes of illness; a healing channel; healing at MBS levels; effects of spiritual healing; and MBS views of a person*. In the analysis of these subordinate themes, healers have conceptualised MBS interconnections that are linked by energy and facilitate healing as a change process between individuals. All of these themes consistently point to the interconnected and interactive nature of MBS interconnections.

IMPACTS ON THE MIND AND BODY

This superordinate theme emerged from healers' understandings of the relationship between the mind and body that focused on the role of emotions and energy in MBS interconnections. Healers described the impacts on the mind and body through the subordinate themes of: *effect of emotions on the body; and body and energy links*.

Effect of emotions on the body

One way that healers describe the link between the mind and body is through emotions. One healer suggests that parts of the body relate to specific emotional issues:

Participant 5 (female, non-Māori, Auckland): ... *every organ of your body relates to a certain disease ... Anyone who had a lot of problems around the heart, I'm sure would have issues with ... lack of love in their lives, lack of self-love ... broken heart, rejection, all that sort of thing.*

Healers believed that emotions are held, trapped or stored in the body and may manifest as disease. These negative feelings can cause problems in specific parts of the body when stored for a long time.

Participant 2 (female, non-Māori, Auckland): ... *actually works with ... emotional stuff and belief systems. So I believe that that all is trapped and held in the body anyway. So it's all to do with the ... mind, body, spirit connection.*

Participant 1 (female, non-Māori, Auckland): ... *it's the emotions that's holding the pattern in the body, not actual physical. The physical is just basically a symptom of ... what's actually underlying.*

One healer states that when illness manifests, it is necessary to shift the client's entire pattern of thinking which can be caused by either physical or emotional stress.

Participant 4 (male, Māori, Auckland): ... *when people have ... a whole lot of ... body illness, it affects their ... whole ... way of thinking ... it's a method*

that ... is there to ... shift that ... paradigm within the body ... And that the mind, body, connections ... could be old sports injuries to ... stress and emotional issues that, that are harboured in the body.

The importance of the mind and mental processes on the body is crucial to participant healers when they need to find a cause of illness that may appear to be physical but is actually emotional. They believe that the relationship between the mind and the body occurs in people when emotions are stored and held in the body that may manifest as disease. Participants from the Warber et al, (2004) study also stated that emotions could be trapped in the body but also in other parts of the individual. One participant stated that it is possible to store physical, mental, spiritual or emotional problems in different areas of the physical, mental and spiritual layers (Warber et al., 2004).

Participants reported that although negative thinking occurs in the brain, it also impacts on the body because negative thoughts can cause chemical changes. Fontaine (2000) and Patterson (1998) also argue that a continuous cellular disruption from negative thinking could contribute to the onset of illness. Mind and body are connected through chemical pathways that circulate emotional information (La Torre, 2000) and one way that this can happen is through a two-way process of communication between neurotransmitters and their receptor sites (Pert, 1999). Healers' believe that emotions are stored in the body, which indicates a link between the mind and body. From this belief, healers show an understanding that each element of the MBS is capable of influencing and impacting on the other two.

Body and energy links

Healers provided a profound glimpse into their views and beliefs about the nature of the body, as the following brief statements show:

Participant 1 (female, non-Māori, Auckland): ... *I believe that the human body is capable of healing itself to a certain degree.*

Participant 4 (male, Māori, Auckland): ... *And it's also appreciating the body intelligence.*

Although short, these are unique perspectives because they characterise the body as having an innate awareness of its own which expands on the view of the body as mere muscle and tissue. However, there was little further elaboration on how these concepts work.

Participant 4 (male, Māori, Auckland) also states that:

... the human body has a vibration.

Another participant gave a metaphorical description of the concept of vibrations:

Participant 5 (female, non-Māori, Auckland): *So the energies we're bringing through are a lot higher, finer vibration ... when ... looking at an aeroplane, and ... looking at the propellers and they're stopped. The vibration is solid. It's very grounded ... it's a low vibration. So then the motors start up and the propellers start spinning and as they spin, you can still see them, but the vibration is raising until they're spinning so fast, you can't see them anymore. And that's the highest vibration ... you can bring through.*

This healer also described how the body is able to hold light and bring vibrations through:

Participant 5 (female, non-Māori, Auckland): *Your body is like ... a pipe and most people's pipes are filled with gunk and covered in gunk ... So over time when your life's path becomes more part of your ... life, your gunge gets ... washed away and cleaned. And so over a period of time ... I've been working on clearing my body, my vessel so it's able to receive more light and hold more light and the more light you're able to hold, the more, the higher dimension you're able to bring through ... the higher vibration you're able to bring through.*

This description of the body being able to hold light and enter into higher dimensions and vibrations expands significantly on the conventional view of the body as skin, cells and bones. One participant talked about energy points as an etheric counterpart to various parts of the body saying that the body has:

Participant 3 (female, non-Māori, Auckland): *... a chakra point ... the circuits that run through your body, like ... your blood vessels, your nerves ... They have an etheric ... counterpart and that ... counterpart, when they cross, you've got a point of energy ... the Chinese would call that a ... meridian ... Indians call it a nadi, where they cross. So when thousands of these all cross in the same place, that is called ... a major chakra. And there's seven ... major ones ... minor ones are in the hands and the feet.*

Healers' statements indicate unique descriptions of the body with its own consciousness and intelligence and an ability to heal. The body is portrayed as holding light, bringing through vibrations and having energy chakra points. This indicates a link between the body and spirit where the body is able to channel energy, which is also consistent with the earlier theme of 'a healing channel'.

Other research also demonstrates viewpoints of the body being more than tissue and muscles. Research that focused on healthcare decision making showed that

participants believed taking care of the body meant: listening to; being familiar with; recognizing changes in the body; and being in touch with what is happening within the body (Canales, 2004). This research indicated that participants believe the body knows what it needs and is capable of sending those messages, which is consistent with the quote from participant 4 (male, Māori, Auckland) that the body has intelligence. The body is seen as having: an intrinsic will to restore itself to full function; the capability to act on that urge intuitively (Zimpfer, 1992); and an internal wisdom that provides innate healing potential (Fontaine, 2000).

In consideration of the body as a channel of energy, one way of describing the energy of a person is through a biofield that surrounds the body. The word field has been used to describe invisible, non-material emanations from one object to another that can influence the other person and are continuously interactive (Hover-Kramer, 2002). The energy field is seen as a complex matrix of vibrations and subtle energies (Hover-Kramer, 2002). The body is the physical manifestation of that field and is the most dense field (Hover-Kramer, 2002).

There is some support for this theory that every individual has an energy pattern which is unique to each individual (Warber et al., 2004). The body is seen as continually transmitting and receiving information signals of varying frequency and intensity. It is postulated that these signals are transmitted, received or amplified at the chakra points, are converted into electrical signals by the central nervous system and are able to modulate new or internally generated energy (Furman, 2002). This provides a theory on how energy can be contained in the body and this is significant because the healers in the study do not have scientific explanations for what they believe about spiritual healing. The healers simply have an intrinsic belief in it and this is what makes these concepts real for them.

Although the energy centres of chakras have been understood in this subordinate theme as linking the body and spirit, they may also be viewed as connecting the

whole MBS system of the individual. Chakras have been used and described by Eastern cultures as centres of electromagnetic energy in the body through which energy enters and leaves the body (Fontaine, 2000). Each chakra in the body is a focal point that relates to physical, emotional, mental and spiritual elements of a holistic system within each person. The purpose of chakras is to regulate and maintain equilibrium of health on human energy and act as a link between the body, mind and spirit by exchanging energy. When one chakra stops functioning well, the energy is disturbed which will impact on all the other chakras and on the body. Therefore, healing the chakras will bring integration, wholeness, (Fontaine, 2000) and balance to ensure there is a continual flow of energy (Patterson, 1998). Energy constantly flows throughout the human body and each part is intercorrespondent (Chang, 2003). This theme provides more detailed description of healers' MBS conceptualisations of energy as a major component linking the body and spirit.

Summary

The superordinate theme of *impacts on the mind and body* elicited the two themes of: *effects of emotions on the body; and body and energy links*. These themes provide insights into conceptualizations of the mind/body relationship that challenge mainstream acceptance of a merely physical nature of the body. Healers' conceptualise MBS interconnections as being able to influence and impact on each other through energy that is present throughout the body.

SPIRITUAL ASPECTS OF HEALING

Every participant discussed some element of spirituality throughout each interview, from their own personal lives to working with people, regardless of whether in or outside of the healing session. Spirituality seemed very important to the healers as an intrinsic part of their beliefs and their personal life journey as well as in the

healing session. However, it was not possible to include every aspect of spirituality mentioned by healers therefore the two themes that best illustrate MBS interconnections are: *spiritual communication with spirit guides, and distant healing* which are discussed further below.

Spiritual communication with spirit guides

One aspect of spirituality that was described by participants was spiritual communication. When healers were asked about spiritual communication, it was described as a normal and regular occurrence rather than as a paranormal experience.

Participant 4 (male, Māori, Auckland): *... just another dialogue on another level, in another dimension ...*

Participant 10 (female, Māori, Taneatua): *You talk to them like a normal person.*

When asked how spiritual communication takes place, one healer gave an explanation of:

Participant 5 (female, non-Māori, Auckland): *Intention. Intention. You simply set a mental intention.*

Another healer was asked how she communicated with the 'Source', as she put it, and how she receives her intuition and she replied:

Participant 6 (female, non-Māori, Auckland): *Well, if you follow the philosophy of there being energy centres in the body, the major two that you actually use ... are the crown, on top of your head and the third eye*

which is above the forehead. And when you also ... open your other intuitive senses, those are the two most important but the other intuitive senses, that's ... really the only way in the human form you can feel the spiritual aspect of the work.

The data from healers shows the use of dialogue, intention and intuitive senses for spiritual communication.

Spiritual communication was an important feature of healing because healers invited their own guides and the client's guides into the healing session.

Participant 2 (female, non-Māori, Auckland): *And invite your guides in and I work with mine so that's how I set the whole thing up.*

She continues:

That all of the work that I do is intuitive. And it's all guided. So I'm always working with my guides and with my client's guides.

Participant 5 (female, non-Māori, Auckland): *... I call in my guides, I invite the client to call in their guides or ask whoever they wish to work with.*

The healer can ask her guides to talk to the client's guides and this happens at a purely spiritual level. The healer can also talk to the client's guides who can also send and receive information to and from the client.

Participant 2 (female, non-Māori, Auckland): *... I got my guides to talk to her guides so that I didn't kind of want to scare her too much.*

Participant 5 (female, non-Māori, Auckland): ... *the guides that ... we're working with that day, whether it's the client's guides ... or ... my ... team, they generally ask whether the client has any questions. And if so, they ask ... Quite often there is guidance coming through.*

As stated by these healers, much of the healing session is guided by spirit guides so being able to receive that guidance and to communicate back is essential. The healer uses her mind to converse spiritually with her own personal guides and the client's guides and they can send information back to her. The two sets of guides are also able to communicate back and forth with each other at the spiritual level that shows multi-directional and multi-level spiritual communication.

There is a view that the spiritual dimension includes the existence of non-physical beings that are transcendental but are still able to influence and communicate with those in the physical world. These can include God, the Source, spirits or even an individual's own personal "higher self" (Tataryn, 2002). In the literature, a spirit guide is described as a being that looks like a person, is familiar to the individual communicating with them and acts as a teacher or a guide (Fontaine, 2000). All individuals receive this type of help (Newton, 1994). Healing is intimately connected with perceiving and seeing spirits and this is an integral part of any healing session. Spirit is seen as providing the spiritual discernment that is required to understand what is out of balance and what healing needs to happen (Kremer, 2006). Although help from spirit guides is understood to be more general or philosophical (Fontaine, 2000), this is not entirely consistent with views stated by the healers in the current study. The quotes from healers seemed to indicate very specific information was received that was relevant to the client's situation and healing needs.

There is little information available in the academic literature on spiritual communication through dialogue, intention and intuitive senses as reported by the

healers in this study. However, channelling has been used to describe a similar process where spiritual information is received through a general concept, word or picture which may be beyond what the rational mind can even conceive (Brennan, 1987). Access to this information occurs through the use of high sense perception, clairaudience, clairvoyance, clairsentience or psychic reading (Brennan, 1987). This view is consistent with healers' descriptions of intuitive senses.

The multi-directional aspect of the healer's ability to communicate with spirit guides refers to the communication back and forth from the client, the client's spirit guides and the healer's own spirit guides. However, the multi-level aspect of spiritual communication refers to communicating with the spirit world from physical reality. One view states that some people are able to expand their imagination to communicate with spirit by moving into other dimensions and visualising beings that reside in other planes of existence (Amrani, 1997). However, both physical and spiritual worlds are seen as complementary and equal and neither one is superior to the other (Fontaine, 2000). The lack of literature on spiritual communication that occurs through dialogue, intention and intuitive senses shows the uniqueness of this finding. Healers easily relate their experiences of communication between the spiritual realms and their own mind with no thought to the need to explain or prove the reality of this kind of communication. It is the healers' use and description of spiritual communication with spirit guides that indicates a perception that MBS interconnections are capable of facilitating communication.

Distance healing

Healers' descriptions of distance healing, or sending healing across a distance, are other understandings based on healing at a spiritual level. Healers reported that it didn't matter whether the client was in the room or was on the other side of the world there was no need to touch the client for the healing to be able to proceed.

Participant 3 (female, non-Māori, Auckland): *And, so I don't need to touch the person at all. I would ... connect divine mind to divine mind, sacred heart to sacred heart, soul to soul. ... If I was to do a ... distant healing ... session, there'd be no difference. It's just the person isn't in the room. So it doesn't matter where ... in the world they are, I can connect.*

Participant 2 (female, non-Māori, Auckland): *... can actually be in the same room, but I don't necessarily touch ... And I can do it over the phone as well.*

Participant 9 (female, Māori, Ruatoki): *... it's become really easy now for me ... to do things ... even if a person's not here ... I can just close in ... and ask for guidance and ask for help and ask for healing. So I can direct a healing, like for her.*

The interesting aspect of this understanding is that even though there is no touch, the healing process works in exactly the same way as though there was physical contact. The healing energy is received by the healer in her body and is immediately sent to the client who is at a distance. The healing is then able to influence the client at any of the MBS levels in a similar manner as though touch were involved. However, the healer also receives the healing at a spiritual level so that channelling of the healing occurs through spiritual connection.

Distance healing, where no personal contact is necessary, is practiced by many healers over large distances (Wiesendanger & Werthmuller, 2001) and has been defined as; the conscious act of one or more individuals who will, intend, or ask for the improved well-being of another (Leder, 2005); a dedicated act of mental effort to benefit the physical or emotional well-being of another person at a distance (Sicher, Targ, Moore, & Smith, 1998); and a mental focus by the healer

on sending healing (Benor, 1996). This can occur through either simple mental intent, meditation, prayer (Benor, 1996) or by sending healing energy (Leder, 2005). These descriptions are consistent with the healers' views and use of distance healing.

Although channelling of healing has been described in previous themes, the difference here is the lack of contact or touch between healer and client. Four frameworks for interpreting distance healing have been explored that include: the possibility of a transmission of energy between the healer and client; the ability of conscious intention to influence the universe to effect the intended result; a close bond between healer and patient that triggers mutual resonance; or the full potential for healing that is inherent within the situation (Leder, 2005). Although participating healers did not expand on their understanding of the mechanics of distance healing, these theories provide an initial attempt at explaining how distance healing might work.

Spiritual healing in general is difficult to comprehend and distance healing even more so. Because the nature of distance healing contradicts an ordinary sense of reality, it conflicts with generally accepted laws of science (Zachariae et al., 2005). Although studies of distance healing have been conducted and reviewed, it is still not known what physiological mechanisms of conscious awareness are able to effect and cause positive changes in the brains and bodies of other people (Dossey, 1993). It is understood that medical understanding currently has no mechanism to account for healing at a distance (Sicher et al., 1998). Despite a lack of explanation of how it works, the description of distance healing given by healers shows their complete confidence that it works in exactly the same way as touch healing where MBS interconnections are conceptualised as being able to facilitate healing at all three levels.

Summary

The common feature of the superordinate theme of *spiritual aspects of healing* is that spiritual communication is not well documented in the literature. Despite this lack of recognition, the *spiritual communication with spirit guides* subordinate theme showed that healers communicate easily with spiritual realms. The subordinate theme of *distance healing* was reported to work in exactly the same way as though touch were involved. MBS interconnections were conceptualised by healers as facilitating healing and communication. Spirituality was an important feature of all participants' interviews and lives and healers did not feel the need to quantify or justify their belief in spiritual matters because spirituality was simply an intrinsic part of them.

METAPHYSICAL/ESOTERIC

Although the two subordinate themes of *reincarnation and karma* in this section are ethereal in nature, they were included in the data analysis for providing unusual insight into, and perceptions of, MBS connections. This exploration also raises possibilities of life beyond current existence and expands on the MBS concept.

Reincarnation

Reincarnation is a concept that deals with souls living a lifetime and returning again and again.

Participant 5 (female, non-Māori, Auckland): ... *Reincarnation ... if we haven't dealt in one lifetime, with a particular issue, it becomes karmic and*

it simply comes back ... if we haven't ... achieved ... in this lifetime on earth what we came to do, then we simply have to come back and do it again.

However, the connection with the MBS is shown when memories of past lifetimes are stored in chakra points of the body.

Participant 3 (female, non-Māori, Auckland): *And what you do in your life impacts upon these ... chakra points and your ... lifetime events are ... in the chakra points or in the memory of your cells ... so if there has been a trauma in a past life ... then that will impact upon ... the memory of your body. And that trauma will be stored in your ... chakra points. That is going to need to be cleared in future lives ... karma is stored in the chakra points ... for past lives ... so all these things have to come forward and they have to be cleared.*

This particular quote leads to a description of reincarnation as both a cause of illness and a reason for needing healing. Although reincarnation is not a method of healing, it is still viewed as useful when required for understanding a possible cause of illness as some healers reported that this issue has been present in healing sessions with some clients. Only two of the healers mentioned the concept of reincarnation and karma during interviews, however, it was implied by other healers when discussing or dealing with effects and issues from clients' past lives. The MBS connection, understood by participants who spoke of reincarnation, is between the body and spirit when the soul's lifetime events are stored in the memory of the body's chakra points.

Reincarnation can be defined as rebirth in new bodies or forms of life (Davidson, Connor, & Lee, 2005) and includes an acceptance of repeated lives as well as an understanding that through karma, events that happen to a person in one life may be the result of events and actions from a previous life (Davidson et al., 2005).

Only two studies on reincarnation were found in the literature limiting possible reflections of MBS connections. One report examined beliefs in karma and reincarnation among survivors of violent trauma in the US population and found that relatively few people believe strongly in the theory that this earthly life is one of many. Despite a rejection of reincarnation by people in the United States, other indigenous cultures continue to include it as a part of their society's belief structure (Davidson et al., 2005). Although it is originally an Eastern belief, healers in this study adopted reincarnation regardless of nationality and their main interest in reincarnation was in the impact it had on their clients' lives.

The data collected from another study aimed to gain an understanding of the psychosocial function of reincarnation from nine Druze. The Druze are a community of people living in Israel that are officially recognised as their own religious entity, with their own courts and spiritual leadership. Rather than study reincarnation directly, the findings supported the notion that cultural norms and beliefs influenced subjects and their families (Dwairy, 2006). Through the exploration of beliefs in, and social conditioning of, reincarnation, both of these studies support a belief in the connection between the soul, past lives and the current life which is consistent with healer's views on this subject.

The spirit of each person is seen as being composed of a conscious part and through an extended unconsciousness, includes the experiences of both current and past lives. Therefore experiences from previous lives can play an important role in the determination of issues for the client (Moreira-Almeida & Neto, 2005) which supports healers' views in the current study. Once this memory of past-life issues emerges, it can then be healed to free the client from their problems (Brennan, 1987). The healers see their role as helping the client heal these past life issues at the MBS levels that indicates a relationship between body and spirit. Healers believe that past life information is spiritually stored in the client's body, which impacts the client in their current life. From this belief, it is reasoned that

healers conceptualise MBS interconnections as having a capacity for memory between lives.

Karma

Karma is an intangible concept that one healer describes as the law of cause and effect. Karma is included in the results section because it describes and expands on the MBS concept. Healers believe that karma consequences can manifest at a physical level:

Participant 3 (female, non-Māori, Auckland): ... *Karma is ... the universal law of cause and effect ... every thought, feeling and action has a consequence ... people create karma every single day of their lives, whether it's ... good or bad. And ... so these accumulate life ... after life and in the end, they have to be paid off ... this often will ... manifest for the individual in an individual way. Break a leg, break an arm ... Karma cannot be healed, it must be paid, it's a debt. To the soul.*

Another healer sees karma as a price to be paid which can manifest over different lifetimes:

Participant 5 (female, non-Māori, Auckland): *Karma is ... what you bring from one life to another. It's your life experience you bring ... every experience you've ever had in your life is actually in your cells ... in your cellular memory, your DNA and by the Akashic records ... if I committed this sin ... you have to pay the price. If you don't pay the price, then, next life you pay the price. It's, karma is, what goes around, comes around. What you manifest comes back to you ... it's a universal law of cause and effect. That is what karma is.*

Karma is seen as a process where the soul aims towards perfect balance physically, mentally and etherically:

Participant 3 (female, non-Māori, Auckland): ... *life after life of that soul returning in a different body and that soul ever trying to get out of the wheel of karma and that wheel of, of returning when we've reached the stage that ... there is perfect balance, physically, emotionally, mentally, etherically.*

Although karmic debt is not an obvious MBS connection, it becomes important to the healer whenever a client presents to the healing session with past life karma to be paid. Although participant 3 (female, non-Māori, Auckland) states that karma cannot be healed, but must be paid, it can still contribute to understanding a client's current problem and what can be done to remedy their situation. There is a metaphysical quality about karma that cannot literally be explored but healers report that the consequences of karma may affect the physical reality of the body and manifest as injury, illness or misfortune in some way. This concept links the spirit and body together where past life actions are stored spiritually, and through the cause and effect consequences of karma, may manifest physically.

Human karma is described in the literature as present circumstances that are determined by actions in a previous life (Davidson et al., 2005). When someone commits an offence against someone, either today or tomorrow, whether in the physical world or in the inner world, there will be a result. The consequences of these actions are unavoidable and inevitable (Chinmoy, 1997). Karma has been described as energy that is passed on from each soul's incarnation to incarnation and is often a key in healing major illness and trauma (Hammond-Newman & Brockman, 2002). Healers stated that karmic debt may manifest as disease or misfortune, and yet karma also aids in healing these unfortunate circumstances. Healers believe that everyone has karma that needs to be paid and although this

could potentially occur at any of the MBS levels, in this theme there is a focus on past life karmic manifestation on the body. These beliefs from healers indicate that they conceptualise MBS interconnections as being capable of manifesting causes and effects between lifetimes.

Summary

The metaphysical/esoteric superordinate theme provided unusual insight into an aspect of healing that was especially useful for the healer when discussing causes of illness and misfortune for some clients. Healers conceptualised MBS interconnections as having a capacity for memory and manifesting causes and effects between lifetimes, which provide unique understandings of the capabilities of the MBS.

CHAPTER SUMMARY

This analysis highlights several interesting insights into how healers conceive of the MBS. Spiritual healers conceptualisations of MBS interconnections have shown that healers have an innate belief that the MBS can: show that causes of illness at any level will affect the whole; show that energy links the MBS together; facilitate change between individuals; be constantly interconnected and interactive; influence and impact on another; flow with energy throughout the body; facilitate healing and communication; facilitate memory; and manifest causes and effects between lifetimes. These conceptualisations and their implications will be discussed in Chapter 7 where conclusions about MBS interconnections will be explored further.

CHAPTER SIX

MĀORI HEALERS' CONCEPTUALISATIONS OF MBS INTERCONNECTIONS

This chapter explicates analysis and results of interview data, however, it describes the MBS interconnection themes that emerged exclusively from interviews with Māori healer participants. The themes and results elicited from the data are also presented with supporting literature for each superordinate and subordinate theme.

MIND, BODY, SPIRIT THEMES

There were five superordinate themes that emerged from the data analysis of Māori cultural understandings of the MBS. It was considered that these understandings would contribute culturally unique or different insights to MBS interconnections. The five superordinate themes were: *impact of colonisation; spirituality for Māori; whānau and whakapapa [geneology]; whenua; and Māori healing techniques*. The subordinate themes were fewer in this section as they were selected for being distinct from the majority of participants' responses or for being novel. These themes were also included for their relevance to Māori cultural worldviews and for their contribution to further understanding of the MBS. Themes were analysed, interpreted and structured in the same way as in Chapter 5. The results of the thematic analysis on Māori cultural understandings of the MBS are shown in Table 4 below.

TABLE 4: MBS INTERCONNECTION THEMES FROM MĀORI SPIRITUAL HEALERS' INTERVIEWS

Superordinate themes:	Impact of colonisation	Spirituality for Māori	Whānau and Whakapapa	Whenua	Māori healing techniques
Subordinate themes:		Spiritual guides and sources		Healing and the land	Māori rongoā
		Spiritual tohu		Narrative connection between land and Māori	Romiromi
					Mirimiri

RESULTS

The results from Māori spiritual healers are reported in the same format as in Chapter 5. The superordinate themes are introduced and then the subordinate themes are described. Quotes from Māori healers also provide illustrations that support the analysis and interpretation of the data.

IMPACT OF COLONISATION

Colonisation has impacted on many elements of Māori culture and worldviews and this includes cultural understandings of health, illness and the MBS. This superordinate theme was included because it provided meaningful understanding to the MBS concept for Māori.

Two healers in this study mentioned the effects of colonisation in relation to the concept of the MBS. The coming of the Pākehā and the process of colonisation created widespread changes for Māori, as one healer says:

Participant 4 (male, Māori, Auckland): ... *because we lost a whole lot of our structures, historically colonised ... socially ...*

This changed many Māori concepts. In relation to the MBS, one healer stated:

Participant 11 (female, Māori, Taneatua): ... *going back to the concept of the mind, body and soul ... that's more of a colonisational concept.*

Although this idea is not explained fully, it indicates that the mind, body, soul or spirit concept is not intrinsically Māori and that there is a possibility of other ways of looking at the MBS from a Māori worldview. Another healer provides further insight:

Participant 10 (female, Māori, Taneatua): ... *do you know, in our time, there was never a mental. We never had a mental problem, Māori. We were physical and spiritual all the way. There was no need for mental, until the white man came ... That mental, that never existed. Came when the Pakeha came aye. I call that mental part, just a bridge. The physical's lost contact with your wairua. But I call it the bridge, so I have to walk that mental bridge with people. As part of the therapy. And god, there's a lot of rubbish along that bridge. But I eventually get to the wairua. Eventually. And my job is to bring the wairua and the physical back together again. Very simply done. Once you get there, well, you just bring them back ...*

As this healer states that the mental aspect of a person is not a Māori concept and did not exist until the Pakeha came, it points to an alternative view of a person as a body and a spirit only. There is a definite indication that the MBS term does not stem from an ancient Māori worldview and subsequent themes expand this further. This healer sees the mental as a bridge that she walks with people, and the mental concept is seen as constructed by Pakeha. This healer's understanding of the MBS connection uses the mental to describe the connection between the physical and wairua.

The impact of European colonisation on the health of indigenous Māori is significant in this theme, due to the devastating effects of the introduction of new infectious diseases and also disruptions to traditional lifestyles (Jones, 2000). This affected the health status of Māori which led to the need for adaptation due to a loss of resources (Durie, 2001). Because of these major changes to Māori culture, Māori understandings of the nature of holism or MBS interconnections may well have changed to synchronize with incoming Western system values although this has not been recorded.

In fact, the literature shows that traditionally Māori regard the body and the mind as separate entities. The spirit, or the soul, is only connected with the

body and mind as a compound of intangible and invisible spiritual essence (Goldie, 1999). Ancient Māori believed the body was merely a temporary vehicle for the wairua while on the earth journey (The Healing Circle Ltd, 2006). Therefore, this healer's description of the mental as a metaphorical bridge may have originated from a belief that the mind is separate from the spirit and body.

With the absence of the mental concept, participant 10 (female, Māori, Taneatua) has replaced it by a bridge connection between the body and spirit. However, in relation to all the other participants, the mind and mental processes were vital to healing and to understanding MBS dimensions. This indicates a unique conceptualisation that MBS elements can also be the connecting factor between the other two. Therefore, in subsequent themes, the mind will continue to be included in the data analysis process due to common use across all other participants.

SPIRITUALITY FOR MĀORI

Spirituality is a central feature for the Māori worldview of human existence that is held with an almost tangible sense of reverence. The reality of the wairua for Māori is signified by participant 10 (female, Māori, Taneatua) who says '*The wairua has an intellect of it's own, you know. A language.*' In the search for MBS connections, the two subordinate themes identified by Māori healers were: *family spiritual guides; and spiritual tohu*. Spirituality is seen as a natural phenomenon that occurs in a very real and personal way for Māori.

Family Spiritual Guides

Although all participants consulted with spiritual sources, this section was included because Māori healers referred to very specific spiritual sources.

Participant 4 (male, Māori, Auckland): *... that's how I see ... a healer ... to get resources and information from the other side which helps them make a break through.*

For Māori healers, there was a specific spiritual connection with family members who had passed away and who now acted as spiritual guides.

Participant 8 (female, Māori, Auckland): *It's the Lord or our ancestors. In Pākehā terms, it's their guides. But I don't like those words. I would rather use the words, my tūpuna [ancestors], ancestors or helpers.*

Participant 12 (female, Māori, Taneatua): *Then you work with what they're telling you to do or what your tūpuna [ancestors], or our tūpuna are telling you what to do, to help you with that mamae [illness].*

One healer conveyed a Māori belief that these ancestors were a connection with God.

Participant 4 (male, Māori, Auckland): *Cause Māori belief is that we go through God through our tūpuna ... so ... the closest human connection is our parents and our grandparents. And ... we always believe that they hang around us, they look after us and watch over us.*

This healer believed that the tūpuna are a connection with God and also that there are processes of communication with the ancestors.

Participant 4 (male, Māori, Auckland): *But also ... you need to be able to discern ... that information ... And also ... understanding that in some ways when your grandparents crossed over, they had ... beliefs of another time. So ... you have to sort of really look at, what are they trying to say to me ... and they could growl you and you can growl them back. You know, ... so oh, just leave me alone, this is my life, not yours.*

This healer believes that any information received spiritually can be subject to interpretation, and communication can then be returned indicating a two-way communication process and between spirit and mind. This occurs between family ancestors in the spirit dimension who have passed away and the healer's mind, and vice versa. The spirit to mind link is also indicated by tūpuna who facilitate a connection between God on a spirit level and the healer's mind. It is considered that these phenomena may not be exclusive to healers but may be natural for all Māori.

For Māori, being able to communicate with tūpuna comes from te ao wairua [the spirit world] that connects Māori to the past, present and future and this ability was traditionally seen as very important. Although there is a resurgent interest in returning to traditional beliefs and customs, the Western medical model still has a negative view of communicating with deceased people. The mental health system has diagnosed experiences of communicating with tūpuna of hearing voices or having visions as mentally dysfunctional (Fenton, 2000). However, many Māori continue to have a very strong belief in spirits and communicating with the spirit world.

Although the concept of spiritual communication with family members may be considered outside normal reality, indigenous peoples believe it is possible to travel to, and experience multiple realities, such as the spirit world, which many feel is more real than the physical world (Struthers & Peden-McAlpine, 2005). Therefore, support from the literature on spiritual communication with Māori ancestors has been sourced from material on beliefs of indigenous cultures. Rarotongan people believe that spirits may move between the physical and spiritual worlds and can even intercede in a person's life without being asked or invited (Baddeley, 1985). Healers may communicate with the spirits through prayers to God or by asking the spirits directly for help (Baddeley, 1985). Native American healers also believe that spiritual beings who have passed away that exist in another dimension can make contact with the physical world

and spiritual healers can become a direct link or medium with these spirits (Fontaine, 2000). The Māori healers in this study also believe that they are able to make contact with ancestors for clients during healing sessions but as indicated by participant 4 (male, Māori, Auckland), communication with family members can happen during everyday life also.

One study investigated the ability of three research mediums to obtain information regarding the deceased loved ones of five sitters (Schwartz, Russek, & Barentsen, 2002). The mediums had no knowledge of the identity of the participants or their loved ones and were not allowed to ask any questions. The sitters were not permitted to speak during readings, although they were allowed to listen to the medium speaking. Sitters scored their own readings as well as other sitters' readings. Under these conditions, the research found that the mediums could obtain information that is more accurate when sitters scored their own readings compared with when the same sitters scored the readings of other sitters. The findings provided support for the hypothesis that information and energy can continue after physical death (Schwartz et al., 2002) which is consistent with healers' views about the phenomenon of spiritual communication with loved ones who have passed away. However, this study did not include the same whakapapa connections that may be available to Maori healers, so there may have been variances in the results if the study had incorporated this aspect of cultural influence.

Although there is little support for tūpuna mediation with God, there are examples of two-way spiritual communication with deceased family members from indigenous perspectives. The traditional African worldview sees no difference between the living and the non-living who exist in a dynamic interrelationship. When someone dies, South Africans believe that the ancestors live similar lives as spirits as when they were alive. These ancestors remain intimately involved in virtually all aspects of the family life, residing with the family even though invisible. Traditional healers are in constant communication with the spirits of the ancestors to aid in diagnosis and in

treatment of illnesses (Bojuwoye, 2005). Therefore, ancestors provide mediation in everyday life as well as during the healing session. This supports Māori healers' concept of two-way spiritual communication with deceased relatives. MBS interconnections are conceptualised as facilitating communication processes between the living and family members who have passed away.

Spiritual tohu

When receiving communication from spiritual sources, one Māori healer mentioned unique modes of receiving messages.

Participant 11 (female, Māori, Taneatua): *Cause a lot of it too, for the old Māori was about ... tohus [signs]. And tohu is ... things that you might see. It could be the way, you know, a bird, he manu, ka haere mai ki a koe [that comes to you] or it could be um, colour.*

The means of communication came in the form of nature through birds and colour. She also related receiving messages through dreams or written messages:

Participant 11 (female, Māori, Taneatua): *And you know when I talked about tohu. Well these one, it comes in a moemoeā [dream]. It can come in dreams, it can come in all ... ways ... lately I've been getting some in written messages.*

These messages were received through the subconscious and from the environment. This participant then mentioned a way of receiving messages through the sense of smell:

Participant 11 (female, Māori, Taneatua): *... you know, we can get it in all different, like ... for my uncle who just passed away. For me, it came*

in a smell ... it's normally the first thing that comes to your mind and that's it and you go with that ... so and it came loud and fast in, in the smell, of a death smell.

Communication at a spiritual level has been discussed in the earlier superordinate theme of spiritual communication and healing techniques, but it is the method that is unique. This healer discussed receiving messages from birds, colour, dreams, written messages and a sense of smell. These are exceptional modes of communication connecting spirit and mind because spiritual tohu are sent to the healer who comprehends them in her mind.

People and nature are interconnected and the personification of natural elements is a part of Māori understanding of the world (New Zealand Conservation Authority, 1997). This connection with nature bonds Māori with elements of nature such as birds so that receiving messages in this form seems natural.

Support for receiving messages through elements of nature can also be found from other indigenous cultures. Among American shamans believe that the ancestral world, the human world, and the spiritual world are able to overlap and at the same time, remain distinct from each other. They also receive messages from nature where a bird that flies into the home of a shaman's family could indicate a specific message (Helsel, Mochel, & Bauer, 2004). Rarotongan healers believe that spirits can come at night in dreams or in disguise as an animal or insect to warn, or to communicate with, people (Baddeley, 1985). For Native Americans, a connection to the guidance of spirits may occur through dreams, particular signs, animal messengers or certain experiences or events (Portman & Garrett, 2006) which are consistent with healers' experiences of receiving spiritual messages through these modes of communication.

Many cultures believe that dreams carry important messages such as precognitive dreams that involve seeing people and situations in the future (Fontaine, 2000). Dreams are a medium through which ancestors are able to communicate with South African healers. It is through dreams that healers are able to link with supernatural worlds and communicate with spirits who can teach healing knowledge to healers. Dreams are said to be able to connect the mental and physical spheres of humans (Bojuwoye, 2005). Spirits can communicate directly or through symbols during dreams such as seeing dead relatives who appear to give messages, including telling people which medicines will be effective for an illness (Baddeley, 1985). The phenomenon of receiving messages through dreams appears to be a common experience through indigenous cultures.

A phenomena called after-death communication (ADC) focuses on communication that grieving people feel they have with lost loved ones (Houck, 2005). Some of these modes of communication include smells, visual sightings, audible sounds and dreams. One research study showed three common patterns from frequency analysis which were; universality where ADC occurred across all levels of gender, age, religious preference, education levels, time since the death, and types of death; multiplicity where people typically experience more than one type of ADC by the same loved-one on different occasions; and exclusivity where the majority of ADC's were experienced without the assistance of a third-party such as a medium, spiritualist or shaman. Over half of the participants experienced dreams of their loved ones visiting them. Although twelve participants reported experiencing only dreams, the remaining participants experienced dreams as well as olfactory, visual and audible ADC. When dreams were absent, the primary ADC was olfactory in combination with audible and tactile senses (Houck, 2005). This is partially consistent with healers' experiences of spiritual messages received through smell, visions, dreams and touch senses.

The mode of communication through spiritual *tohu* may seem unusual at first, but after further exploration it would seem that communication through nature, the subconscious, the environment and the senses is just as natural to Māori healers as spiritual communication with spirits, spirit guides or ancestors. Therefore this conceptualisation of MBS interconnections shows links through a variety of communication modes.

Summary

The two subordinate themes in this section of *family spiritual guides and spiritual tohu* showed that healers conceptualised MBS interconnections as facilitating communication with the deceased through a variety of communication modes. Like the 'spiritual aspects of healing' superordinate theme, the 'spirituality for Māori theme' has very little research or literature support except through sources of indigenous cultural material. Nonetheless these methods of communication were a natural and normal part of life for Māori healers who consider spiritual realms to be as real as the physical world.

WHĀNAU AND WHAKAPAPA

For Māori, there is an emphasis on a wider view of an individual that encompasses the whānau and whakapapa, and at the wider community focus of the whānau, hapū and iwi. The individual can have interactions with the whānau that are so intrinsic to the individual's psyche that the whānau and the individual seem to be entwined and not separate from one another. The concept of whānau is very important to Māori and the data shows how this superordinate theme contributes to the MBS concept.

The data from healers' responses supported this view of the importance of whakapapa for Māori, especially in the healing session where there is a cause of illness passed down the bloodlines to the client.

Participant 11 (female, Māori, Taneatua): ... *for Māori, because we're a communal people ... it's also about the whānau. It's also about ... their whakapapa. There might be a mamae that's come through the line. It might'nt come up in that generation, but it might come down into the next generation so it's also being aware of all those ... And you know how I talked about ... whakapapa. Like there might ... been a hara [offence] in whatever it might be, way back and it might miss this generation but the next generation and, even in a name.*

Participant 10 (female, Māori, Taneatua): ... *I had ... families come, real bad stuff ... it's passed down through the families like that ... I'm talking about mate Māori [Māori illness] now.*

The client is sometimes affected by consequences of past whānau transgressions. These are likely to be subconscious and it is unlikely that the client will know the reason why they are being adversely affected. However, as much as a client may have to pay for past whānau offences, there are also instances where individuals commit an offence and it is the whānau or the extended hapū that pays for the misdeeds of that family member.

One healer described a group intervention where the whole whānau gathered to address a sexual abuse offence. She shares how the hapū was potentially liable for the offender's actions.

Participant 9 (female, Māori, Ruatoki): ... *this particular one happened at this marae [area in front of a meeting house]. And ... the person ... the man belonged to this marae. Now the lady that was offended, the family that was offended belonged to another marae. Same area, same iwi. So ... they had the hui down here, and everybody was in the wharepuni [sleeping house], the person had to sit, and then they just abused. They did all these things to him. And ... because I didn't realise ... they actually doing that because they gonna lose things. Material*

things ... the hapū [sub-tribe] had lost ... korowais [cloaks], patus [weapon], meres [short, flat weapon]... For that sin ... whatever you commit, the whole hapū suffers.

This indicates a two-way responsibility where the whānau and client both give and receive the consequences of offences, and yet neither the whānau nor the client may be aware of the offence that is causing the illness or the suffering. This leads clients to seek help from a healer where the whānau also takes a direct role in the healing session and ensures that a family member attends the healing session.

Participant 10 (female, Māori, Taneatua): *The client's come, the whānaus come and they drag that one by the noose to come.*

The healer also gathers information about the client from the whānau who may be the only ones capable of giving the required information. The client may not be able or willing to share that information. Therefore, the whānau will speak for the client shouldering the individual's responsibility for them.

Participant 10 (female, Māori, Taneatua): *It helps to know their background ... I ask the whānaus ... where's this been ... why is this one, why do you think he's like that. You tell me why, and then I get a story from that one ... You need the whole information ...*

Without the help of the whānau to get the necessary information, the client may not receive the required healing. The whānau's support of the client may involve taking responsibility for their healing especially if they are unable to do it for themselves.

The involvement of the whānau is not only important to the client but the healer's own whānau is significant also, especially when healer's feel a personal sense of accountability to their own whānau for their healing work.

Participant 11 (female, Māori, Taneatua): *Now doing our other mahi, on the taha wairua (spiritual) side and with our whānau, hapū, iwi on that level. Well, accountability is to whānau, hapū, iwi.*

Participant 10 (female, Māori, Taneatua): *... and I'm accountable to my little family. My mokopunas [grandchildren].*

This sense of accountability strengthens whānau ties between individual family members and the collective group, which even extends to the extended hapū as mentioned earlier. Although whānau is a term that represents several family members, it is a connection that Māori consider as intimate and as personal to them as their own selves. The importance of whānau for both the healer and the client does not stop at death. As discussed in the section on 'spirituality for Māori', deceased family members are still actively involved with their whānau, they simply take a guiding role on a spiritual level.

The relationship with whānau for Māori healers shows a fine line between the identity and responsibility of the individual and the identity and responsibility of the whānau. Often, this line will overlap and the line will move into either individual or whānau territory signifying that there is a very grey middle area where the whānau and the individual merge or even overtake the other at times. The relationship between the whānau and the client shows a two-way and supportive responsibility connection. There is also a sense of accountability between the healer and her own whānau.

The bond between the individual and the whānau is a bond that is so intrinsic to the Māori worldview that the data indicates that the addition of whānau to the MBS concept, as a category in its own right, would be culturally appropriate for Māori. The subordinate theme of 'impact of colonisation' showed that the MBS is not a historically Māori term and this supports the possibility that there are more culturally appropriate ways of framing Māori concepts. It is

considered that the addition of the whānau to the MBS would create a concept that better aligns with Māori beliefs and actions. This would create a MBS and whānau concept.

For Māori, whananaungatanga is a family connection maintained through ancestral, historical, traditional and spiritual ties (Pere, 1995). However, no research evidence was found that specifically discusses Māori family transgressions that are handed down to future generations. A review of traditional Australian Aboriginal health beliefs and systems reveals a strong emphasis on social and spiritual causes of illness that may take precedence over individual health. Retribution may be taken from the individual who committed an offence and this may also affect their descendants (Maher, 1999).

Further support is provided from traditional beliefs of people in Zimbabwe where spirits are thought to cause psychosis. These spirits may be persons killed either by the client or by one of his or her ancestors. These spirits may then cause psychosis for the client or their family. The spirits can become angry and cause illness and this cycle can only be broken if sufficient and adequate compensation is given to the aggrieved family (Mzimkulu & Simbayi, 2006). With little literature or research investigating Māori incidences of family transgressions being passed down through the generations, the examples given from other cultures indicate that these phenomena are based on cultural customs, norms and values.

Incidences of Māori whānau intervention in the literature that support the examples given by the healers addressed issues of domestic violence and incest. The whānau gathers together, various members speak and there is an attempt to rectify the problem or to heal the situation and come to a suitable solution. There is an effort to establish responsibility and once the offender has confessed, the members of the offender's whānau share blame and responsibility for the wrongdoing. Punishment and healing usually work hand

in hand in these situations. Māori believe that there are spiritual and physical ties between descendants of a common ancestor and if spiritual and physical damage has been caused, then it should be dealt with by the whānau (Metge, 1995). Whānau healing such as this is mostly focused on resolution of whānau hurts and returning to whānau values and relationship restoration. Healing happens collectively using cultural and spiritual values (Durie, 2001) and therefore, whānau intervention becomes an extension of the individual healing session which is consistent with Māori healers beliefs about whānau support.

Although diseases of the physical body certainly have biological components and causes, they are also constructed through social and cultural phenomena. Actions and behaviour of individuals when they are ill are also strongly influenced by culture (Astin & Forsys, 2005). When the whānau become involved with individuals that require healing, there is a social context whereby the responsibility for the client is culturally constructed and expected. Support for the concept of the whānau being involved with the health of family members is mirrored in the American Indian culture. Family members who are not permitted to attend medical consultations may feel disrespected and the patient may be uncooperative if their family are not present. Health is not an individual issue but involves the entire family (Daley & Daley, 2003). This is culturally relevant to Māori, because as stated by the healers, the whānau is often involved in all aspects of the client's healing.

The relationships described by the healers between the individual and the whānau are two-way responsibility, supportive responsibility and accountability. Durie (2001) discusses the two-way relationship between the individual and the whānau. When there is a breakdown in the whānau because of the behaviour of a family member, there can be problems. Yet although the individual can create issues for the whānau, the original issue can originate from behaviour that is modelled from within the whānau. Both the individual and the whānau feel a sense of obligation and responsibility to the other and whanaungatanga

reinforces the commitment both immediate and extended family members have to each other which includes a responsibility to all relatives (Metge, 1995).

Whānau is more than just a biological link with certain individuals. For Māori, whānau includes; providing a sense of cultural and genealogical identity; a sharing of whānau values; a sense of belonging; as well as financial and emotional support. Members of whānau can also find it demanding though when contributions to whānau activities require personal sacrifices. It also involves accepting criticism, as well as support and shouldering responsibility for actions of other whānau members (Metge, 1995).

Holistic health care implies an assumption that the mind, body and spirit are understood and experienced within the context of family, culture and ecology (Patterson, 1998). One emergent overarching theme in research on Aboriginal people in Canada recognized the strength of Aboriginal peoples and their communities. There is a strong sense of interdependence and connectedness through social support systems that is considered an effective way of using their collective strengths. The holistic approach to health emphasizes balance between the MBS which includes improving the overall health of families and Aboriginal communities, not just individuals (Iwasaki, Bartlett, & O'Neil, 2005). Families do provide interdependent and reliable support systems that are able to harmonize resources which are a source of strength for American Indians (Crofoot Graham, 2002).

The superordinate theme of whānau and whakapapa has been described by healers to show multiple MBS interconnections between the MBS and the whānau. Healers are very well aware of strong whānau ties for their clients and for themselves and understand the sense of commitment and responsibility that membership within the whānau brings. The data from the healers shows that the MBS interconnections are not only connected within each individual but there is also a connection with other people through social relationships. Whānau is important to Māori through historical and whakapapa ties, lack of

separation between the individual and the whānau, and the sense of commitment and responsibility between the individual and the whānau. Therefore, the whānau is seen as much more than an appendage to the MBS interconnection. This social aspect extends on the concept of individual MBS to include the impact and influence of the whānau as though it were an intrinsic part of the individual. Therefore, whānau has been added to the MBS concept because it is important for Māori, and for cultural understandings of identity, health and illness. This then creates a concept of MBS and whānau where the whānau is not merely an addition, but is an inclusive and active element alongside the MBS. Māori healers conceptualise MBS interconnections as connecting the individual with social ties with the family.

Summary

The *whānau and whakapapa* superordinate theme showed connections between the individual and whānau of: two-way responsibility; supportive responsibility; and accountability. The addition of the whānau to the MBS concept is due to the communal and collective nature of Māori culture and this contributes a culturally appropriate understanding to MBS interconnections. This indicates that although each person has their own MBS, there are fundamental connections and ties with others also.

WHENUA

The connection that Māori have with the whenua is mentioned only by Māori participants, indicating that it is a culture specific phenomenon. The Māori connection with land is a relationship that is not easily understood or explained through the MBS paradigm of individuals. However, Māori healers believe that the land has an existence of its own and people can suffer consequences that originate over land issues. The data that emerged from healers showed two subordinate themes of: *healing and the land* and *narrative connection between land and Māori* that help to explore the meanings of land for Māori.

Healing and the Land

Māori views of the land encompass the belief that land is more than just property to be possessed. One healer gave a statement that described the land as an entity in its own right:

Participant 9 (female, Māori, Ruatoki): *The ... whenua has ... a mind, a tinana, a wairua o tērā whenua [spirit of that land].*

Although brief, this statement lends support to a view that the land is much more than just dirt and grass and indicates a Māori belief that the land has similar MBS levels as a human being. This belief that the land is an entity in its own right is culturally based. A healing example is shared by one healer where a youth had committed a trespass against the land and became adversely affected in MBS. She related a scenario where she was called to help with a young man who had been taken over spiritually.

Participant 12 (female, Māori, Taneatua): *And apparently the land that they were living on, the boy was growing dope on. And ... this specific area that he was growing dope on was an old urupa [cemetery] and the people that had come up were ... these ugly looking people ... with ... teeth like that. You know, razor sharp teeth and they were wearing grass so it was really, really, really, really old stuff ... But it was me being there, with the physical body so that koro [term of respect for an elderly man] and them can do their karakia mahi [prayer intercession]. Because the centuries that he had to go back over to get to those ... swamp people. They were swamp people of old, old, before Māori and ... he had to appease them ... So that he could karakia and bring them out, because it was ... trampling them, aye.*

In this situation, the young man became very sick, ranting and raving incoherently and trying to do damage to himself, because he had committed an offence to the land and the beings that lived there. This healer was present physically with the young man while other healers were reciting karakia. This healing example supports the view of the land as an entity in its own right, that is embedded with spirits that may be centuries old that can be trespassed against, with consequences for those offences.

One healer found that land was a major reason why clients came to her for healing. The issues were based around people fighting over the land as described by one healer.

Participant 8 (female, Māori, Auckland): ... *Land is the biggest reason that people come to see me. Land, people fighting over land, take land that's not theirs. They sign a piece of paper, sign their land away and end up getting sick. They come to me to channel healing to them. No, land is a very important one.*

The land is seen as something that is taken or given and there are consequences of both. Going back to the subordinate theme of whānau where hara can be passed down the generations, land can also be passed down the generations. For Māori, the stewardship of land that is handed down from family members makes it much more important than just property to be owned. Again, there is a sense of responsibility to take care of the land that is handed down and if that does not happen, according to this healer's quote, there will be consequences that may require healing.

However, healing the land does not necessarily remain separate from the client's healing. One healer also mentioned that when healing a client, the holistic concept includes working on the land that they have been on.

Participant 12 (female, Māori, Taneatua): *... healing to me is ... a holistic thing because you're working on everything ... you're working on the land that they were on, where, wherever they come from to the land that they've tramped as they went through.*

In this instance, the healer considers the very land that clients have walked on to be part and parcel of healing the client's well-being overall. This holistic view of a client encompasses the land as though it were a fundamental part of the client's own existence. The healer's quotes indicate that land seems to be an inclusive part of Māori identity.

Most participants spoke of healing people at various levels of the MBS. However, Māori healers also spoke of doing healing on the land in similar ways to the healing given to clients, as though the land were also a being that needed healing and cleansing.

Participant 9 (female, Māori, Ruatoki): *I was doing healing a lot of healing mahi with them. For the whenua.*

Participant 12 (female, Māori, Taneatua): *... I've actually done mahi where I worked with rocks because ... there was a mamae ... and it all worked back to the mountains ... Different parts of the land ... we've had to cleanse the land. Different places.*

An understanding of healing the land is taken from earlier examples of healing people in 'a healing channel' subordinate theme because of the Māori viewpoint of the land as an actual being and entity. The channelling of healing to the land was not described in full detail by healers. However, the healing of people has been shown in earlier themes to involve transference of energy from spiritual sources, through the healer and on to the client. Although not explicitly stated by healers, it is possible that channeling of healing through to

the land works in the same manner as for people, which would indicate that channeling of healing connects the healer to the land.

In line with Māori values, the land is to be respected and valued. The situation quoted earlier where the youth had trespassed the land, required karakia on the young man's behalf to appease the beings living on the land. It was expected that they would then release the young man who was adversely affected in MBS. The karakia of the healers that interceded at a spiritual level was the mode used to appease the beings of the land to release the client at MBS levels.

Māori have a strong attachment to the land through mythology and traditions (Walker, 2004). This is based on Māori cosmology, which encompasses the origins and evolution of the universe in physical and spiritual dimensions. The creation story of how the Sky Father, Ranginui, was separated from Earth Mother, Papatūānuku, resulted in the creation of the universe (Cloher, 2004). Papatūānuku is attributed with human emotions such as weeping over destruction and a protective nature as she shelters and clothes people (Cloher, 2004). For Māori healers, the connection with the land stems from a belief of the land as more than just ground and they attribute the land as having its own wairua and essence.

Indigenous people have a strong bond with the land which means everything to them and is a living breathing entity (Colomeda, 2000). Research on the First Nations people of Anishinabek demonstrates their belief that the relationship they have with the land shapes the cultural, spiritual, emotional, physical and social lives of individuals and communities (Wilson, 2003). This is consistent with the Māori worldview of a relationship with the land that shapes cultural identity.

The example given by one of the healers about the youth who had trespassed against beings of the land showed a lack of respect for the land. One of the

capacities of the whānau is guardianship for whānau heritage but also for wise management of whānau land (Durie, 2001). A description of physical health and well-being involved maintaining mauri of the individual, family or tribe by refraining from transgressing the law of tapu (Goldie, 1999). In the example cited by participant 12 (female, Māori, Taneatua), there was no wise management and the individual had transgressed the law of tapu, which resulted in mental and physical afflictions for the youth. Karakia was the means used to restore and bring healing to the situation. One description of intercessory prayer is asking God for things for others or for the self. Intercessory prayer can also be called 'distance prayer' because the person being prayed for is at a distance from the person doing the praying (Fontaine, 2000). In the example given from the data, the efforts of the healers at intercessory prayer on behalf of the youth created the desired effect because the youth recovered.

The quotes from healers about the land show that it is an integral part of Māori identity. Māori people and tribal groups may be referred to by a geographical feature of their land such as a mountain that recognises the local tribe's intimate connection with the land. Māori identity is linked to the earth by turangawaewae or a sense of belonging to the land, being part of the land and being bonded together with the land (Durie, 2001). The land is prominent in traditional and indigenous knowledge, and spirituality is deeply connected with the land whereas Western society views the physical environment as separate from the individual, as a commodity to be developed or traded and as an economic unit or as property (Zapf, 2005). Māori healers see the land as an intrinsic part of their own identity and a treasure to be honoured and valued.

There is a worldview that states that all material entities are energetic, possess energy fields and have channels of flowing or moving energy (Warber, Cornelio, Straughn, & Kile, 2004). The Māori cultural view of the land as an entity, with its own MBS, would indicate a view of the land as having energies, the same way a human body does. Just as every cell of the body has a small magnetic

field, literature suggests that the earth also radiates an energy field, called the geomagnetic field. This energy originates in the earth's core and stimulates and protects all of life on earth (Fontaine, 2000). However, land can be haunted by human ghosts or other entities that may be tied to negative earth energies. Similarly, nature spirits, if not respected, can cause trauma to the earth's energy (Stark, 2001). When the MBS energy of a human becomes blocked, they become sick. It is considered that the same thing can happen with the land (Stark, 2001).

Not only is there a perspective of the land as having its own MBS that gives it a conscious existence, land is also a cause of illness so that people seek healing and sometimes the land needs healing too. However, as a separate living entity, land does not fit into the individual MBS concept. Due to the Māori worldview of the land as an entity that has similar characteristics to a human being, the land is considered to be an addition to the MBS. This creates a MBS, whānau and land concept that is culturally appropriate for Māori and synchronizes with the data that has emerged from healers. Māori healers have shown that healing the land involves a special bond as though it were an entity in its own right. The land has been shown to be able to retaliate when disrespected, to be an inclusive part of Māori identity and also to require healing. Spiritual intercession and channelling of healing links the healer and the land with the spiritual dimension. Māori healers understood implicitly that MBS interconnections of people are able to bond externally with elements of nature such as the land.

Narrative connection between land and Māori

One of the participating healers related stories that illustrated the link between the land and local Māori. One story was told by local Māori to a visiting group of geologists where the mountains moved across the land.

Participant 9 (female, Māori, Ruatoki): *And they go, you know, your people were geologists cause look. They did and they passed these stories so well because when they look at the satellite, they could actually see the tracks under the whenua. And how the maungas [mountains] did go. You know and they were all passed down. All these kōrero [stories] always been passed down ...*

The distinctive feature of this quote is that the tracks underneath the ground could only be seen by satellite so although this may seem to be a fabricated story, there is modern technology and scientific evidence to support it. Māori legends and myths are not necessarily mere stories, but act to strengthen historical ties between the land and local Māori.

Similarly, a local Māori ancient waiata [song] described a woman's beauty like that of marble. The healer explained the significance of the presence of marble in the area:

Participant 9 (female, Māori, Ruatoki): *Well they been singing it for ... I don't know ... well, you know what ... you won't believe this. You know ... in Aotearoa. There are only two places in Aotearoa that you can find marble. One is right here and one place is up North.*

Both the mountain tracks and the marble in the local area were underneath the ground, only able to be seen by satellite or by excavating the ground, yet somehow the local Māori people learnt about them and wrote them into stories and songs, which were then passed down through the generations. These stories and waiata identified historical connections between local Māori and the land.

The oral tradition of passing down information through stories in indigenous societies is a way to remember ancestors' actions, cataclysmic events or legends and myths which provide a historical perspective (Struthers & Peden-

McAlpine, 2005). Stories are also used to teach values, beliefs and attitudes and pass on collective wisdom or concerns (Carter, Perez, & Gilliland, 1999). In this subordinate theme, the teachings of Māori ancestors carry wisdom and values and are kept alive by sharing them with future generations.

Stories and songs are an intrinsic part of Māori culture and Māori have multiple ways of showing a mythological, historical, and kinship connection with nature (O'Connor & Macfarlane, 2002). Māori knowledge is often stored in stories and waiata which is most effectively conveyed through personal contact. Whānau stories can be personal anecdotes about whānau members but can also teach about whānau land and the nature of the environment (Metge, 1995).

Therefore, stories and songs are a Māori culturally appropriate way to keep ties with the land alive. In the examples given, the stories and songs commemorated both history and local geology. MBS interconnections are seen as linked to the external environment of the land and this is a natural phenomenon for Māori healers, and for Māori in general. Healers' perception of this connection with the land conceptualises a MBS interconnection of storytelling and song writing, which are elements of communication. This is significant because communication appears to be a key pattern that has emerged throughout themes from the data.

Summary

The superordinate theme of *whenua* elicited subordinate themes of *healing and the land and a narrative connection between the land and local Māori*. These themes elicited conceptualisations of MBS interconnections where people are able to bond externally with elements of nature such as the land. Because of the importance of land to Māori, the way they view land as an entity and as part of their identity, land was considered a culturally significant addition to the MBS, which created a MBS, whānau and land concept.

MĀORI HEALING TECHNIQUES

There were three Māori healing techniques that were considered to be unique to Māori and intrinsic to a Māori cultural worldview. The subordinate themes were: *Māori rongoā; romiromi; and mirimiri*. These techniques have been used by Māori for generations and show how Māori accept the notion that the MBS are connected on all levels of existence.

Māori rongoā

Māori rongoā is known as a traditional Māori medicine that includes herbal remedies, physical therapies and spiritual healing (Jones, 2007). Several healers reported seeing or knowing of the use of Māori rongoā by others such as kuia and tohunga, but only one healer reported using it in her current healing practices as a preventative only.

Participant 10 (female, Māori, Taneatua): ... *Nothing wrong with rongoā but rongoā is ... a preventative. I try and tell people that and they think they can go get themselves a kawakawa [type of shrub] and fix themselves up, they're half dead, it doesn't work like that.*

This statement shows that people still have a belief in Māori rongoā regardless of this healer's belief that it is just a preventative. However, there were also examples given of rongoā being used to heal. Rather than using it in her healing, one healer related a remarkable story where she was dragged by a bus over a gravel road when she was a young girl. Once the bus stopped, she described being treated with Māori rongoā.

Participant 9 (female, Māori, Ruatoki): ... *This kuia [elderly female] used to stay at the marae up here ... And she used to do a lot of ... healing. So I remember that everybody was, so run and get some, so,*

so and so plants ... And ... this ... big bathtub. And they filled it up with, the water was hot, and then they put me into this water. And it was all these plants ... these ... rākau [trees], all floating around in it ... And it was really stinging ... and all my body was raw. E kare [exclamation], too, and no scars from it.

The effectiveness demonstrated in this story of Māori rongoā leaving no scars on her body after being dragged along a gravel road is remarkable. This example shows a link between the healer and client that occurs when the rongoā is applied to the client's body. Later in her life, the same healer had leukemia and went to see a tohunga who recommended a course of rongoā for her.

Participant 9 (female, Māori, Ruatoki): *And he goes, now, you go back, you go and get this rākau, this rākau, have this thing with this, you know, all the different rongoā ... Righto. So away I go. I get healed.*

Māori rongoā was able to heal her from leukaemia, which also shows how powerful it can be. In this case, the rongoā was prescribed for this healer to go and get the rongoā herself. However, rongoā does not necessarily have to be plants. One healer described that when she didn't have water, she used spit although initially it was an unconscious use. She explains:

Participant 11 (female, Māori, Taneatua): *Cause sometimes, some of the teachings for ourselves can come when you're doing a mahi on someone, you know, and what you know, it's come down, but you know, you mightn't have been aware of it and think, oh eew, ... and it's your spit. That is one of the most powerfulest rongoā you can use. For when there's no water.*

In this example, she receives this notion of using spit from spiritual sources. It was not until later, she discovered that it was a method that the tohunga of old

used to wipe the hands, to wash and to whakawātea [cleanse] when there was no water. So although rongoā is usually physical matter that is applied to the client's body, the healer can still use spiritual knowledge to aid in the application of rongoā. In this case Māori rongoā, although usually some concoction of plants, can also be spit and rongoā can be used to prevent, to heal, and to cleanse. Māori rongoā has multiple purposes and uses. The healer must learn and use this knowledge to gather the rongoā in a physical capacity in order to administer it to the client's body whether by physical application or ingested as a drink. Therefore, the connection between the healer's mind and body and the client's body shown by the subordinate theme of Māori rongoā is through therapeutic application.

Although Māori have an acceptance of Western concepts of health and illness, and use the mainstream health system, there is still a demand for rongoā today. Māori rongoā involves the gathering, preparation and formulation of plants (including leaves, roots, bark). These ingredients are boiled and the liquid is swallowed (Parsons, 1985). As described by participant 9 (female, Māori, Ruatoki), a hot water bath can be used for a variety of illnesses including cuts and rashes and bruises. The herbal barks, steams, roots or blossoms are steeped in the water and the client can lie in the water for a long time (Stark, 1979). There are a variety of methods of application of Māori rongoā such as ingesting, applying externally (Parsons, 1985), throwing on the fire, vaporising steam baths (Stark, 1979) or inhaling (Macdonald, 1979). Māori also regard water as having a significant ritual cleansing power that is derived from its application. The washing of hands when exiting a cemetery or after visiting a tupāpaku [deceased's body] can cleanse a person after being in a tapu area (Parsons, 1985).

No research was found that focused specifically on the healing effects or processes of Māori rongoā, however, there was research on Māori concepts of health that revealed beliefs about traditional healing. Māori rongoā was used historically, passed down from one generation to the next and is still being used

today. It is closely linked to participants' views on Māori holistic and relational concepts of health. Participants talked about healing using rongoā where older participants described their experiences of rongoā and spoke of their continued use of rongoā (Cram, Smith, & Johnstone, 2003). It is interesting to note that although there is little research or literature on the workings of Māori rongoā, there is still a widely held cultural belief in this traditional form of Māori healing.

The therapeutic application and ingestion of the herbal medicine connects the mind and body of the healer with the client's body in this subordinate theme. However traditional healing is not only about the preparation of plant products. The plant materials are just as important as the traditions, culture and ethics 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, of understanding plants in the same way that other people are understood. It becomes more than a mere collection of herbs, but is 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).

Therefore, rongoā Māori may be seen as a holistic approach that does use plants and herbs but also involves Māori cultural aspects and beliefs as an intrinsic part of the healing process. MBS interconnections, although theoretical and non-material, can be put to practical use as well. The healer uses the knowledge and skills of her mind to physically prepare herbal treatment and apply it to the client. The mind and body are utilized together to aid in healing the body of another and the entire process of Māori rongoā signifies a concept of MBS interconnections that can be combined and used to aid in the healing process.

Romiromi

Romiromi is a Māori healing technique that involves rigorous massage and pressure being applied to the body as described below:

Participant 4 (male, Māori, Auckland): ... *the healing art called romiromi which is ... body alignment ... which ... applies pressure on pressure points in the body ... the effect of that is it opens up different parts of the body and brings new information in where there's some blockages in that body. And that ancient art is called Te Oomai Reia ...*

This healer states that by applying pressure on the body using the romiromi technique, it releases blockages in the body. This healer describes the release of emotions during the romiromi session:

Participant 4 (male, Māori, Auckland): ... *when they have emotional issues ... so pressure ... it's the most intense part of the whole procedure ... when you press ... it's like there's a flame that goes through your body and up through your ... mind and you know, all your worries are burnt away. Ah, because you're screaming.*

It supports earlier data from the subordinate theme on 'effects of emotions on the body' where it was shown that emotions could be stored in the body. However, it is the romiromi technique of release that gives a Māori cultural perspective of this connection. Although it can be a painful process for the client, by the end of the session clients often report great relief.

Participant 4 (male, Māori, Auckland): ... *you can bring relief ... really quickly with the alignment and also even the emotional issues ... at the end of it, he felt really neutral ... and prior to coming he felt, you know, so resentful ... so ... to shift paradigms so quickly ... I just call that, you know, just the Māori way of doing things.*

This healer suggests that this method is direct and fast and that it is an inherently Māori concept to shift paradigms for the client using this technique. Although in this healing technique, the healer must use parts of their body to apply quite forceful pressure to the client's body, this is required to provide emotional release and relief for the client.

In this subordinate theme, the healer uses their body to apply pressure to the client's body to provide emotional release. This technique can be gentle, but often involves working with deep tissue alignment, pressure points, and nerve centres and muscle tissue. This stimulates parts of the body to release and remove toxic build up and waste, which helps relieve tension, stress, and pain (The Healing Circle Ltd, 2006). The concept that there are emotions stored in the body stems from the traditional belief that Māori regarded the stomach and bowels as containing emotions such as joy, fear and sorrow (Riley, 1994). Illnesses are seen as being trapped in the body through the mind and the thoughts, negative energy, judgment, sorrow, sadness, depression that originates in the mind (The Healing Circle Ltd, 2006) and this is also consistent with the literature discussed in the subordinate theme of 'effect of emotions on the body'.

The healers' description of the massage technique of romiromi is powerful in showing how emotions can be stored in the body and the applied pressure causes release of these emotions. The MBS interconnection occurs between the healer and the client's bodies and this pressure makes changes to the client's body and mind. Healers understand that the pressure applied at one level such as the body, can cause release at another level such as the emotions. MBS interconnections are conceptualised by healers as being able to effect change from actions at one level to positively impact other levels of a person.

Mirimiri

Mirimiri, usually seen as a form of massage, is described by two healers as a healing technique that encompasses more than just physical contact.

Participant 11 (female, Māori, Taneatua): *... a physical massage, body massage but we also mirimiri of the taha wairua [spiritual side] so there's those other different mirimiri as well ... that's not just of the basic muscle massage.*

The physical massage is also able to incorporate treating the client's taha wairua, or wairua mirimiri, which is described as covering everything:

Participant 12 (female, Māori, Taneatua): *... our wairua mirimiri [spiritual massage] ... it's on a deeper level than just mirimiri. It's incorporating ... everything that our tīpuna are telling us. Everything their tīpuna are telling us and everything that we've learnt with the help of all tīpuna and our God and whoever, all those, you know, the universe. So I ... call mine a universal healing.*

Although the healer uses her body to perform the massage, as shown in her quote, she uses everything she knows from spiritual and universal sources to conduct healing through to the client's body or spirit while massaging. According to this healer's account of mirimiri, the connection from the healer's body and spirit to the client's body and spirit is through the physical contact of massage.

Massage applied to various parts of the body may involve several techniques of physical pressure from the healer to the client. The spiritual healing aspect of the session can still be facilitated by massage, especially if spiritual healing is defined as an intentional influence to impact on the physical, emotional, mental and spiritual energy fields of a person's aspect of being (Benor, 1996). Healers

report a merging between the physical technique of massage and spiritual healing techniques where both are used together to facilitate the healing.

Mirimiri has been described briefly as “short strokes with the fingers” (Riley, 1994) and is basically translated as massage. Massage is the scientific manipulation of soft tissues of the body that provide therapeutic needs for malfunctioning body systems, pain and the sense of touch. It is believed that massage enables the body to heal itself and is used to improve health and well-being; at physical levels such as relieving muscle tension; at mental levels by increasing capacity for clearer thinking; and at emotional levels for increasing feelings of well-being and reducing anxiety or depression (Fontaine, 2000). This description shows that massage can affect the body and the mind for physical and emotional well-being, however healers also reported the use of spiritual aspects of the healing from the healer to the client. Healers conceptualise MBS interconnections as the use of combinations of elements to effect changes in the client.

Summary

The three subordinate themes of *Māori rongoā*, *romiromi*, and *mirimiri* showed MBS interconnections being conceptualised by healers as being able to: combine MBS elements to aid in the healing process; effect positive change in MBS levels of another person and; effect changes in the client by using combined MBS elements. The importance of these techniques is in their historical use by *tohunga* since pre-European times. These techniques then became part of Māori healing traditions that have been passed down the generations. Ancient Māori were “in tune with nature” as Participant 10 (female, Māori, Taneatua) stated, and the notion that the MBS is interconnected is a small part of a big picture for Māori of being in tune with each other, the land, and all of nature on all levels.

CHAPTER SUMMARY

This section on Māori cultural contributions showed fascinating concepts of MBS interconnections. Māori healers conceived of MBS interconnections where the mental was the connection between the body and spirit levels. Methods of communication between MBS elements were facilitated with the deceased and a variety of modes of spiritual communication were explored. The addition of the whānau to the MBS concept shows a culturally appropriate understanding of the communal and collective nature of Māori culture. External links with the land were so significant that it was interpreted as an addition to the MBS. Māori healing techniques showed the use of combinations of MBS interconnections to cause positive change in another. The addition of the social influence of the whānau and the external link with the land to the MBS concept led to an expanded MBS, whānau and land concept. It was considered culturally appropriate because whānau and whenua were seen as an intrinsic part of individual existence rather than as distinct and separate. Indigenous perspectives have added significantly to the MBS concept by providing cultural conceptualisations of MBS interconnections and also by making additions to the MBS.

MĀORI CULTURAL CONCEPTUAL MODEL

One prominent statement given by participant 11 (female, Māori, Taneatua) is that the MBS is a term originating from colonisation, which indicates that the MBS is not an inherently Māori cultural concept. In analysing the data from interviews with Māori healers, the importance of whānau and whenua seemed to indicate that for Māori, the addition of these aspects to the MBS would create a concept that would be more representative of Māori cultural beliefs.

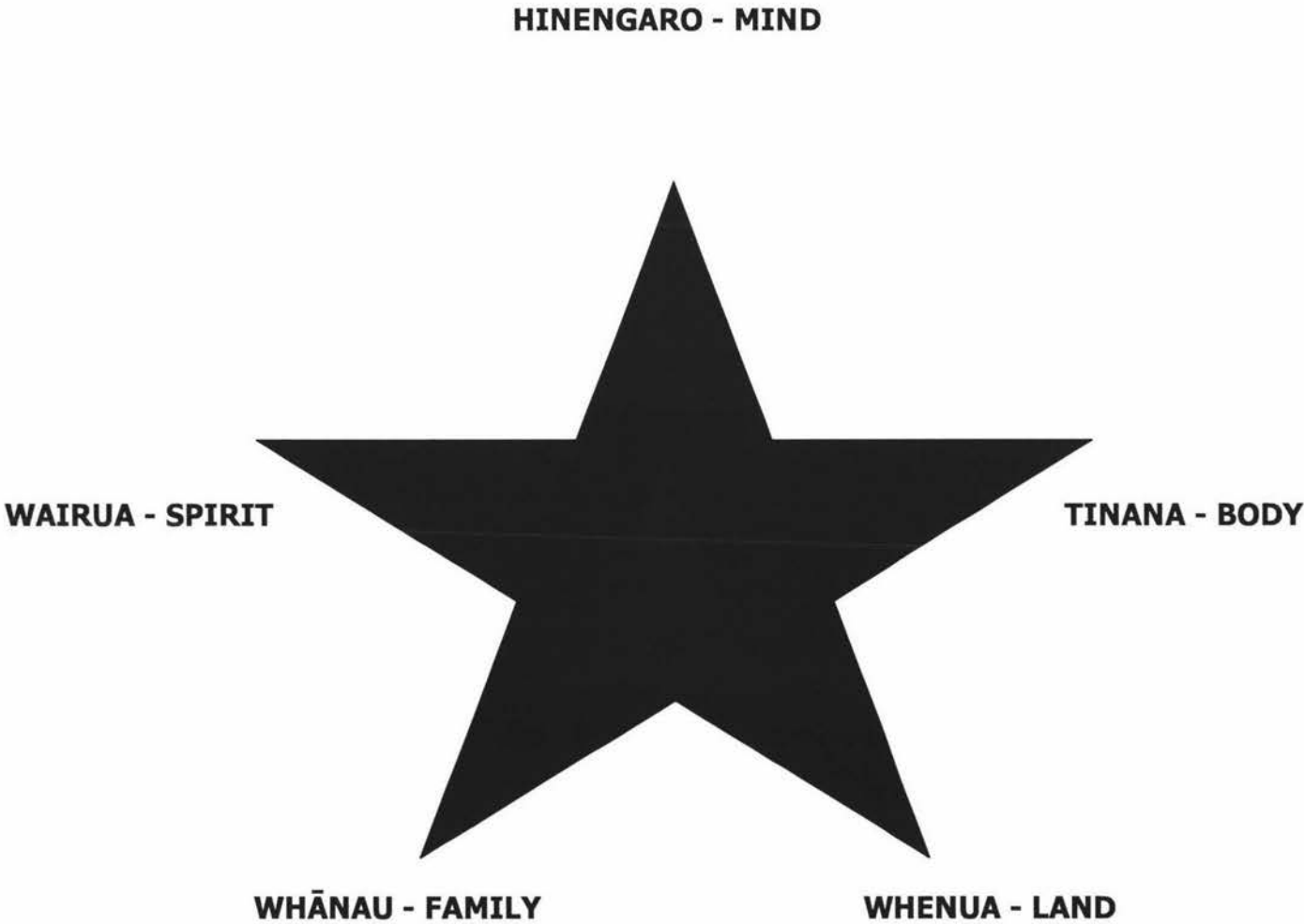
In the superordinate theme of whānau and whakapapa, healers described the importance of strong whānau ties for both healers and clients. This connection with whānau involves a sense of commitment and responsibility that provides historical and whakapapa ties. Whānau was added to the MBS concept to create a concept of MBS and whānau where the whānau was considered an element that is just as important as each of the mind, the body or the spirit. It also signified the importance for Māori of a collective worldview where connections with other people are of prime importance. This collective worldview is a cultural belief that has impacted and changed the MBS concept to encompass a connection with others as an integral part of the individual self.

The superordinate theme of whenua showed that Māori healers view the land as a living, breathing entity of mythological proportions as Papatūānuku, Earth Mother ancestor. Māori identify with the land as part of their identity and feel a sense of respect and stewardship for the land. Connections with the land of narrative storytelling ensure that history's stories are remembered and ties with the land are kept intact. Because of these intrinsically Māori beliefs, land was also added to the MBS to create a MBS, whānau and land concept. It also showed an important feature of a Māori cultural worldview where connections with elements of nature are intrinsically valued and maintained. This Māori connection with nature affects the MBS concept to include external links with the environment.

The addition of the whānau and the whenua expanded the MBS concept and have been incorporated into a conceptual model to provide a useful graphic representation that collates and organises the five concepts into one. It is considered that this model provides a frame of reference for future discussion and contemplation by researchers or academics who wish to pursue further knowledge on MBS interconnections and cultural impacts on Māori health and illness, which is especially important given that there is little research on either.

The results have created a hinengaro, tinana, wairua, whānau, whenua (HTWWW) or MBS, family and land (MBSFL) conceptual model of health and well-being which has been named Te Whetu or The Star as shown in Figure 1 below. Although a simple symbol, one of the main reasons to represent the results graphically as a star was to signify the connectedness of all five elements as one whole system, which is consistent with the findings of this study. This new concept aligns more closely with the data from Māori healers about the MBS of each individual person having an external connectedness with whānau and with the whenua.

FIGURE 1: TE WHETU (THE STAR) MĀORI CULTURAL HTWWW (OR MBSFL) CONCEPTUAL MODEL OF HEALTH AND WELL-BEING



CHAPTER SEVEN

CONCLUSIONS AND CONSIDERATIONS

As the final chapter, all the elements of this research are integrated together to give general and concluding comments of the thesis. Initially, a short summary with statements regarding each research question is given. Then the next section provides overall research conclusions and implications about conceptualisations of MBS interconnections. There were several research considerations raised during the research process and these are explicated in the last section that includes rigour of research, limitations of the research and recommendations for further research.

RESEARCH QUESTIONS

RESEARCH QUESTION 1: HOW DO SPIRITUAL HEALERS CONCEPTUALISE MBS INTERCONNECTIONS?

Previous research has not explored interconnections and relationships across MBS elements in-depth. The academic literature defines the MBS as separate terms (Campbell, 1984; Fosarelli, 2002; Young & Koopsen, 2005). The MBS as a complete term is defined in a very general manner as holistic (Narayanasamy, 1999) and interconnected (Young & Koopsen, 2005) and there is little clarity or definition about the type of links between the elements.

The results of the research showed that spiritual healers provided a wide variety of conceptualisations of MBS interconnections. Healers conceptualised MBS interconnections as facilitating interactions between people, conducting and facilitating healing and energy. The whole MBS system was described as interconnected with the ability to flow or be blocked and the MBS of each person was seen as continually linked. MBS elements seem to have the capability to influence and impact on each other, and healing facilitates

processes of change between individuals. Healers also conceptualised MBS interconnections as having a capacity for memory and manifesting causes and effects across lifetimes. Communication between people or with spirit sources, and energy links were found to be the key concepts of connection between the MBS elements. These conceptualisations provided a base from which to reconsider definitions of the MBS.

These results have added to the definition of the MBS by providing more diverse descriptions of the interconnections that link the MBS elements together. Rather than using holism and interconnectedness to describe the MBS, healers' conceptualisations have focused on the types of relationships between the MBS elements broadening MBS definitions to show that MBS element links are complex and multi-faceted. In retrospect, the MBS definitions in the literature now seem one-dimensional and the research results provide a much richer definition of the nature of MBS interconnections and relationships. Spiritual healers' conceptualise a MBS concept that is interconnected and yet operates both as a combined term and as separate elements. This supports the concept of holism and, at the same time, signifies that there is much more complexity to understandings of MBS interconnections than has yet been identified in the literature.

RESEARCH QUESTION 2: HOW ARE MIND, BODY, SPIRIT INTERCONNECTIONS UNDERSTOOD BY SPIRITUAL HEALERS IN THEIR PRACTICES OF SPIRITUAL HEALING?

The second research question explored spiritual healers' conceptualisations of MBS interconnections through their spiritual healing practices. MBS interconnections were interpreted through healers' descriptions of their beliefs, their understandings and their descriptions of various aspects of healing sessions. Spiritual healing practices showed MBS interconnections between the same elements, for example, from spirit to spirit, between two different elements such as the mind and body or the combination of all three at the same time. During healers' descriptions of aspects of their healing sessions,

they shared conceptualisations of MBS interconnections that have the flexibility to be used and to facilitate a number of interactions, actions, abilities, influences, impacts and effects of healing. Based on the holistic nature of spiritual healing (Benor, 1995; Brown, 2000), it was expected that spiritual healers views of healing practices could be an appropriate mode through which to study the MBS and the results did show a holistic perspective and worldview of MBS interconnections.

Spiritual healers' descriptions of the spiritual healing process provided illustrations of the practical use of MBS interconnections despite the theoretical nature of this concept. For example, massage was given physically, however, spiritual healing was also being sent at the same time, which induced a changed state of being in the client. The use of MBS interconnections in a physical and practical capacity was considered significant. It suggests that functional uses for MBS interconnections are possible, rather than remaining purely conceptual principles. This understanding of MBS interconnections was not noted or defined in the literature, therefore the results of the second research question also add insight to definition and understanding of the MBS.

RESEARCH QUESTION 3: HOW DOES A MĀORI CULTURAL WORLDVIEW INFLUENCE SPIRITUAL HEALERS' UNDERSTANDINGS OF INTERCONNECTIONS BETWEEN THE MBS?

Previous research has demonstrated that indigenous cultures hold holistic views of health and well-being (Canales, 2004; Chan, Chan, & Lou, 2002; Russell, Swenson, & Skelton, 2003). For Māori, health is also seen as holistic (Cram, Smith, & Johnstone, 2003) where MBS and family are seen as aspects of health that are interrelated and work together to create harmony (Durie, 2001). However, Māori healers' conceptualisations of MBS interconnections broadened on these descriptions of the MBS to include links that were culture specific.

MBS interconnection conceptualisations that were in common with non-Māori healers included communication in various modes and the use of combinations

of MBS elements to aid in healing and effecting change in the client. However, Māori healers' unique conceptualisations of the MBS showed that the elements have the ability to interconnect but also that each individual element can be a connection in itself. Māori healers also provided a distinctive conceptualisation of MBS interconnections showing social and external ties with people and also with elements of the natural environment such as the land. The most significant difference between non-Māori and Māori participants was the addition of whānau and whenua to the MBS concept that was considered culturally appropriate for Māori customs, values and ways of life.

The additional factor of family indicates a social link between individuals and others, and shows support for, and similarities with, the conceptual models of BPS and BPSS. The research supports the BPS model that integrates the biological, psychological and social factors of health and illness (Alonso, 2004; Lyons & Chamberlain, 2006; Suls & Rothman, 2004). However, the BPS model does not encompass the spiritual aspect embraced in the BPSS model (Jappy, 2001), therefore the research results show greater similarity to the BPSS model.

The MBS as well as the social aspect of the family are the main components of Durie's Whare Tapa Wha (Durie, 2001) and Pere's Te Wheke (Pere, 1995) models of health. However, the Whare Tapa Wha does not include the whenua as a significant aspect related to Māori health and well-being. Although Te Wheke model does include the whenua, it is categorised as a minor aspect. However, the current research shows that the whenua is seen as an integral part of the individual's MBS, therefore, the results have expanded on, and broadened these models. The contribution of this research of Te Whetu Māori hinengaro, tinana, wairua, whānau, whenua (or MBSFL) conceptual model presents a visual diagram of the results of this study (see p. 127). This shows the capacity of models of health and illness to connect the social and environmental aspects of a person with the individual MBS.

Summary

Research into conceptualisations of MBS interconnections has provided an initial investigation and description of a multi-faceted concept. The use of spiritual healers' interpretations of their healing practices as the mode to research the MBS has been constructive in allowing insightful data on the MBS to emerge. The descriptions from healers about MBS conceptualisations through spiritual healing practices have led to an initial view of a MBS interconnection concept that is always connected, and while being an etheric concept, it also has practical uses. Indigenous and cultural perspectives have changed the MBS concept to embrace cultural values that encompass social and natural environments. Each of the research questions has led to further insights on MBS interconnections.

RESEARCH CONCLUSIONS AND IMPLICATIONS

This research is significant as it provides insight into the multi-faceted and intricate nature of the MBS as understood by spiritual healers. As a marginal topic that does not fit easily within the Western biomedical model, the MBS concept has not yet received the attention that it deserves in research. Despite this lack of recognition from the fields of psychology and medicine, practitioners in alternative healing fields continue to have an inherent acceptance of the MBS and give treatment based on this holistic paradigm. Therefore, their contribution is valuable and spiritual healers' conceptualisations of MBS interconnections have contributed more complex and detailed understandings of the MBS that are lacking from the academic literature.

The MBS interconnections that have been found in the results, have given an understanding of health and causes of illness that can be utilised in a practical way that could encourage positive health behaviours. For example, learning about the connection between mind and body where the emotions impact on the body may lead a person to reconsider their thoughts. If one understood

that negative thoughts could trigger chain reactions in the body causing cellular disruption and possibly the onset of disease, it may cause one to reconsider negativity. It may even motivate a search for more positive ways of thinking leading to an adjustment in habitual negative thoughts. A greater understanding of MBS interconnections may provide beneficial knowledge about internal impacts and influences that may motivate an individual to change.

The research has acknowledged principles encompassed in spirituality and spiritual healing that are not often recognised in research. These concepts often seem beyond the normal realm of experience and therefore, difficult to accept. However, one of the major components of spiritual healing was the use of paranormal gifts and abilities. For example, the concept of communication between mind and spirit indicates how spiritual healers were able to receive spiritual information about the client during the healing session. This research into spiritual healing practices has illustrated concepts that would not be considered "normal" and may lead to an expanded perspective of spirituality for the general population but it may also create an opening for future academic consideration.

The research revealed principles of Māori healing methods that originate from ancient cultural knowledge and traditions. These continue today based on an inherent belief by Māori in their cultural value and efficacy. Similarly, spiritual healing continues to be used and represents the increasing popularity of CAM. This is also due to a belief in its effectiveness especially as an increasingly popular alternative to Western medicine (Furnham, 2005). Insights from MBS interconnections may provide further understandings of the cultural reasons or dissatisfaction that people have with the Western medical system and why they turn to alternative methods of treatment. This has the potential to impact and change the physical focus of the Western biomedical model that lacks holistic perspectives on health, illness and treatment.

Jones (2000) argues that traditional healing should be incorporated and accepted into the Western medical system because collaboration between traditional Māori healers and the Western medical system would benefit Māori. He states that the complementary nature of the two medical systems could result in a more comprehensive health delivery mechanism. The Western medical focus on the physical could benefit from this traditional healing mode because it addresses other dimensions of health such as spiritual, psychological and family-related aspects that are important to the meaning of health for Māori. The impact of the environment and the land on Māori health are unique findings that would also contribute additional cultural understanding to impacts on Māori health and illness. The incorporation of rongoa Māori services into the health sector would make a wider range of health care options available for Māori that are based on a Māori perspective of health (Jones, 2000). This suggestion is consistent with New Zealand health policy that aims to reduce inequalities for all New Zealanders, especially for Māori who have the poorest health status of all. The New Zealand Health strategy aims to identify ways to respond to Māori needs by gaining relevant information on how to achieve this (Ministry of Health, 2000). The findings of this research of the addition of whānau and whenua to the MBS provides a fuller understanding of the cultural needs of Māori and the contribution of Te Whetu Māori conceptual model of health is significant in assisting to achieve Ministry of Health aims to include Māori models of health in the health system.

The results of the research could lead to a greater understanding of issues other than physical symptoms of disease that impact on Māori health. The MBS, whānau and whenua could be considered alongside the physical symptoms commonly taken into account in Western medical treatment. GPs could benefit from MBS understandings by considering cultural factors that may contribute to Māori illness and disease. For example, in the theme of 'healing the land' where one spiritual healer described the situation where the youth had transgressed the land, the underlying reason for illness was an interaction with the land. Although this may seem like an extreme example, there are cultural

examples given in the literature such as *mate Māori* (Durie, 2001), a culture bound syndrome where afflictions are related to spiritual causes. For Māori families, they will often be reluctant to discuss *mate Māori* with health professionals for fear of ridicule (Durie, 2001). The New Zealand health strategy aims to increase Māori participation and involvement of Māori at all levels of the public health sector (Ministry of Health, 2000). If there were greater acceptance of culturally based explanations for disease or illness, Māori may feel able to talk more openly about their real concerns for family members and participate more fully in their own health care. It will also lead to greater understanding by the health professional of the actual issues being faced by Māori. This emphasises the need for health practitioners to have greater knowledge and acceptance of alternative cultural explanations for illnesses of Māori or other indigenous clients.

Māori may respond with greater willingness and compliance to treatment that is structured on the *Whare Tapa Wha* or *Te Whetu* conceptual framework because it is based on the holistic worldview of Māori cultural values that is inherently familiar to them. The inclusion of Māori cultural values and beliefs in the delivery of appropriate health care to Māori would enhance New Zealand's health care system. Jones (2000) states that cultural inclusion represents the principles of decolonisation that reaffirm the legitimacy of Māori cultural values and practices. This empowers Māori to be reaffirmed in their own culture which is important because cultural identity could help Māori achieve health gains (Jones, 2000) especially in recognition of culture as a determinant for health (Durie, 2000). The findings of this research that support the Māori cultural values of *whānau* and *whenua* should be incorporated into health policy and services for Māori because it promotes a level of self-governance for Māori (Durie, 2001). This may, in turn, contribute to a reduction in Māori illness and disease statistics.

However, promoting Māori culture, values and identity in policy alone is not enough. The overall aim of *He Korowai Oranga* to promote health and well-

being in Māori families (Ministry of Health, 2002) is admirable. Yet, it is emphasised that government policy and action can sometimes be two very different things. Very real and achievable goals should be set to ensure that these concepts are actually incorporated in health services for Māori, rather than remaining ideas that are politically correct for government policy. Māori health is best understood as the product of a range of factors such as those that are biological, psychological, social and cultural (Durie, 2001). This is consistent with research findings from Māori healers. The inclusion of these Māori cultural factors of health into all aspects of the New Zealand health system would significantly benefit the health of Māori people only so long as appropriate action takes place in alignment with policy that values a Māori cultural worldview.

This research on indigenous Māori worldviews has elicited valuable insight into MBS interconnections and it is considered that indigenous knowledge also has many other valuable contributions to make. Given the ancient history of many indigenous cultures, it is time for the relatively new Western medical and scientific world to take indigenous knowledge and understanding seriously. The indigenous Māori beliefs that emerged from this research have the potential to contribute major knowledge where: cultural values of the land are especially important in conservation issues; collective worldviews could contribute to a more altruistic perspective of others; ancient indigenous healing techniques, that have survived despite modern technology, could contribute a holistic view on modern methods of treatment. There is potential for indigenous cultural identity, principles and ideals to contribute further knowledge about life, about health, illness and healing and it is considered that this is a resource that remains untapped.

Healers have instigated exploration into MBS interconnections, however there is a huge realm of possibility this research has opened up that could incite further scrutiny. It is highly likely that there are other features of MBS interconnections that have not even been tapped into or grasped yet. The results from this

research signal the need for further contemplation, theorising and research on the MBS especially since there is no empirical evidence that disputes the existence of the holistic MBS concept. Therefore, rather than a focus on just the mind or on mind/body interventions or the effect of spirituality on health outcomes, an effort should be made at integrating holistic understandings to encompass the MBS, social and external environments because they all affect and impact on each individual. The MBS concept would make a significant difference to medical and scientific treatment of illness and disease if MBS interconnections and holism were concepts that were better accepted and understood by those in the fields of psychology, medicine and science.

RESEARCH CONSIDERATIONS

RIGOUR OF RESEARCH

The issue of using validity, reliability and generalisability to demonstrate robustness of qualitative research has been questioned in the literature (Tobin & Begley, 2004). They have been considered inappropriate in evaluation of qualitative research because the purpose and focus of quantitative and qualitative paradigms are not directly comparable. This is because quantitative criteria are unsuited to qualitative research and may create an impression that qualitative research does not take an academically rigorous approach in comparison to quantitative methods (Horsburgh, 2003). However, validity is seen as essential to all scientific endeavours and there are criteria that can play regulative roles in qualitative research and these techniques can be used to attain specified criteria (Rolfe, 2006).

Although research that uses methodologies that aim for understanding as the goal have yet to establish consensus for assessing quality of a qualitative study or achieving and maintaining rigour (Koch & Harrington, 1998), there are criteria that have been discussed in the literature which are suitable and achievable for evaluation of qualitative research (Horsburgh, 2003). It has

been stated that the use of robustness terms across qualitative and quantitative paradigms is inappropriate, yet if the concepts of validity and reliability are rejected, then the concept of rigour is in danger of being rejected completely. This does not seem ideal, as the rejection of rigour undermines the acceptance of qualitative research as a systematic and regulative process that can contribute to confidence in research study results (Tobin & Begley, 2004). However, researchers have a responsibility to clearly state the specific validity criteria and techniques used (Whittemore & Chase, 2001).

There is a view that rather than searching for an overarching set of criteria by which to judge qualitative research, there should be an acknowledgement that there are a multiple number of qualitative paradigms which require different approaches to validity. There is a suggestion that each research methodology and perhaps each individual study should be appraised on its own merits (Rolfe, 2006). The results need to be presented in a clear manner with explicit explanation of the validity criteria and techniques that are used so that readers of the research will find the results meaningful (Rolfe, 2006).

Several criteria were chosen as the framework for evaluating rigour in the current research and included balanced integration, openness, reflexivity, plausibility and trustworthiness. These criteria were chosen because they were appropriate to the needs of the study to ensure participants voices are kept true to their meaning, to ensure that there was sufficient explanation of decisions made throughout the study, to ensure the researcher's influence on the research is monitored, and to ensure the research has valuable findings and provides an audit process. These are described further below.

Balanced integration describes finding a balance between the philosophical concepts in the study methods and findings and the voices of the participants (de Witt & Ploeg, 2006). One of the key efforts that was made during this study was to ensure that participants' voices were directly represented through the use of quotes and ensuring that the interpretation of the data remained true to

the meaning of the participants. This meant that during analysis, the raw data from the transcript was continually referred to, and there was considerable effort to ensure MBS interconnections were interpreted from participants' meanings rather than constructions of the researcher's making.

Openness relates to a systematic, explicit process of providing explanations for the multiple decisions made throughout the research (de Witt & Ploeg, 2006). This was an important part of the research process and there was a consistent effort to explain major decisions of the research such as the use of IPA and the use of spiritual healers.

There is support for a reflexive approach to research where there is a type of audit trail where the rationale underpinning research decisions are noted, as well as a reflexive section that includes the moral, social and political stance of the researcher (Rolfe, 2006). It is suggested that reflexive research be characterized by ongoing self-critique and self-appraisal. This provides a way that evaluation criteria can be generated through detailed and contextual writing and a reflexive account of the actual research process (Koch & Harrington, 1998). The reflexivity section is a way that the researcher can acknowledge responsibility for editing and selection of material (Horsburgh, 2003). The section on reflexivity included in this research study was the researcher's attempt to provide explanations of the researcher's personal considerations and perceptions and possible impacts on the research process, particularly in relation to the participants of the study.

While the precise means used to evaluate research should be different depending on the study's question and the approach, the fundamental principles of the evaluation process are similar. The plausibility and trustworthiness of the researcher's account are assessed according to the study's potential or relevance to current and future theory and practice. In order to assess the plausibility and trustworthiness of a study, an audit process that shows how the end product has been achieved is required (Horsburgh,

2003). This allows the reader to determine whether the analytical comments, or claims, made by the researcher appear justifiable. In order to maintain plausibility and trustworthiness, at each stage of the research, there was an effort to provide an account of each step of the research process and to provide justifications for the decisions made at each of these steps. An effort has also been made to consider possible implications, theoretical possibilities and future research for the MBS concept.

However, the reality of human existence means that imposing a neat structure upon data has the potential to create order at the expense of accuracy (Horsburgh, 2003). This is relevant to this study on the MBS because at times, there has been a considerable effort to impose structure on the data in order to clarify meanings and understandings for the reader. Despite the multi-faceted nature of the MBS, it was necessary to separate the mind, the body or the spirit elements or combinations for each theme, which required the imposition of strict structure. Therefore, there was a fine balance between keeping structure and encompassing the complexity of MBS concepts.

Although the techniques of rigour for qualitative research are many and varied, the techniques selected for the current study of balanced integration, openness, reflexivity, plausibility and trustworthiness have been carefully chosen to ensure rigour is maintained. The criteria for rigour used in this study have been considered to be appropriate for the nature of this study because of its focus on participants' understandings of their own practice.

LIMITATIONS

The participants were mostly female with only one male. Given that gender-based inequalities in health are the result of a number of structural factors such as health behaviours, psychosocial and biological (Annandale & Field, 2007; Denton, Prus, & Walters, 2004), it is also considered that opinions on the meaning of health and illness may vary on a number of different factors

between males and females. Therefore, perhaps if there had been more males, the difference in gender may also have elicited a different set of responses about spiritual healing practices and MBS interconnections.

There were time constraints imposed on the research process. As a thesis project, there is always a deadline by which to finish the work and get data analysed by and it is considered that a greater amount of time would have provided more reflection on the results and their meanings. It would also have enabled a greater number of people to be interviewed, which may have added to the analysis of the data.

The researcher was new to interviewing and therefore, this meant that as interviews took place and further experience was gained, the researcher became more proficient in the interviewing process. It also meant that additional issues raised by earlier participants were included in later interviews. This changed the schedule of questions as interviews continued, which will have changed the data set for later participants.

There were three interviews that were conducted differently from the rest. One interview was transcribed through note taking rather than being tape-recorded. One was interrupted and the rest of the questions answered later by email. The other interviewees did not have extra time to consider their answers and this may have resulted in different responses to questions. Another interview was conducted with two people present. This meant that the method of data collection was not consistent across all interviews. The interview questions were all answered fully however there may have been different answers if all interviews had been conducted in exactly the same manner.

The locations of the spiritual healers were limited to Auckland and the Bay of Plenty. These geographical constraints meant that if healers were recruited from other parts of New Zealand where there were more spiritual healers or larger groups of alternative healers, perhaps the data set would be different.

There were two additional concerns that were contemplated as part of this section. However, instead of a limitation, one concern was considered to have a positive impact on the research results and the other is included for explanation purposes only.

There was a concern that perhaps the healers tailored their responses about healing sessions to focus on MBS interconnections due to the topic being studied. Although it may have skewed the information they provided, rather than a limitation, it was considered that this was likely to have enhanced the richness of the data as healers may have focused their responses to correspond with the research topic.

Generalisability, or theory that explains the experiences of other individuals who are in comparable situations (Horsburgh, 2003), is usually listed as a limitation in qualitative research that uses small numbers of participants. It is included here, however, only to explain that the focus of this thesis was to elicit meaning and in-depth understanding from spiritual healers about MBS interconnections rather than to generalise the results to the greater population. It is considered that the aim of the study to gain knowledge about MBS interconnections was achieved.

RECOMMENDATIONS FOR FURTHER RESEARCH

This section lists recommendations for further research. There were several topics that had had little research that could be explored further in topics surrounding spiritual healing, Māori healing and MBS interconnections.

This study could be repeated with participants that vary in personal details such as gender or race. For example, future research could recruit more males or groups of Asian healers to explore any differences this would make to perceptions of the MBS. It could also examine spiritual healers who use the

same technique of spiritual healing or a different CAM mode of healing to consider whether answers would be any different depending on the mode of healing technique.

Participants in this study were spiritual healers, however it would be interesting to discover insights about MBS interconnections from people who are not involved in alternative healing treatment. It would be interesting to explore whether people who are not familiar with spiritual or philosophical domains hold views about the MBS concept and whether there would be similarities or differences to the findings of this study. Another area for future research is to explore how beliefs on MBS interconnections impact on everyday life rather than in healing situations alone.

Another possible avenue of exploration could be to create a generic indigenous model of health and illness. Much of the literature on indigenous understandings of health and illness centres around the interconnectedness of the MBS as well as various other factors. The investigation of models of health and illness from other indigenous cultures may show similarities or differences with Māori worldviews, or expand understanding of the MBS concept.

It was noted earlier in the thesis that research on indigenous perspectives of health and illness has only included female participants. It would be interesting to consider the difference gender would make on indigenous opinions of health and illness with the inclusion of, or a particular focus on, male participants and this could be an area for future research.

For some sections of the population, regardless of ethnicity, there is a strong belief in the paranormal realm as very real and almost tangible, however, the academic research and literature do not recognise these concepts. There is some research on the impact of spirituality on health outcomes and on the efficacy of spiritual healing. However, there is very little research on the nature of spirituality as a concept, or on aspects of the spiritual healing process rather

than its efficacy. There is also very little research on the metaphysical concepts of reincarnation or karma. It is recommended that this lack of research should be redressed to include qualitative research on beliefs and values on the spiritual dimension and spiritual healing that are held by sectors of the population.

Spiritual communication with spirit guides was a theme that emerged from data by healers, however this topic is also not well researched. The concept of spirit guides is not noted in the academic literature at all and exploration in this area would be a novel avenue to pursue. Spiritual communication, stated earlier, is a subject that is universal across indigenous cultures and the mechanisms of how spiritual communication works, or is understood to work, would prove interesting to research.

A limitation of the study was that spiritual healers could only provide their own point of view about spiritual healing and MBS interconnections. Although reports from clients were conveyed by spiritual healers, the clients' own perceptions of the healing sessions and MBS interconnections were not included and this could be the focus of future work.

Further research on Māori concepts on the MBS, on spirituality and on communicating with ancestors and spiritual sources would be especially enlightening. Māori healers accepted this as a normal, daily occurrence rather than an aspect of the healing session only, which is a unique perspective. There is also very little research on the healing processes of Māori rongoā, romiromi and mirimiri or incidences of family transgressions being passed down through the generations, and these would be interesting and illuminating avenues of research to pursue.

One author has noted the possibility that the human being goes beyond the physical body and involves the mind, soul, and spirit dimensions (Rubik, 2002). Further research into subtle energies of the body may lead to a scientific model

of a human being that involves a unique collection of elements that may need to go beyond space-time, matter-energy, multidimensional geometry or other novel concepts (Rubik, 2002). A comprehensive and broadened model of a human being is one ambitious area of research for the future.

To conclude, the MBS involves relationships both inside and outside the human person. Inside the body, there are interactions between the various body parts and biochemical processes, and there is the connection between the mind and body. Outside the body, there are relationships between the individual, their environment including ecological, physical, family, social and political influences. There is also a link between the individual and the transcendent (Sulmasy, 2002). This is a fitting description that supports the findings of this research that MBS interconnections can be both internal and external, as identified by Māori healers through the cultural influence on the MBS concept.

In science, the acceptance of new concepts follows a four-stage sequence. Stage 1 where an idea is proclaimed impossible. Stage 2 where sceptics reluctantly accept that the idea may be possible but unlikely. Stage 3 where mainstream begins to acknowledge that effects may be stronger than realised and Stage 4 where the same critics who initially vehemently declared it impossible become staunch supporters of the idea (Radin, 1997). Given the slow but sure acceptance of CAM in research literature and acknowledgment and even use by medical professions, the holistic paradigm would appear to be somewhere between Stage 2 and 3. Within the holistic paradigm, the MBS interconnectedness as a central feature of this philosophy is slowly gaining popularity in the Western world despite being inherently accepted by ancient cultures for centuries. It is hoped that one day, the idea that MBS interconnections are possible, are useful and are able to be utilised, will reach Stage 4 and this research may become a catalyst towards that future reality.

The multi-faceted nature of MBS interconnections has broadened and expanded concepts of health and illness, and even, of life itself. However, it is likely that

there is even more to be learned about the MBS than is currently known. An understanding of the true nature of MBS interconnections may be a while away yet, but further research and study may incite insights that may impact on the way the mind, the body, the spirit are viewed as both separate and as combined elements. It may just inspire new ways of healing, of achieving health, of treating illness and disease, or of avoiding sickness. Yet MBS interconnections are intricate and detailed, and in that complexity lays its charm and its knowledge, just waiting to be accessed and to be understood. The ideal of knowledge is to contribute to the pool of information from which people can access ways to maintain good health and well-being. Knowledge of MBS interconnections is fundamental in ensuring holistic approaches to the ideal state of balance between a whole and sound mind, an energetic and healthy body and a meaningful and transcendent spiritual connection.

APPENDIX I: INTERVIEW SCHEDULE

Concepts of the Mind, Body, Spirit

INTERVIEW SCHEDULE

Can you describe a typical spiritual healing treatment session?

Are there any other techniques you might use for less than typical cases?

Do you provide counselling in the form of advice, instructions, guidance?

What types of techniques might you use to treat the body? Why?

How would you describe the spiritual dimension of the healing process?

What reasons do clients give for coming for spiritual healing treatment?

How do clients respond to a spiritual healing session?

What have been the reported effects from clients after a spiritual healing session?

Do you offer post-healing treatment guidance and if so, what kind of advice would you give?

How many healing sessions do you suggest that clients should have?

What types of issues, illnesses or disease are ideal for treatment using spiritual healing?

Can you tell me how much you charge per session?

What role does paying fees play in the spiritual healing session?

How do you understand who you are accountable to?

How do you know you have done a good job and how do you find out?

Do you worry about unscrupulous healers?

Are there any further comments you would like to make about spiritual healing?

APPENDIX II: INFORMATION SHEET

Concepts of the Mind, Body, Spirit

INFORMATION SHEET

Introduction

My name is Glenis Mark and I am a full-time Māori Masters student at Massey University. I am looking for 12 spiritual healers who would be willing to participate in my Masters research. In this project, I am aiming to study the mind, body, spirit through the description of spiritual healing practices, methods and techniques. I hope to explore the interconnected and interactive nature of the mind, body, spirit to broaden understanding of this important concept.

I would like to include one group of six Māori spiritual healers and one group of non-indigenous healers. You will be asked to take part in an interview that will be held at a time and place convenient to you. During the interview, I will ask you questions about the healing practices you conduct, and your understandings of the links between the mind, body and spirit. However you have the right to say no if you don't want to answer any question or discuss any matter. The interview is expected to last about an hour, but this is very flexible. You will also be asked if you will agree to be audio taped.

All information received from you during the study will be kept confidential. All names will be altered to ensure you cannot be identified. After the interview, the data from the audio-tape will be transcribed and analysed. All data will be stored in a secure place and only the researcher and supervisors will have access to it. Some parts of the transcript may be used as quotations in the final report or publications, but they will not identify you in any way.

Your Rights

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

- decline to answer any particular question;*
- withdraw from the study at any time up until the analysis is complete;*
- ask any questions about the study at any time during participation;*
- provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- be given access to a summary of the project findings when it is concluded.*
- ask for the audio tape to be turned off at any time during the interview.*

Contact Information

If you have any questions or need any issues clarified, please feel free to contact any one of us. Our contact details are as follows:

Researcher

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This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 06/001. If you have any concerns about the conduct of this research, please contact Professor Kerry Chamberlain, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x9078, email humanethicsnorth@massey.ac.nz.

APPENDIX III: PARTICIPANT CONSENT FORM

Concepts of the Mind, Body, Spirit

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

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/do not agree to the interview being audio taped

I wish/do not wish to have my tapes returned to me.

I wish/do not wish to have data placed in an official archive.

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

Signature:

Date:

Full Name - printed

APPENDIX IV: AUTHORITY FOR RELEASE OF TAPE TRANSCRIPTS FORM

Concepts of the Mind, Body, Spirit

AUTHORITY FOR THE RELEASE OF TAPE TRANSCRIPTS

This form will be held for a period of five (5) years

I confirm that I have had the opportunity to read and amend the transcript of the interview/s conducted with me.

I agree that the edited transcript and extracts from this may be used by the researcher, *Glenis Mark*, in reports and publications arising from the research.

Signature:

.....

Date:

.....

Full Name - printed

.....

GLOSSARY OF MĀORI WORDS

aroha	unconditional love
e kare	exclamation
hā a koro mā, a kui mā	inherited strengths
hapū	sub-tribe
hara	offence
ka haere mai ki a koe	that comes to you
karakia	prayer
karakia mahi	prayer intercession
kawakawa	type of shrub
kōrero	story
kōrerorero	discussion
koro	term of respect for an elderly man
korowai	cloak
kuia	elderly female
mahi	work
mamae	illness
mana ake	unique identity
marae	area in front of a meeting house
matauranga	education
mate Māori	illness related to spiritual causes
maunga	mountain
mauri	life principle in people and objects
mere	short flat weapon
mirimiri	massage
moemoeā	dream
mokopuna	grandchildren
patu	weapon
romiromi	rigorous massage and pressure applied to the body
rongoā	herbal remedies, physical therapies and spiritual healing

rākau	trees
taha tinana	physical side
taha wairua	spiritual side
tapu	sacred
te ao turoa	contextual, political and environmental influences
te ao wairua	the spirit world
te reo	Māori language
te wheke	the octopus
tinana	body
tohu	sign
tohunga	expert in a technical or spiritual discipline
tupāpaku	deceased's body
tūpuna/tīpuna	ancestor
turangawaewae	sense of belonging
urupā	cemetery
waiata	song
wairua	spirit
wairua mirimiri	spiritual massage
wairua o tēra whenua	spirit of that land
wairuatanga	spirituality
whakapapa	geneology
whakawātea	cleanse
whanaungatanga	extended family
wharepuni	sleeping house
whare tapa wha	four sided house
whatumanawa	emotional
whenua	land

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