Maori healers' views on wellbeing: The importance of mind, body, spirit, family and land

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A B S T R A C T

From an indigenous and holistic perspective, the current dominant biomedical model of health and illness has a limited view of people and their wellbeing. The present study aimed to explore Maori spiritual healers' views on healing and healing practices, and the implications of these for conceptualisations of holism, health and wellbeing. Six indigenous Maori in Aotearoa/New Zealand took part in in-depth, semi-structured interviews with a Maori researcher from March to September 2007. Transcribed interviews were analysed using interpretative phenomenological analysis techniques. We found that Maori cultural perspectives influenced views of the mind, body, spirit and healers also identified two additional aspects as significant and fundamental to a person’s health, namely whanau/whakapapa [family and genealogy] and whenua [land]. We propose a model called Te Whetu [The Star], with 5 interconnected aspects; namely, mind, body spirit, family, and land. Results are discussed in terms of the contribution of Maori knowledge to our understandings of health and wellbeing, and their implications for conceptualising holism, as well as health policy and care for Maori and other indigenous populations.

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Introduction

Many ancient non-Western cultures embrace a holistic approach to health and illness which includes a focus on interconnections between the mind, body, and spirit (MBS). Cultures around the world offer perspectives on the relationships between spirituality, healing and illness (Young & Koopsen, 2005) that differ from perspectives in mainstream Western culture (Struthers, 2003). However, although some literature has shown how different understandings of health might be important for Western medicine (Miller & Thoresen, 2003; Zimpfer, 1992), these ideas have had relatively little impact. Below we review ideas about the MBS and the nature and importance of holism in indigenous worldviews on health and wellbeing. The present research aims to explore Maori spiritual healers’ views on healing and healing practices in Aotearoa/New Zealand (NZ), and the implications for understandings of MBS, health, illness and wellbeing.

Mind, body, spirit

Mind, body, and spirit are terms used in everyday lay language and often associated with ‘new age’ views on health and healing. According to academic definitions, ‘mind’ refers to ‘mental processes’, while the body is said to include the physical, biological, and chemical aspects of an individual (Fosarelli, 2002). Spirituality is defined variously as existential reality, connectedness, and energy (Chiu, Emblen, Van Hofwegen, Sawatzky, & Meyerhoff, 2004), or as a dimension of a person that is concerned with the transcendent and life’s meaning (Hiatt, 1986; Young & Koopsen, 2005). The interrelationship of the mind and body has gained widespread acceptance in recent years (e.g. the rise in health psychology, particularly the field of psychoneuroimmunology (Lyons & Chamberlain, 2006)), with a large body of research investigating how mind (thoughts, beliefs, cognitive processes etc.) relate to physical health outcomes. Less attention has been paid to spirituality, although some work has explored the relationships between physiology, physical health and spirituality. Religiosity/spirituality has been linked to health-related physiological processes including cardiovascular, neuroendocrine, and immune function (Seeman, Dubin, & Seeman, 2003), as well as mental and physical health (Aukst-Margetić & Margetić, 2005). Religious and spiritual beliefs and practices may provide physiological, affective, behavioural, and cognitive mechanisms for coping with distress and illness, mechanisms which may also act as protective resources preventing the development of disease in healthy people (Fetzer Institute and National Institute on Aging Working Group, 1999; Mytko & Knight, 1999; Powell, Shahabi, & Thoresen, 2003). Indeed, meditation and spirituality in the elderly has been related to reduced anxiety, despair, and improved physical, emotional, and...
Holism

The word ‘holism’ has been defined in various ways. For some scholars, holism views a person’s MBS as inseparable (Narayanasamy, 1999) making it artificial to try to separate these three dimensions (Young & Koopsen, 2005). The MBS are said to be interconnected, interacting in dynamic ways with one another (Young & Koopsen, 2005) and the environment (Burkhardt & Nagai-Jacobson, 2002). ‘Holistic health’ broadens the traditional medical focus on symptoms and disease to include other health-related domains such as nutrition, psychological and spiritual wellbeing, interpersonal relations, and environmental influences (Lowenberg & Davis, 1994). It adds the concepts of balance, harmony, and mind-body integration to traditional ideas of physical, mental, spiritual, and social wellbeing, complementing a multidimensional view of health (Saylor, 2004). Such views of holistic health are essential foundations for complementary and alternative health therapies (Saylor, 2004). A holistic practitioner focuses on the interrelationships of physical, mental, emotional, and spiritual dimensions of the individual and how they jointly affect health and wellbeing (Lowenberg & Davis, 1994).

It is difficult for ‘holistic’ perspectives to be assessed. Western medicine tends to require that alternative forms of healing adhere to the predominantly empiricist, bio-reductionist framework of medicine (McKee, 1988). However, holistic health is usually defined in subjective, experiential terms including feelings of wellbeing, attitudes, a sense of purpose and spirituality. Such aspects are often not able to be objectively and scientifically observed, measured or tested (McKee, 1988). Nevertheless, views on holism deserve further attention and scrutiny.

Indigenous & Māori perspectives

Indigenous perspectives on holism and wellbeing are based on cultural values, beliefs and traditions passed down the generations, including beliefs in the unity of MBS. Indigenous cultures frequently believe that all life is interrelated with one another, the environment, and the cosmos (Lee & Armstrong, 1995), and that holism is the most appropriate way to understand health and wellbeing. For example, Matisgenka people of South America see health and wellbeing as a holistic reflection of the biological, cognitive, emotional, social, environmental, and psychological aspects of their lives (Izquierdo, 2005) while Native Americans recognise the four elements of the person as spiritual, emotional, physical, and mental (Canales, 2004; Matthews, 2002). For African Americans, good health is seen as derived from a holistic balance among MBS (Russell, Swenson, & Skelton, 2003), while Chinese traditionally see the physical, emotional, social, and spiritual wellbeing of individuals as indivisible (Chan, Chan, & Lou, 2002). In Canadian First Nation and Inuit communities health and wellbeing are viewed as stemming from balance across the mental, physical, emotional, and spiritual elements of a person (Richmond & Ross, 2009), while for the ‘Anishinabek’ First Nations peoples, land and their relationship to it are also central (Wilson, 2003).

From a Māori perspective, health is invariably holistic (Cram, Smith, & Johnstone, 2003), including wellbeing across spiritual, mental, and physical dimensions. Although there are several Māori models of health, two have been particularly influential in Aotearoa/NZ in the previous two decades, namely Whare Tapa Wha [the four-sided house] (Durie, 2001) and Te Whēke [the octopus] (Pere, 1995). The Whare Tapa Wha model has four walls, which represent the four dimensions of whanau [family], hinengaro [mental], tinana [physical], and wairua [spirit], which are viewed as interrelated and working in harmony to influence health. Te Whēke employs an octopus metaphor to illustrate the interdependence of all things: the head represents the child/family and each tentacle represents an intertwined dimension that helps give sustenance to the whole. The eight tentacles represent wairuatanga [spirituality], hinengaro [mental], taha tinana [physical], whanaunga [extended family], whatumanawa [emotional], mauri [life principle in people and objects], mana ake [unique identity], ha a koro ma a kui ma [inherited strengths], and finally other Māori concepts. These aspects of health are apparent in traditional Māori healing, which involves the five cornerstones of: wairua [spirit], hinengaro [mental], tinana [physical], whanau [family], and matauranga [education] (Jones, 2000).

Traditional Māori healing techniques include deep tissue massage in Te Oomai Reia and mirimiri [massage], which is used for healing injuries and releasing tension (O’Connor, 2007). Rongoa [Māori herbal medicine] uses the medicinal properties of plants (Jones, 2007), and other Māori healing techniques include karakia [prayer] (Durie, 2001; Jones, 2007; O’Connor, 2007); korerorero [discussion] (O’Connor, 2007); and water therapy, suffusions, and heat applications (Durie, 2001). Traditional Māori healers were called māunga, or experts in a specific discipline (Durie, 2001), and often had spiritual abilities, knowledge of the healing properties of plants, and an inherent belief in the interrelated nature of wairua [spirit], hinengaro [mind], and tinana [body].

Spiritual healers

Holistic healers are non-biomedical health practitioners who use botanical, animal or mineral products to treat physical, mental, and social diseases (McMillen, 2004). Spiritual healers also draw on aspects of spirituality such as psychic abilities (Mark, 2008; Mcleod, 1999), spiritual communication (Mark, 2008; Mcleod, 1999), being a channel or vessel for healing energy (Mark, 2008; Mcleod, 1999), or using the gift of touch, energy work or rituals to heal people spiritually, emotionally or physically (Hill, 2003). They have a worldview on health, illness and healing that is grounded in holism (Patterson, 1998); research with these healers has focused on investigating phenomena such as the nature of energy (Warber, Cornelio, Straughn, & Kile, 2004), spiritual diagnosis (Mzimkulu & Simbayi, 2006), integration between traditional and Western methods of health treatment (McMillen, 2004), and the use of medicinal plants in healing (Vandebroek, Van Damme, Van Puyvelde, Arrazola, & De Kimpe, 2004).

Only a few studies have examined spiritual healers’ perceptions of the holistic nature of the actual healing process. For indigenous women spiritual healers of the Ojibwa and Cree tribes in the USA, healing involved cultural traditions, and mastery of the indigenous culture was integrally involved in their work (Struthers, 2000). Māori spiritual healers view ill health as resulting from factors such as emotional blockages, unsettled ancestral grievances, curses originating in the whakapapa [genealogy], and imbalances between physical and spiritual dimensions (Mcleod, 1999). These healers strongly believed that clients needed to learn about their cultural connections and bloodlines, to re-establish their whakapapa, restore their identity and sense of belonging, as well as learning about taha Māori [Māori culture and values] to enable healing of the spirit (Mcleod, 1999). Thus cultural values and beliefs are a strong part of the healing process among indigenous spiritual healers.

In summary, holism is strongly related to indigenous and Māori concepts of health and wellbeing. Māori worldviews, the cultural perspectives of Māori healers, and healing techniques were seen as an ideal way to explore Māori perspectives on the MBS, health, and
healing. While other studies have described Māori views about health and healing, this study extends current knowledge by exploring the views of Māori spiritual healers who actively and regularly undertake healing practices that include aspects such as spiritual communication with ancestors.

Methods

Process

To establish a collaborative partnership between the researcher and Māori participants, two kuia [elderly females] were consulted, and both supported the nature of the research endorsing Māori cultural sensitivity utilised with Māori participants and the use of koha [gift], where a small gift and food was given to each participant to thank them for their time. The study was approved by the Massey University Ethics Committee and conducted within the ethical guidelines of the New Zealand Psychological Society. Full informed consent was gained and all participants were given a letter summarising the results following the study, while some were provided with copies of their transcripts and audiotos.

Recruitment

Snowballing techniques were employed to recruit Māori spiritual healers. One participant was known to the researcher, while five participants were identified by friends and associates contacts. The researcher made the initial contact by email or telephone and provided some information about the study. If participants identified as ‘Māori spiritual healers’ they were eligible to take part. Information sheets were provided at the start of each interview. Six non-Māori spiritual healers also participated in the study, but this paper focuses on Māori healers and implications for Māori health and healing.

Historically, Māori tohunga [healers] were selected as children or recognised as tribal leaders (Durie, 2001). Colonisation and the influence of modern society (e.g. urbanisation, globalisation, and the Internet) have changed this and modern Māori healers can self-identify as healers. They also have greater access to healing techniques from a range of other cultures. No data is currently available on rates of selection of traditional Māori healers.

Participants included five females and one male. Two lived in Auckland, the largest city in New Zealand (population of over 1 million) and four lived in two different small rural towns. Participants practiced a wide variety of forms of spiritual healing; those mentioned most frequently included hands-on healing, distance healing, reiki, romiromi [deep tissue massage], pressure, and mirimiri [massage].

Interviews

Data collection took place from March to September 2007. Individual, face-to-face, semi-structured interviews were employed, allowing for multiple topics and concepts to be explored in detail (Smith & Eatough, 2006). All participants were met at a time and place convenient to them (two at their homes and four at their healing clinics) and interviews lasted between 120 and 180 minutes. Interviews were audio-recorded and conducted by GM (a Māori woman in her mid 30s).

Data analysis

All interviews were transcribed verbatim and then analysed using interpretative phenomenological analytic techniques. This method enables an exploration of the way participants make sense of their personal world and is useful for complex or novel topics (Smith & Osborn, 2003). It can capture the depth of an individual’s experience (Willig, 2001). We began with a detailed thematic analysis of each individual participant’s transcript as follows: first, the transcript data was read and general notes made, then notes were collated through commonalities into clusters which were then organised into major themes, and labelled. These themes were tabulated together with references to the data from all transcripts (Smith & Osborn, 2004). The themes were identified and analysed according to each theme’s direct relevance to MBS connections, frequency, importance to the participant, richness of data, and Māori cultural understanding.

GM’s cultural background was critical to the analysis, as her own cultural insights and knowledge informed how the data were read and interpreted. This shared background between participant and researcher was considered beneficial for ease of communication and rapport but also for analytical insight. Regular discussions about the ongoing analysis took place between both researchers. AL is a Pākeha [European] woman, and the discussions ensured that Māori cultural language and views were clear and issues regarding sense-making among cultural concepts were regularly considered.

Several criteria were employed to evaluate rigour of the research, namely balanced integration, openness, reflexivity, plausibility and trustworthiness (Horsburgh, 2003; de Witt & Ploeg, 2006). These ensured that participants’ voices were kept true to their meaning by continually referring to raw transcripts and ensuring that MBS interconnections were interpreted from participants’ meanings rather than constructions of the researcher’s making. Each major decision and stage of the study was discussed in detail by the authors and justified using previous literature. An audit process was used to document each step as well as personal considerations and impacts. Findings were assessed in terms of relevance to current and future theory and practice.

Results

Five superordinate themes emerged from the analysis of Māori spiritual healers’ talk about spiritual healing, understandings of the MBS, health and wellbeing, namely: impact of colonisation; wairua: spirituality for Māori; whanau and whakapapa [genealogy]; whenua [land]; and Māori healing techniques. Within three of these superordinate themes, a number of subordinate themes were identified. All themes are displayed in Table 1 and described in greater detail below. A Māori word glossary is included in Table 2.

Impact of colonisation

Several of the Māori healers focused on the effects of the coming of the Pakeha [European settlers] that initiated the process of colonisation, and ‘impact of colonisation’ was identified as a superordinate theme (with no subordinate themes). Healers viewed the mind, body, soul or spirit concept as something Pakeha brought to Aotearoa/NZ, as the following quotes demonstrate:

… going back to the concept of the mind, body, and soul … that’s more of a colonisation concept (Participant 5, female).

… 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. 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 … And god, there’s a lot of rubbish along
that bridge. But I eventually get to the wairua … And my job is to bring the wairua and the physical back together again … very simply … Once you get there, well, you just bring them back … (Participant 4, female).

Traditionally, Māori regarded the body as connected with the mind, but the mind was viewed as consisting essentially of spiritual essence (Goldie, 1999). Nowadays mind is seen in more Western terms as thoughts, beliefs or cognitive processes. In the quote above, participant 4 considers the ‘mental’ or mind as a bridge that symbolically represents the connection between the physical and the spiritual aspects of a person. Notably, this participant points out there is a lot of rubbish on the bridge, perhaps denoting the problematic difference in definition of terms between traditionally held Māori views and modern views of the mind (which the participant sees as a Pakeha construction). Perhaps she views thoughts, beliefs and cognitive processes as the “rubbish”; in other words, as the factors that complicate the traditional Māori understanding of mind as spiritual essence. However, all Māori healers talked about the use of the mind in their current practice, despite it also being described as introduced by European colonisation. The impact of European colonisation on the health of indigenous Māori is significant and involved the introduction of new infectious diseases (Jones, 2000) that seriously affected Māori health. Major adaptation was also required due to a loss of resources (Durie, 2001) and changes to Māori culture.

### Table 1

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Wairuatanga: spirituality for Māori

The second superordinate theme identified was ‘wairuatanga’ [spirituality], and this contained two subordinate themes, namely ‘family spiritual guides’ and ‘spiritual tohu’. Spirituality is a central feature of the Māori worldview, and is held with an almost tangible sense of reverence within the healing session and in daily life.

#### Family spiritual guides

Five Māori healers referred to specific spiritual connections with family members who had passed away and who now acted as spiritual guides for individuals:

- **Cause Māori belief** is that we go through God, through our tupuna [ancestors]. So… the closest human connection is our parents and grandparents. And so… we always believe that they hang around us, they look after us and watch us… Ah, but also that they come to deliver messages for those matakite [psychic] who are around us can communicate with them and tell them that they’re angry with us, or they’re happy with us, or keep going the way we’re going, encouraging us. So that, they, um, they give us information from another source… But you need to be able to discern what that information, interpret that information from where you are. And also where, 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. If it is to put into action or just sit back and take that on for your, for your self development… and they could growl you and you can growl them back. You know, so (laughter) so, they’re not just here, just so, oh just leave me alone, this is my life, not yours. You know, and so… it’s ah, just another dialogue on another level, in another dimension. And um, and you can tell them to stop interfering… and they listen. You know, because they know… at the heart, if you’re really sincere. What I’m, what I’m trying to achieve (Participant 1, male).

Healers referred to spiritual communication with ancestors through giving and receiving messages both inside and outside the healing process, communication which is said to be used not just by healers but also by the general Māori population (Eames, 2009).

#### Spiritual tohu [signs]

When receiving communication from spiritual sources, one Māori healer mentioned unique modes of receiving messages, such as via animals, dreams, and smells:

- **Cause a lot of it … 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 ko [that comes to you] or it could be um, colour (…) … 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 it came loud and fast in … a death smell (Participant 5, female).**

People and nature are interconnected and the personification of natural elements is part of Māori understanding of the world.
(New Zealand Conservation Authority, 1997). This bonds Māori with elements of nature such as birds, so that receiving messages in this form seems natural. Spiritual tohu further highlighted the importance of the spiritual dimension for Māori healers, who repeatedly referred to the use of spiritual guides, ancestors, and tohu.

Whānau/Whakapapa

Whānau/whakapapa [family and genealogy] was identified as a superordinate theme across the interviews, with no subthemes. Whānau/whakapapa is very important for Māori and healers drew on these concepts in describing healing sessions, discussing cases where the cause of an illness comes from past whanau transgressions which have been passed down the bloodlines to the client, or where individuals commit an offence and it is the whānau or the extended hapu [sub-tribe] who pay for the misdeeds of that family member:

... for Māori, because we’re a communal people ... it’s also about the whānau. It’s also about ... their whakapapa. There might be a manae [illness] that’s come through the line ... might ... been a hara [offence] ... way back ... (Participant 5, female).

... I had ... families come, real bad stuff ... it’s passed down through the families like that ... I’m talking about mate Māori [cultural illness related to spiritual causes] now (Participant 4, female).

One healer described a group intervention where the whole whānau gathered to address a sexual abuse offence, and shares how the hapu was potentially liable for the offender’s actions.

... they just abused ... I didn’t realise ... they actually doing that because they gonna lose things. Material things ... the hapu [sub-tribe] had lost ... korowais [cloaks], patus [weapon], meres [short, flat weapon] ... For that ... whatever you commit, the whole hapu suffers (Participant 3, female).

Here both the whānau and client 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. Therefore, clients seek help from a healer who may involve the client’s whānau in the healing session. Sometimes whānau organise healing for the client:

The clients come, the whānau come and they drag that one by the nose to come (..). It helps to know their background ... I ask the whānau ... 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 ... (Participant 4, female).

Without information from the whānau, it is believed that the client may not receive the required healing. The whānau may take responsibility for the client’s healing if they think the client is unable to do so themselves. For Māori, whanauangatanga is a family connection maintained through ancestral, historical, traditional and spiritual ties (Pere, 1995). During Māori whānau intervention 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 (Metge, 1995). Whānau intervention becomes an extension of the individual healing session which is consistent with Māori healers’ beliefs about the role of whānau in a person’s life.

Whenua

Whenua [land] was viewed as centrally relevant to health and illness by the Māori spiritual healers, and identified as a superordinate theme that contained two subordinate themes, namely ‘healing and the land’ and ‘narrative connection between land and Māori’. Healers viewed the land as having a unique and distinctive existence, and viewed people as suffering consequences that originate over land issues.

Healing and the land

One healer provided the following example of trespassing against the land which affected the health and wellbeing of one client:

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 ... (Participant 6, female).

In this case, the young man became very sick, ranting and raving incoherently and trying to do damage to himself. This was viewed as a consequence of committing an offence to the land and showing 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).

Healers discussed land as a reason clients required healing, but commented that the land itself also sometimes needed healing (not necessarily separately from the client’s healing), as shown:

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 (Participant 2, female).

... 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 (Participant 6, female).

Thus, the holistic view of the client extends to include land; it is seen as a fundamental part of the client’s existence and an inclusive part of Māori identity. Māori people and tribal groups are frequently referred to by a geographical feature such as a mountain that recognises the local tribe’s intimate connection with the land. Māori identity is linked to the earth by a sense of belonging to the land, being part of the land and being bonded together with the land (Durie, 2001).

Narrative connection between land and Māori

Māori also have a strong attachment to the land through mythology and traditions (Walker, 2004). This narrative connection to the land was apparent in the interviews with healers, with one relating a story which was passed down the generations about how the mountains had moved over hundreds of years. Stories 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). Stories keep ties with the land alive and commemorate both history and local geology.
Maori healing techniques

The superordinate theme of ‘Maori healing techniques’ contained three subthemes concerning traditional healing techniques considered to be unique to Maori, namely ‘Maori rongoa’, ‘romiromi’; and ‘mirimiri’.

Maori rongoa

This is a form of Maori healing that uses the medicinal properties of plants as well as other objects. One of the healers told a story about how she was treated with rongoa after she was dragged by a bus over a gravel road when she was a young girl:

… everybody run and get some … plants … and this big bathtub. And they filled it up with … water, and then they put me into this water. And it was all these plants … 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 (Participant 3, female).

However, rongoa does not necessarily have to be plants, as one healer also discusses the use of spit for healing and can also involve physical therapies and spiritual healing (Jones, 2007). Traditionally Maori rongoa involves the gathering, preparation, and formulation of plants (including leaves, roots, bark) (Riley, 1994). However, Maori also regard water as having significant ritual cleansing power that is derived from the application of water such as washing hands when exiting a cemetery or after visiting a tupāpaku [deceased’s body] to cleanse after being in a tapu [sacred] area (Parsons, 1985b).

Romirromi

This Maori healing technique involves deep tissue massage and pressure being applied to the body:

the healing art called romirromi 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 Omai Reia (…) when they have emotional issues … when you press … it’s like there’s a flame that goes through your body and up through your … mind and … all your worries are burnt away. Ah, because you’re screaming (Participant 1, male).

The healer applies pressure to the client’s body which can involve working with deep tissue alignment, pressure points, nerve centres, and muscle tissue to aid the body release and remove toxic buildup and waste, which helps relieve tension, stress, and pain (O’Connor, 2007). The healers conceptualized deep physical massage as able to effect change in the body and also lead to positive change in mind and spirit.

Mimiriri

Mimiriri is described as massage of soft tissues of the body that provide therapeutic treatment for malfunctioning body systems (Fontaine, 2000). Two of the healers described mimiriri as a healing technique that also incorporates treating the client’s taha wairua [spiritual side], and thus providing wairua mirimiri [spiritual massage]:

a physical massage, body massage but we also mimiriri of the taha wairua so there’s those other different mimiriri as well … that’s not just of the basic muscle massage (Participant 5, female).

our wairua mimiriri [spiritual massage] … it’s on a deeper level than just mimiriri. It’s incorporating … everything that our tipuna [ancestors] are telling us … and everything that we’ve learnt (Participant 6, female).

Te Whetu: Maori model of health and wellbeing

These findings highlight the uniqueness of various aspects of the healers’ conceptualisations of health, illness, wellbeing, and MBS. In addition to MBS, the healers all consistently emphasised the fundamental importance of whanau/wakapapa and whenua. Including both whanau/wakapapa and whenua alongside the MBS concept creates an expanded holistic model of Maori health and wellbeing that has 5 interconnected aspects: hinengaro, tinana, wairua, whanau/wakapapa, and whenua. We developed a graphic representation of this model using a star symbol, and named it Te Whetu [the star]. This symbol reinforces the connectedness of the five elements as one whole system, consistent with the findings of this study. Te Whetu model, displayed in Fig. 1, differs from previous Maori models of health (e.g. Whare Tapa Wha, Te Wheke) because it includes land as one of the five major integrated aspects of health and wellbeing, yet it is similar in other respects. The uniqueness of this model comes from being developed from practising spiritual healers views, and, therefore, may be applicable and worthy of considering across different kinds of healing situations.

Discussion

This study provided insights into Maori spiritual healers’ views on health, illness, and wellbeing, adding to the research in this area. It demonstrated the importance of whanau/wakapapa [family and genealogy] for Maori health, that included spiritual communication with ancestors and considerations of family transgressions from past generations, and importance of connections to ancestral land. Healers’ viewed the term ‘MBS’, and particularly understandings of ‘mind’, as brought into Maori culture through colonisation, suggesting the concept of MBS did not fit easily into their conceptualisations which was unexpected. This is surprising as holism is often linked to indigenous world beliefs (Lowe & Struthers, 2001; Mark, 2008), rather than introduced by European settlers.

In discussing holism, the healers included the mind, body, and spiritual realms, but additionally emphasised the fundamental importance of whanau/wakapapa for the individual’s health and wellbeing. This is consistent with previous research with Maori (e.g. Cram et al., 2003; Mcleod, 1999) which shows that MBS and family are interrelated and work together to create harmony (Durie, 2001). Indeed, family is seen as a major component of Maori life (Metge, 1995) and thus is included in other models of Maori health (e.g. Whare Tapa Wha; Durie, 2001; Metge, 1995).
Te Wheke; Pere, 1995). Previous research with other indigenous cultures demonstrates similar beliefs in the connectedness of the mind, body, spirit, as well as family and nature (e.g. Struthers, 2000). For example, the Matsigenka of the Peruvian Amazon view family as a crucial component of health, such that supportive relationships, responsibility and respect for family, are all central for achieving health (Izquierdo, 2005).

In addition to MBS, family and genealogy, this study also found that land was centrally important in Māori spiritual healers’ conceptualisations and practices. Land is included in the Te Wheke model of Māori health, but not as a major feature. The current healers emphasised the significance of land for health and well-being, and considered land as a potential cause of illness. Research with other indigenous groups has not identified land as a major component of health in research, except for Anishinabek First Nations peoples, for whom land provides food and medicine but also spiritual connections, as the land is seen as alive with spirits that promise positive mental and emotional health (Wilson, 2003).

Spirituality was a major component of the healing session for every healer, and for some so was communication with spiritual sources. Previous research has demonstrated the use of communication with spiritual sources in a wide variety of indigenous cultures as a natural part of life (Struthers & Peden-McAlpine, 2005) and during healing processes in Pacific Island cultures (Parsons, 1985a). Māori healers have previously been found to use high sensory perception during healing sessions (McLeod, 1999). In the current study spiritual communication involved communication with deceased close family members and also with aspects of nature or the environment. Few studies have explored spiritual communication and healing. A traditional African worldview includes the notion that after death ancestors remain intimately involved in virtually all aspects of family life, and traditional healers are in constant communication with spirits of ancestors to aid in diagnosis and treatment of illnesses (Bojuwoye, 2005). Hmong American shamans, Ratongan and Native American healers discuss receiving messages from nature, such as a bird indicating a specific message (Helsel, Mochel, & Bauer, 2004), dreams containing spirits who come to communicate (Baddeley, 1985) or provide spiritual guidance (Portman & Garrett, 2006). In Pacific Island cultures, ancestral spirits are influential and seen as potential causes of illness (Parsons, 1985a).

The current healers employed a mixture of healing modalities in an unproblematic manner, seeing these as tools that easily combined with their inherently Māori cultural views. The ease of intermingling techniques may be a result of colonisation, and living in the two worlds of both Māori and Pakeha [European settlers]. Māori may have become accustomed to integrating, or hiding, Māori cultural views because of the colonial history of Aotearoa/New Zealand (NZ). In 1840, the Treaty of Waitangi was signed between Māori and Pakeha, with a broad principle of equal partnership and two people sharing one land. This partnership has not been realised, however, with governments ignoring the Treaty and Māori rights to self-governance (Tuffin, 2008), and presuming that “Māori would be assimilated into the dominant (Pakeha) society” (Nairn, Peg, McCreanor, & Barnes, 2006, p. 185). Shameful racist practices have disenfranchised Māori (e.g. forbidding the use of Māori language in schools early in the 20th century) and created what some would call a hostile society to Māori (Nairn et al., 2006).

Colonisation is presented as a major reason for Māori having the poorest health of all in Aotearoa/NZ (Ministry of Health, 2006). New Zealand health policy currently aims to reduce health inequalities for all New Zealanders, especially Māori (Ministry of Health, 2006). We urgently need to find ways to respond to Māori health needs, and the current findings provide fuller understanding of the cultural views of Māori spiritual healers which may be relevant for Māori health more generally. Gaining insights regarding Māori healing methods, and the reasons for them, may provide further understandings as to why many people are increasingly dissatisfied with the Western medical system (Furnham, 2005) and why they turn to alternative, cultural methods of treatment (Struthers & Eschiti, 2005). Jones (2000) argued that traditional healing should be incorporated and accepted into the Western medical system because collaboration between traditional Māori healers and mainstream health treatment would benefit Māori and result in a more comprehensive health delivery mechanism.

These results could also provide greater understanding for health practitioners who are the first point of call for Māori clients and who may benefit from gaining knowledge about cultural factors involved in Māori illness and disease. Cultural examples given in the literature include mate Māori [cultural illness related to spiritual causes] (Durie, 2001), a culture bound syndrome where afflictions are related to spiritual causes. Māori families will often be reluctant to discuss mate Māori with health professionals for fear of ridicule (Durie, 2001). 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. Health practitioners need to have greater knowledge regarding cultural explanations for illness and consider the importance of involving family members in consultations.

While models are developed in the first instance to explain and describe a paradigm (Eder & Pugh, 2003), in this case, to explore Māori healers’ views on holism and healing, they also have the potential to explain how the components of the model could function in practical ways (Eder & Pugh, 2003). Te Whetu, as a model of health has the potential to support the inclusion of Māori cultural values in health policy in a detailed way. For example, the model could be the foundation of educational programs designed to inform health practitioners and validate culturally held beliefs about the holistic nature of Māori health, spiritual causes of illness, and possible avenues of spiritual healing that may benefit Māori. The five aspects of this model could also be the basis of health intervention programmes that aim to provide holistic health information and prevention strategies for Māori in a range of illnesses and diseases before treatment is needed.

The study included only one male spiritual healer, although his conceptualisations did not differ greatly from the female participants. The focus of the study was to elicit in-depth meaning and understanding from Māori spiritual healers rather than to generalise to the greater population of healers. This study may not necessarily show how the majority of Māori (or even Māori healers) view health, and we would expect a range of views across both healers and lay people. It would be beneficial for future research to investigate lay Māori beliefs as well as a more diverse population of healers, and indeed other Māori health practitioners. Future research could beneficially explore the process of becoming Māori healers, as well as Māori concepts of MBS, spirituality, and communicating with ancestors/spiritual sources. We also know little about the healing processes of Māori rongoā, romiromi, mirimiri or incidences of family transgressions being passed down through the generations, and such topics are worthy of further investigation.

In summary, this study revealed principles of Māori healing that originate from ancient cultural knowledge and traditions which see the mind, body, spirit, family, and land as essential aspects of health and wellbeing. The connectedness of mind, body, and spirit was highlighted, but the external relationships people have with their family/genealogy and with the land are viewed as just as important for maintaining good health. Treatment and healing practices that
address these relationships are seen as culturally appropriate for Maori customs, values and ways of life. Further research into the holistic nature of health, different conceptualisations of MBS, and understanding indigenous peoples’ worldview regarding health, illness and wellbeing will provide essential and timely knowledge for academics and practitioners alike.

References


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