Diagnosis in traditional Maori healing: a contemporary urban clinic

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Abstract

There has been renewed interest in traditional Maori healing in New Zealand in recent years, and increasing demand for these services. However there is limited information available about the contemporary practice of traditional healing, and its role in the health system remains poorly defined. This project aimed to describe one aspect of a group of traditional Maori healers' practice, namely diagnosis, and to compare this with Western medical practice. A qualitative study was undertaken, consisting of interviews and participant observation involving four healers at an urban Auckland clinic. The overall diagnostic approach used by these healers was similar to that used in Western medicine, with some important practical differences. One distinctive feature was the emphasis on the spiritual dimension, consistent with their beliefs about health and causation of illness. Also noteworthy was the way in which diagnosis functioned as an integral part of the healing process, not as a discrete entity solely intended to guide treatment. These features highlight the potential complementarity of the two approaches, providing an argument for their co-existence in the New Zealand health system.

Introduction

There is evidence to suggest that mainstream Western medicine is not adequately addressing the health needs of New Zealanders, particularly Maori[1]. Many people therefore seek alternative forms of treatment, including rongoa Maori (traditional Maori medicine) services[2].

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Before European contact, traditional healing was an integral part of Maori culture and society in New Zealand[3]. Systems for treating illness were well developed, and institutions had been established for the purpose of training healers. Tohunga (experts in traditional healing) who graduated from these whare wananga (learning institutions) were accorded a position of authority and respect within their iwi.

Through the process of colonisation, traditional Maori beliefs and knowledge of healing activities were challenged by the Western biomedical model. The Tohunga Suppression Act, introduced in 1907, was intended, among other things, to discourage the practice of traditional healing among Maori people[4]. Tohunga were forced to rely on underground networks to continue their craft and uphold the healing tradition. This led to the suppression of Maori perspectives and values, and erosion of Maori knowledge related to sickness and healing. However, willingness to consult a tohunga has persisted to this day[5].

The recent increase in demand for rongoa Maori services is probably due to a number of factors[6]. The Tohunga Suppression Act was repealed in 1964, which removed any legal barrier, although by that stage it had become a weak deterrent. The renaissance of Maori culture in New Zealand over the past two decades, occurring in the context of a global re-emergence of indigenous practices and cultural property rights, has led to renewed interest in traditional healing.

This project aimed to describe one aspect of a group of traditional Maori healers' practice, namely diagnosis, and to compare this with Western medical practice.

Loss of confidence in Western medicine is also a factor, the poor health status of Maori being attributed in part to the failure of mainstream methods of treatment. Problems with access to primary health care affect many people, particularly Maori, and traditional healing services can help to bridge this gap. There is also the perception that Western health services lack a spiritual dimension, which for Maori, is considered to be a vital element of health and health care[7].

In 1977, the World Health Organisation passed a resolution promoting the development of training and research in traditional systems of medicine[8]. In New Zealand in 1987, the Department of Health issued guidelines to hospitals and medical practitioners to develop interaction with traditional

healers[9]. The establishment of Nga Ringa Whakahaere o te Iwi Maori (National Board of Maori Traditional Healers) in 1992 marked a public re-emergence of healers[10]. In 1999 the Ministry of Health published a set of standards for traditional Maori healing, further legitimising its status within the health system[11].

Despite these recommendations, there is still relatively little co-operation between mainstream health services and traditional Maori healers. Documentation of traditional healing practice is an important step towards increasing awareness and understanding of it within the health sector[12].

Furthermore, traditional medicine is a repository of Maori culture and history It is a taonga, and Maori have a right to determine and control its use under Article Two of the Treaty of Waitangi[13]. Maori should also be able to access these services without barriers being introduced. The lack of recognition of rongoa Maori within the New Zealand health system creates such a barrier.

Much has been written about healing in traditional Maori society. In *Whaiora*, Durie identifies the basis for classification of illness, describes diagnostic processes used by traditional healers, and notes similarities and differences between Maori and Western healing systems[3]. However information in the medical literature about the contemporary practice of traditional healing is scarce.

Key areas of questioning were about personal and family background, training and service provision; beliefs about health and illness; diagnosis, including general concepts and approach, diagnostic methods, and comparisons with Western medicine.

This project aims to describe diagnostic approaches currently used by traditional Maori healers at one particular urban clinic. It will then compare and contrast these with diagnostic processes used in Western medicine Ultimately it is expected that a better understanding of rongoa Maori practice will allow its role in the health system to be more clearly defined

Methods

This qualitative study was conducted at Te Whare o te Oranga Pumau, a rongoa Maori clinic in Orakei, Auckland. The clinic employs two principal tohunga and several other healers. It has been operating, under various guises and at a number of different locations, for over fourteen years.

Four participants were chosen from among the healers working at the clinic. This was determined through consultation with the senior healers and other healers at the clinic. As the participants had similar educational and vocational experiences and all worked within the general philosophy of the institution, this group is likely to be more homogeneous than the total population of traditional Maori healers. A semi-structured interview of 60 to 90 minutes duration was conducted with each participant.

Key areas of questioning were about personal and family background, training and service provision; beliefs about health and illness; diagnosis, including general concepts and approach, diagnostic methods, and comparisons with Western medicine. These areas include sensitive issues and involve sharing treasured knowledge that the healers are considered to be the guardians of[14]. When dissemination is seen as potentially damaging to the discipline of traditional medicine and to the mana of its practitioners, such lines of questioning are unlikely to be productive.

Observation of several patient consultations was also carried out with each healer Consultations were selected opportunistically, and involved a range of patients and presenting conditions.

Interview data was audiotaped; observational data was recorded in the form of written notes only. Thematic analysis was performed, involving manual coding of primary data and preliminary interpretation, followed by analysis and writing up.

These findings represent the participants' experiences subject to the interpretation of the researcher[15]. Although I am Maori, I have been trained in Western medicine and my health beliefs have developed within this scientific paradigm. It is to be expected that this will have impacted significantly on the type of information sought, the way the questions were framed, and the interpretation of participants' responses.

In order to minimise any potential biases this study does the following[16]. The interviews were open-ended, and questions were often asked in a number of different ways to allow for variations in interpretation. In addition, participant observation was carried out in order to substantiate the information obtained from interviews

In presenting the findings I have included direct quotes to illustrate key points, these provide the basis for my interpretations and the conclusions that have been drawn. In addition, the final report was presented to the participants and other staff at the clinic for verification of the key findings.

Ethical approval for this study was obtained from the University of Auckland Human Subjects Ethics Committee.

Results

Background of participants

A common theme that emerged during interviews with the participants was a family history of traditional healing although, in general, most of their personal knowledge had come from non family sources.

A further point of interest was what inspired the participants to start practising traditional Maori healing. One simply "had a calling", and "went into it under the realm of God". The failure of conventional western medicine was also cited as an inspiration to turn to traditional methods. One of the healers, faced with relatives who were apparently dying, discovered traditional healing and went on to successfully treat them.

When asked what qualities were needed to do the job, one participant replied, "It's in all of us". One of the healers suggested that being Maori was a prerequisite, while another had had experience with non-Maori people practising it successfully.

Initially one of the principal healers received instruction from a tohunga, but from very early on was predominantly self-taught. This consisted of learning from new experiences, most of the knowledge being acquired "through prayer and dedication". Other participants identified the two principal healers at the clinic as being the main sources of knowledge. Observing them, learning from their own mistakes, asking the others when in doubt, and receiving guidance from God were among the most common ways of developing their knowledge. Two of the healers had also completed nursing training, one had training in massage, while the other had no formal training in mainstream health sciences.

A common theme that emerged during interviews with the participants was a family history of traditional healing although, in general, most of their personal knowledge had come from non family sources.

The most experienced of the healers had been working in traditional healing for over 20 years. This had been clinic-based for the last 14 years, including seeing patients who presented to the clinic, and visiting patients at home, in hospital, and in prisons. Other work in traditional healing included training apprentice healers, educational activities with other health professionals, as well as policy development and administrative duties.

Another of the healers was initially involved with performing blessings of places and buildings, and gradually moved into healing work after that. One of the participants spent the first part of his career collecting and preparing rongoa, and was eventually encouraged to become a healer. Another had been practising mirimiri prior to joining the clinic.

Initially the two principal healers only treated people with cancer, but had diversified significantly since those early days. They had gradually discovered treatments for a wide range of problems, to the point where they treated virtually any condition presenting to them. This knowledge had been passed on to the apprentice healers, and the clinic catered to people with a variety of health problems. Within the clinic setting, the different healers had specialised to a degree in dealing with different types of problems.

Beliefs about health and illness

There was unanimity in the notion that health is more than just not being sick, that it is a more all-encompassing, holistic concept. "Basically it's about keeping a healthy mind, body and soul."

The framework widely used in the clinic conceptualised health within the "five cornerstones of healing". These were: wairua (spiritual), hinengaro (mental), tinana (physical), whanau (family), and matauranga (education). They were likened to a life force, all necessary components of what makes someone healthy

The spiritual dimension in particular was seen as being of major importance. "It's like you're a vehicle, and it's being driven by the spiritual side". In this sense spirituality was not equated with a particular religion or a specific set of beliefs, but allowed for a wider definition incorporating any otherworldly phenomena.

The healers' beliefs about illness can also be understood within the framework of the five cornerstones of healing. "If one is sick, the others remain ill, and the patient will be ill." In fact, many health problems were thought to originate in the spiritual dimension

One of the participants felt that "disease is something which is born in the mind." A person's attitude was believed to be a major determinant of health status and response to illness. "I've seen negativity kill people, not only the person themselves but their family and others."

This underlines the importance placed on the family in relation to illness causation. For example, one consultation involved a child with epilepsy. The onset of his seizures had coincided with the separation of his parents, and family conflict was thought to be the cause of his epilepsy. This example also highlights the role of underlying factors in the causation of illness. A lot of ostensibly physical problems were in fact believed to be caused by spiritual, psychological and family issues.

Healing was seen very much as an interactive process, with patients ultimately responsible for their own healing. Again, the five cornerstones of healing represented a common approach used by the healers. If a problem was identified in one or more of these areas, they would often try to use the patient's strongest dimension to help the affected ones In practice the spiritual side was often targeted, as this was considered to be the most effective way to deal with the majority of illnesses.

Diagnosis

Importance of diagnosis

One major assumption in asking this research question was that these healers did, in fact, make diagnoses. In Western clinical medicine, identifying the patient's condition is critical in determining the appropriate treatment[17]. However, this system clearly does not represent the only possible approach to health care; the healing process need not involve the step of diagnosing illness. For example, guidance from supernatural powers could identify the treatment required without the diagnosis being made explicit.

Healing was seen very much as an interactive process, with patients ultimately responsible for their own healing.

Within the clinic setting the healers did, in actual fact, consider diagnosis important and usually endeavoured to establish a diagnosis. One of the participants always tried to find out what the problem was before proceeding. "There's no point treating them if you don't know it's going to work." On the other hand, diagnosis was not always needed in order to commence treatment. "I don't necessarily diagnose before treating – both happen together."

It is important to remember that many of the patients who presented to the clinic had already consulted a doctor with the same complaint. In these situations the healers usually tried to confirm the doctor's diagnosis, if one had been made, and to identify any underlying causes.

Classification of diagnoses

The classification of diagnoses was again based broadly on the five cornerstones of healing. A distinction was also drawn between physical and spiritual diagnoses. The more straightforward physical diagnoses were largely reserved for accidents and external injuries, and a pragmatic approach was favoured in these situations. Spiritual diagnoses were seen to be more profound, and required a more intensive analysis – "you have to look way back".

Despite this apparent dichotomy, in terms of diagnosis it was important to consider physical and spiritual causes together. As described above, for any given illness there were often underlying factors which needed to be addressed in order to manage the presenting problem successfully.

The classification of diagnoses was broad, and the healers did not always attach a precise label to diseases. For example, they may have detected a problem with the heart, but did not necessarily aim to be more specific than this.

Diagnostic methods

The process by which a diagnosis was actually reached varied among the different healers. Each step provided different types of information, and varied in importance depending on the patient. A diagnosis was made by collating the information from these different sources.

One of the healers described a clear sequence whereby the initial impression was followed by a korero (discussion, usually involving a series of questions asked by the healer), and lastly a physical examination. Others described a spiritual examination as a separate entity, used to detect any underlying spiritual problems. Further investigations were required in some cases.

The process was flexible, and did not necessarily follow this orderly sequence. For example, one of the healers often used mirimiri to help patients open up and discuss their problems. "Afterwards they feel so comfortable that they start talking about all those other things." While it was used in many cases as a tool for physical examination (as well as treatment), it could also be included earlier in the consultation if required.

The first impression gained when meeting a patient was often a valuable part of the diagnostic process. This may have been a visual impression, or it may have been more intuitive. "I can often tell by instinct, as soon as they walk in the door It doesn't usually give you the answer, but it gives you an idea."

Taking a history was usually the next step in making a diagnosis. "Before doing anything I usually have a good korero with the patient." For most of the healers, this was the most important part of the process, and often provided the answer.

One of the healers likened taking a history to "putting a confused jigsaw puzzle back into place". It was often a stepwise process, progressively focussing more closely on the problem. "They will build up the symptoms for you. Then I'll ask them some more questions. By the time you've finished the second round of symptoms, you should know what it is."

The areas covered while taking a history included the presenting problem and related symptoms, any other illnesses including past illnesses, medications, occupational and social considerations, and family history. The format of history taking was free flowing, but by the end of the consultation all of these areas of enquiry should have been covered.

Physical examination was usually the next stage in the process, and it was here that the healers varied considerably with respect to the method employed. Two of the healers used a special ability to see inside the patient's body, which could be likened to performing a scan. By knowing what each part of the body normally looked like, it was possible to identify any abnormalities. "I can see blockages and infections. I can see where they've done the operations, see things sewn up. I can also see when things are missing, like a gallbladder for example".

Using this method, it was usually possible to locate the problem (or problems), but not to identify the nature of the illness. In these situations, the answer was usually obtained by talking to God. "I can see something's happening there, but I don't know what it is, and then the voice comes in and tells me what the problems are. I don't know until I hear the voice tell me what it is."

Other examination techniques involved physically touching the patient. One of the healers primarily used mirimiri as a means of physical examination. "You can feel where the mamae (pain) is. The pain comes up through the pores of your skin, and you feel it yourself." A slight variation of this method was described by one of the healers. It located the problem areas by using a "heat scan". By examining the patient with one's hands, a burning sensation could be felt when passing over the affected area.

When an answer could not be obtained, guidance from God was sought. All the healers identified this as a major part of their work. "We talk to God – He's our boss. It's like any other job – if you're stuck, you ask your boss. Sometimes you can get the answers for yourself, other times you have to go to Him." This was commonly described as getting into "the channel", whereby they could talk to God. "God is the power – you've got to plug into that before it can work. The only way to plug in is through prayer."

One of the participants expressed the idea that all the healing was occurring through God. "If I try and do it myself, I'll get it wrong. But if I just let them do what they're supposed to do, then it'll be much easier. The medicine's all told by Him." While talking to God often helped to identify the problem, at times it resulted in the diagnostic step being circumvented. The answer would sometimes consist of how to proceed, without having to identify the patient's illness.

One of the healers discussed this process in terms of using "second sight", a special gift that could be used to facilitate diagnosis. It enabled her to look back into the past, in particular to identify any spiritual unrest.

There were occasions, albeit infrequently, when the healers could not reach a diagnosis by using the methods described above. In these circumstances it was necessary to look beyond traditional practices in order to find the answers. One option was to refer the patient to another health professional, usually a doctor, who could help in identifying the illness. Another possible approach was to ask the patients to undergo certain investigations. For example, if one of the healers detected an abnormality in a patient's breast and suspected cancer, they would suggest that the woman had a mammogram and then returned for treatment. "In this situation it is important to know what I'm treating."

Other issues

To some extent, all of the healers used time as a diagnostic aid. Sometimes patients would not be willing to open up about their problems at the initial consultation, or it may have been necessary to obtain a clearer picture of the illness over time. "Sometimes I have to get them to come back next week, often they're not ready." When the answer came through prayer, it too would often not arrive immediately. "Sometimes I don't get the answers straight away. I may wake up in the middle of the night with the answer."

In the intervening period, however, it was important to be seen to be doing something for the patient. "You have to keep them interested, to keep them coming back." This again illustrates the way in which treatment would often be initiated before a clear diagnosis was established.

One of the healers likened taking a history to "putting a confused jigsaw puzzle back into place".

A major difficulty encountered in diagnosing patients' problems related to the barriers which they put up, whether consciously or unconsciously. One of the healers described these barriers in terms of layers that needed to be removed before the underlying problem could be exposed. "A lot of patients have other people's problems on them. You have to peel away all these layers of problems before you can get through to theirs."

Ways in which these barriers were overcome included the use of mirimiri, simply talking to patients, or seeking help from other healers. The five dimensions of healing were again used here, to gain access to the patient's problem. "If you can't use the physical, you may have to use the spiritual or psychological. Sometimes you have to use more than one door to get through."

Comparisons with Western medicine

The participants' perceptions of how their approach compared to Western medical practice were also sought. One of the healers considered diagnostic methods used by doctors to be similar in many ways to her approach. For example, after watching her own heart scan being performed by doctors she described it as very similar to what she saw when doing a scan.

One of the most common differences identified was the greater emphasis on the spiritual dimension in traditional Maori healing. Also, healers tried to look at the whole person, whereas doctors had a tendency to focus only on a specific part of the body. It was also suggested that doctors usually only considered the problem at hand. "They don't look way back. This is often important – it's the spiritual side."

Another perceived difference was that doctors were encouraged not to become too close to their patients, something that was critical to the way the healers practised. "We have to, because if we don't we can't feel what's happening to them. I can feel if they're well or not, spiritually. I bring the patient to me and form a spiritual connection."

One of the most distinctive features of diagnosis among these healers was the emphasis on the spiritual realm.

The participants also noted "we don't know the names of all the diseases". So their diagnoses tended to be more broadly defined, often identified primarily by where the problem was.

Discussion

One of the most distinctive features of diagnosis among these healers was the emphasis on the spiritual realm. Parallels can be drawn here with healing practices in traditional Maori society. Tohunga would consult the atua (gods) in order to identify the transgression which had caused the illness[18]. Special invocations, known as hirihiri, were used for the purpose of diagnosis[19].

The participants in this study employed similar diagnostic techniques, although they prayed to a Christian god. This was seen as being entirely consistent with traditional Maori healing, much as other non-traditional knowledge had been incorporated into their practice. It was also believed to be effective regardless of the religious beliefs of the patient.

Another noteworthy feature of the healers' work was the blurring of diagnosis and treatment. The two activities would frequently merge, and one did not necessarily precede the other. To arrive at a diagnosis, often some healing had to take place along the way. This characteristic was illustrated by the use of mirimiri as a catalyst in the diagnostic process. Not only was it used to facilitate history taking; it could also be used as a physical examination technique, as well as a treatment modality.

A contrast can be drawn here with the linear perspective of the scientific method. Western notions of illness and healing are generally conceptualised within a discrete cause-and-effect framework, with implicit unidirectionality between aetiology of illness, diagnosis, and treatment. Traditional healing cultures tend to be characterised by a more circular perspective, with causality considered to be multidimensional rather than sequential[20]. The fluid interface between diagnosis and treatment observed in this study is consistent with this worldview.

Similarities with Western medicine

The basic process used by these healers was similar to that used in Western medicine. It involved taking a history, doing a physical examination, and a further stage described by Durie as "extraordinary observation"[6]. In the case of doctors this may include laboratory investigations and x-rays; for these traditional healers it usually consisted of a spiritual examination.

Also common to both disciplines was a stepwise investigative process, focussing more closely on the problem at each stage. For example, after obtaining the patient's history the healer would often have established a provisional diagnosis. This hypothesis was then confirmed using other methods, such as physical or spiritual examination.

Time was often used by these healers as a diagnostic tool, as it is in Western medicine. In the intervening period a trial of treatment may have been given, which could also guide diagnosis. Also, both traditional healers and doctors referred patients for a second opinion if they could not establish a diagnosis.

Another important similarity was that faith in the healer was critical for successful diagnosis and treatment. Without this the patient would be unwilling to open up fully to the healer, creating a barrier to establishment of a diagnosis.

Differences to Western medicine

Compared with Western medical doctrine, there was a somewhat different emphasis placed on diagnosis by these healers. Treatment could often proceed without knowing the exact cause of the problem; it may have been initiated at the same time as, or even as a part of, the diagnostic process. Then again, one could draw parallels with Western medical practice - for example in cases of undiagnosed chronic pain. In these situations, patients are given treatment even though the cause of their condition remains unknown.

Table 1. Comparisons between participants' and Western approaches to diagnosis

Similarities	Differences
Similar processes	Importance of diagnosis
Stepwise investigative approach	Specificity of diagnoses
Use of time	Holistic vs reductionist approach
Referral for a second opinion	Spiritual vs. physical emphasis
Importance of faith in the healer	Degree of variation in methods

Among the healers in this study, classification of diagnoses was broader than it is in Western scientific medicine, with less emphasis on labelling different illnesses. This is consistent with the findings of a Brazilian study which examined three different ethnomedical systems[21]. A lack of diagnostic specificity was related to: a less ontological view of illness (the nature and types of illness become less important than the psychosocial and supernatural factors causing them), a lesser degree of specialisation of healers, more active participation of the sick in the healing process, and more general therapeutic options.

The healers in this study endeavoured to use a holistic approach, considering all aspects of the patient as an interrelated whole. Conversely, Western medicine tends to be characterised by a reductionist perspective[22], studying each part in isolation before reconstructing the overall picture

Use of the spiritual dimension was a distinctive feature of the approach used by these healers. One manifestation of this was the way in which they aimed to establish a connection with their patients, in contrast to doctors, who are encouraged to maintain their distance in the interests of objectivity. It can be viewed as a practical point of difference, highlighting the complementary nature of the two disciplines[23].

A further distinction between the two disciplines was the degree of variation in diagnostic methods used. In the field of scientific medicine there is considerable uniformity, at least in theory, in the techniques used to diagnose illness. As has been shown, a variety of methods were used by the healers in this study. This diversity is likely to be even greater among Maori traditional healers throughout New Zealand.

Conclusion

The diagnostic process used by these healers was, broadly speaking, similar to that used in Western medicine. The major differences were those of a practical nature, probably due to different views on causation of illness. This largely concerns the use of spiritual means of diagnosis by these healers, consistent with their belief in the fundamental importance of the spiritual realm to health. Western medicine on the other hand, being concerned primarily with physical health, employs diagnostic methods that reflect this focus.

Because of this difference in emphasis, traditional Maori healing can potentially provide insights into health problems where mainstream medicine cannot, and vice-versa. This complementarity highlights the need for the two types of service to exist alongside each other in the New Zealand health system. For one thing, more effective communication and co-operation between them will benefit patients through better integration of services. There is also potential for both disciplines to be enhanced, resulting in a more responsive and comprehensive health system.

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HE KUPU HOU

ka anini te mahunga	*headache*
ka amai te mahunga	*lightheadedness*
kua motu	*lacerated*