

Traditional Maori healing

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Introduction

Recent years have seen a reawakening of Maori interest in traditional approaches to health care, prompting many calls for rongoa services to assume a greater presence in New Zealand's health sector (1-4). Anecdotal evidence indicates that demand for traditional healing is significant and on the increase (5, 6). Many Maori health providers are incorporating elements of traditional healing into their services (7), but there is little formal recognition or co-ordination of this activity. This article examines the place of traditional Maori healing in the early 21st century and in the context of a newly reformed health care environment.

Essentially, there exists a tension between protecting rongoa Maori as a taonga and utilising it for health gains. On the one hand it is critical that it maintains its own identity, upholds its tradition and mythology, and preserves the spiritual mystique and mana of its practitioners. On the other hand, there are a number of potential benefits to be gained by promoting traditional healing and extending its use to non-traditional health care settings. It may be the case, however, that these are not mutually exclusive alternatives, and that some form of integration is possible without excessively compromising the principles on which rongoa Maori is based.

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Why incorporate traditional healing alongside conventional health care?

What is the rationale for including rongoa Maori in the formal health sector? Part of the answer lies in its ability to enhance existing health care services, but possibly more important are the wider implications for cultural identity and Maori development. A number of arguments related to health services are presented here, followed by a consideration of the 'bigger picture' issues.

First, it is necessary to consider what 'health' is, and how well this correlates with the existing configuration of health care services. If one accepts a broad definition of health, as exemplified by the Whare Tapa Wha model (8), it is clear that mainstream services founded on the biomedical paradigm are insufficient to meet health needs. While scientific medicine has achieved remarkable success in terms of physical health, this has often been balanced by a lack of attention to other factors. The strength of traditional Maori healing lies in its ability to address the cultural, psychosocial and spiritual dimensions of health and illness. The complementary nature of rongoa Maori and conventional Western medicine provides a compelling argument for their co-existence.

Secondly, there are potential benefits in terms of access to health care (although it must be acknowledged that there is a lack of empirical evidence to support this claim). For many Maori, rongoa services almost certainly present fewer barriers than Western-style health care, particularly in terms of being more culturally appropriate and often less expensive. If traditional Maori healers were more effectively linked to mainstream providers, facilitating transfer of patients between the two, this could translate into better access to health care generally.

Thirdly, the reality is that people are using rongoa – almost certainly more than mainstream health professionals realise. Many patients regularly consult a traditional healer (as well as other 'complementary' practitioners) in addition to their doctor, possibly because each focuses on different aspects of a particular health problem. In many cases this occurs without either practitioner knowing of the

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other's involvement, with significant potential for unwanted interactions. It is not only pharmacological interactions that are important here, but also other issues such as conflicting advice given by different practitioners. These problems could be minimised by better communication and the development of therapeutic partnerships across disciplines. For this to happen, rongoa Maori needs to be recognised as a legitimate form of health care, and linkages need to be established between healers and doctors.

However, it may be that the most important benefit of traditional healing is not related to enhancing the responsiveness of health services or improving access to medical care. In reality, its ability to cure illness and promote wellbeing at the individual patient level is unlikely to contribute significantly to improving Maori health status. Indeed, the ability of health care services *per se* to influence population health status is relatively limited – socioeconomic, cultural and environmental factors primarily determine how healthy we are, not medical care. It is in this sphere that traditional healing, as part of a wider movement towards Maori self-determination, may have the most to offer in terms of health gain.

A critical ingredient for health is a strong cultural identity (9). In a collective sense, this involves reaffirming the validity and legitimacy of Maori knowledge. Initiatives in education, such as kohanga reo and kura kaupapa schools, provide examples of how Maori philosophies are being used to promote cultural wellbeing. Rongoa Maori, given its immense potential as a reservoir of cultural history, can make an important contribution as part of this wider movement. It can provide a tangible means of improving access to cultural resources, by reclaiming our own approaches to health and revitalising Maori participation in health care.

The Treaty of Waitangi

In attempting to define the place of traditional Maori healing in contemporary New Zealand, the Treaty of Waitangi provides some valuable insights. Applying the treaty principles of partnership, participation, and active protection is particularly helpful in setting parameters for the relationship between rongoa Maori and scientific medicine.

New Zealand's public health system should represent a partnership between Maori and Pakeha at all levels, but in reality it is dominated by Western models of health and illness. This situation does not reflect some kind of natural order, or the inherent superiority of one system over the other; rather it has arisen as a result of the imperial nature

of Western medicine and the socio-political processes of colonisation. A more equitable relationship would see health services configured to accommodate the things that Maori value as important for health.

Participation is also an important concept, and has two major implications. Firstly, the inclusion of rongoa Maori within the wider health system could significantly boost the Maori health workforce. This applies particularly to the extensive array of kaiawhina and other auxiliary services that would necessarily accompany the formalisation of traditional healing. Secondly, participation is about Maori people having access to their cultural resources, and on these grounds one could argue for greater availability of traditional healing services.

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The principle of active protection involves ensuring intellectual property rights are not violated. Numerous examples of misappropriation of indigenous medical knowledge, both from New Zealand and overseas, provide a warning about the potential risks in this context. When proposing the incorporation of traditional Maori healing alongside mainstream services, some form of protective measure is necessary to guard against exploitation.

Diversity of healing practice and models of integration

Any attempt to advance rongoa Māori must take into account regional and tribal variations in healing traditions, as well as individual differences between healers in terms of their philosophy, healing techniques and attitudes to interaction with mainstream health care. While it may be useful to have broad guidelines at a national level for policy development, traditional Maori healing should be conceptualised as a collection of related, but discrete, medical systems. Each of these systems must be accorded the right to self-determination, in much the same way as each iwi should have tino rangatiratanga over its tribal lands.

On the other hand, if traditional healers are to have any influence at a political level there needs to be some form of collective activity. It is probably in this arena that Nga Ringa Whakahaere o te Iwi Maori (the national board of traditional Maori healers) has an important role to play. This body was established in 1992, in an attempt to achieve national representation of healers and a collective approach to issues such as policy, professional standards, and access to funding. Perhaps it should be seen more as a political enterprise, pushing key issues on behalf of traditional healers, rather than as a professional association. This role may include addressing issues like qualifica-

tions, registration, and standards of practice – but only as a way of facilitating the advancement of rongoa Maori, not in a prescriptive or regulatory manner.

How does one reconcile the idiosyncratic nature of healers' practice, in the context of significant tribal variations, with attempts to expound a unified vision for rongoa Maori? One answer might be to strive for a consensus that is broad enough to encompass the aspirations of all traditional healers. However such a strategy would inevitably be so vague as to be almost meaningless, and would do little to further the position of traditional healing. Alternatively, one might concede that these differences are essentially irreconcilable, and aim to develop initiatives at a local level rather than opting for a central governing body. The recent health reforms may in fact provide an opportunity to realise this type of community-level governance, with the establishment of District Health Boards and the eventual decentralisation of health care decision making.

The new primary health care environment should, in theory at least, allow Maori communities to have greater control over their health services. There will be more scope for Maori providers to customise their services to the needs of their enrolled populations, with significant autonomy over the services they deliver, who delivers them, and how they are delivered. These organisations could then enter into partnerships with traditional healers (either individually or with existing groups of healers who have associated under a *whare oranga*). The traditional healers could decide to what extent they wish to be involved with conventional health providers, if at all. They might opt for a fully integrated 'one-stop-shop' model, establish a formal cross-referral system, or choose to maintain an independent existence.

Partnerships between existing Maori health providers and traditional healers are attractive for a number of reasons. From the larger provider's point of view, developing this kind of relationship enables a more comprehensive range of services to be offered. It maintains traditional healing within a Maori reality, and provides some protection from the risks that are inherent in exposure to the wider health system. Essentially this model keeps *tino rangatiratanga*, intellectual property rights and accountability under *iwi* (or similar) authority. Collaboration at this

level could also strengthen Māori networks and provide a stimulus for community development. However it is important to be mindful of the risks inherent in this model – particularly the potential for traditional healers to be dominated by conventional health care providers – and to develop ways of minimising them.

I hope that this article has raised some of the important issues for discussion – it is important to remember that this viewpoint is based on selective experience and a unique personal perspective. Indeed, no single person or group has all the answers, and considerable dialogue will be required in order to move the debate about rongoa forward. Ultimately it may be possible to develop equitable partnerships between traditional and mainstream providers, encouraging the safe development of traditional healing while at the same time enhancing Maori health and cultural wellbeing.

References

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HE KUPU HOU

he arangi

vague/uneasiness

he mamae

a pain