Rongoā Māori:
An autoethnographic account of my experiences with the wairua

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Abstract

Rongoā Māori is a tapu (sacred) medicine and healing practice used by Māori. It was prominently used until it was made illegal by the Tohunga Suppression Act of 1907. This resulted in the prosecution of anyone who practised rongoā, and while it was continued in secret, it was lost from many Māori communities. The resurgence of Māori culture in Aotearoa created changes in attitudes towards rongoā Māori and a growing understanding of the importance of Indigenous healing to support health disparities which formed out of colonisation and the Tohunga Suppression Act. This autoethnography explores my experiences with rongoā Māori to understand how my experiences helped my understanding of the connections between the physical body and wairua (spirit). This autoethnographic dissertation aims to explore the connections between the physical body and the wairua (spirit), to highlight the positive health outcomes I experienced from the practice, and help support the place of rongoā within Aotearoa's health system.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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My spiritual teachers from London, India, and Aotearoa, you have all inspired and taught me in some way, and I will never forget and value your teachings.

Chapter 1: Introduction

This autoethnographic dissertation aims to explore some of my experiences following my engagement with rongoā Māori, to answer the research question: how have my experiences with rongoā Māori supported my understanding of the connections between the physical body and wairua? These experiences taught me about te ao Māori (the Māori worldview) and the connections between the physical body and the wairua (spirit). By looking at the perspectives of the tangata whai ora (person seeking health), I describe my lived experiences of rongoā Māori as a student and patient to gain deeper insights on self-identity, culture, emotions and values and to add to the existing literature on the practice. While there is extensive literature on rongoā Māori as a practice and research from the perspectives of the practitioners or health professionals, there is limited research from the perspective of the person receiving the rongoā Māori treatment. I am Pākehā and was privileged to experience this practice and be taught by incredible Māori teachers. I also acknowledge that I have a long journey of learning ahead, and I will never fully understand the Māori worldview because I do not have the lived experiences of Māori. However, I hope that this contribution will support the existing work on traditional Māori healing.

Overview of chapters

In Chapter 1, I outline this autoethnographic dissertation and my reasons for conducting the research. This includes why this research is important to me and why I am interested in healing as an alternative treatment. I also briefly explain rongoā Māori and its history, followed by a rationale for choosing an autoethnographic approach for this research and the methods used.

In Chapter 2, I explore rongoā Māori in-depth by outlining what it is, how it has been used, the history of the practice, and why it was suppressed. I will also discuss how the practice has evolved and its incorporation into government health plans; and why this is important for expanding access to and improving utilisation of rongoā services. This chapter provides a detailed review of literature from Aotearoa on rongoā Māori, which covers attitudes towards rongoā, the barriers to and use of the practice, and potential ways to adopt it into the health care system. Additionally, the literature investigates Māori patients' perspectives on health and their experiences of rongoā Māori, from the integration of the practice with primary health care and the challenges in researching traditional Māori healing due to the limitations

in terms of formal ‘evidence’ of outcomes. This chapter also discusses Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples. The rights stated in this declaration affirm the rights of Indigenous people to access traditional medicines and health practices. This right must be upheld for Māori concerning rongoā as a form of medicine and health practice. This chapter also reviews Article 12 of the International Covenant on Economic, Social, and Cultural Rights concerning rongoā Māori, which says that States Parties recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The chapter concludes by identifying a gap in the literature on patients’ experiences with rongoā as a form of healing, and how this study aims to contribute to the existing literature on rongoā Māori.

Chapter 3 is the methodology section which details the research aims, a rationale for choosing an autoethnographic approach, and an overview of the methods involved. The methodology section also describes how I conducted the research and analysed the data, as well as ethical considerations.

Chapter 4 is the results section, which depicts the story of my journey using data collected from journals, and narrative analysis of the data.

Chapter 5 is the discussion chapter, where I review the results, looking at the positive and negative experiences following my engagement with rongoā Māori, and analysis the rongoā culture, which the autoethnography provided. This section discusses autoethnography as a method and how it has enhanced the research. It also reviews the human rights issues and considerations surrounding rongoā. Finally, this chapter investigates the limitations in the research and how these were addressed.

Pepeha

In Māori culture a pepeha is a way of introducing yourself and, as this is an autoethnographic account, I have included my pepeha below:

KIA ORA TĀTOU
GREETINGS ALL

KO MAUNGAKIEKIE TE MAUNGA
MAUNGAKIEKIE IS THE MOUNTAIN

KO LEIGH BAY TE AWA
LEIGH BAY IS THE WATER

NŌ TAMAKI MAKAURAU AHAU
I AM FROM TAMAKI MAKAURAU

KO DAVIES TŌKU WHĀNAU
DAVIES IS MY FAMILY

KO JULIA TŌKU INGOA
MY NAME IS JULIA

Why am I conducting this research?

My journey with spirituality began with teachings from my grandmother, who worked as a healer for many years. I was fortunate to have her guide and lead our family through our connections with spirituality. Through my late teenage years and early 20s, I forgot about these teachings and beliefs I had held so closely. When my physical and mental health began to suffer, I started to search for a way to rekindle my connections to spirituality. I searched in places I knew had spiritual connections: trips to places with spiritual meaning, courses with Yoga instructors, temples, and mosques. While these were beautiful and uplifting experiences drawing me closer to a spiritual connection, I did not find what I was looking for. I was looking for a connection and spiritual understanding to support my physical and mental health. It was not until 2020 when different types of emotional waves changed my life. One was the pandemic wave that pushed me home to Aotearoa, and the other was a pull of emotions confirming that I was where I was meant to be in the world. While searching the world for answers, I overlooked the possibility that the answers lay at home in Aotearoa all along. I discovered rongoā during this time and was fortunate to learn about elements within it that supported my health and wellbeing. By connecting with rongoā and the teachers who guided this part of my journey, I have seen many changes in my health and wellbeing, which will be explored in this autoethnography.

I feel an immense privilege to have grown up in Aotearoa and to have had opportunities to live and travel abroad. This autoethnographic research gives me an opportunity to explore and reflect on my individual experiences in relation to rongoā Māori. An autoethnography allows one to explore spiritual experiences in ways other qualitative methods may not be able to (Bilgen et al., 2021). It is important for me to understand these spiritual experiences. By analysing them with an academic lens, I hope to share a detailed account of the changes in my health outcomes, and to support this traditional healing practice.

Brief overview of Rongoā Māori

“Rongoā Māori is a taonga (gift). It is something that is highly valued, to be treasured, treated with the utmost care and respect."

(Pa Ropata, a healer; as cited by McGowan, 2018, para 3).

Rongoā Māori is a traditional Indigenous healing system. It encompasses herbal remedies, physical therapies, and spiritual healing. It is a holistic approach to health and is seen in two primary forms: rongoā rākau (plant remedies) and Te Oo Mai Reia (spiritual healing) (McGowan, 2018). Rongoā is used as healing to help restore balance to one's life force, which means to ground and centre a person's energy and release anything which is not serving them. "Māori have always held an expansive view of knowledge, in which a depth of understanding is derived from both intellectual and spiritual pursuits" (Royal, 2009; as cited in Ahuriri- Driscoll, 2014, p. 41). This expansive view of knowledge can be seen through the Māori way of connecting and understanding health, spirituality, and its relation to the physical body, which will be explored in this autoethnography.

There has been an increased interest in traditional Indigenous healing as an alternative form of health, well-being, and medicine (Jones, 2000). Before colonisation in Aotearoa, the health and well-being of Māori communities were maintained by traditional rongoā Māori health systems (Wikaire, 2020). However, through colonisation, traditional Māori beliefs and knowledge of healing activities were challenged by the Western biomedical model. This resulted in The Tohunga (Māori healer or priest) Suppression Act of 1907, which was intended to stop people from using traditional Māori healing practices with supernatural or spiritual elements as defined by colonisers (Jones, 2000). Therefore, such practices and tohunga were made illegal, but the tohunga continued to heal people using the wairua and tapu healing practices knowing they may be arrested. As many Māori today maintain a preference for rongoā, there is an opportunity to revitalise rongoā to contribute to improving Māori health outcomes (Wikaire, 2020).

Why an autoethnography?

An autoethnographic account will allow space to conduct self-reflection and describe my experiences following my engagement with rongoā as a healing practice. A study on the approaches of non-Indigenous researchers to Indigenous research in health found that Indigenous and cultural research is a personal journey for non-Indigenous researchers, motivated by relevance, health equity, and necessity (Kilian et al., 2019). Kilian et al. (2019) concluded that these non-Indigenous researchers alluded to a personal journey of growth and reconciliation throughout their Indigenous health research as non-Indigenous researchers; an autoethnography provides an additional opportunity to explore this. An autoethnography can "use a researcher's personal experience to describe cultural beliefs, practices, and experiences" (Adams et al., 2015, as cited in Poulos, 2021, p.4) while incorporating deep and careful self-reflection and balancing emotion and creativity. Additionally, Chang states that an autoethnography can "attempt to achieve cultural understanding through analysis and interpretation" (2008, p.48). Chang (2008) notes that an autoethnography will search for an understanding of others and culture, through the self, rather than focusing on the self alone. For this dissertation, it is essential to understand the culture because the Māori worldview of community is different from the Western worldview, which can be more individualised and focus on oneself independently rather than on the community. Tuakiritetangata and Ibarra-Lemay state, "Māori descriptions of healing transcend Western medical descriptions of physical illness or disease and go beyond concepts of the individualised 'self'" (2021, p. 3). This is because Māori culture and beliefs are firmly rooted in the creation stories of Papatūānuku (Earth Mother) and Ranginui (Sky Father), their Atua (powerful ancestors of the natural world), and their iwi (tribal connections) (Tuakiritetangata and Ibarra-Lemay, 2021). I am a Pākehā researching my experiences with rongoā Māori, and therefore an autoethnography is a way of providing space to explore culture whilst ensuring respect and appropriate awareness. This qualitative method gives a voice to my personal experience following my engagement with rongoā Māori to help understand how my experiences supported my understanding of the connections between the physical body and wairua.

The research methods I have used include journaling. I have collected the data from my journals capturing my personal experiences, which are referenced and included in this dissertation's results chapter. Additionally, I have incorporated my own stories from my experiences and observed events, and adopted narrative analysis to interpret and understand my stories. The journal entries are written and hold detailed accounts of the emotions and the internal dialogue experienced before, during, and after my engagement with rongoā

Māori. I have reviewed the data collected in the journals and conducted a narrative analysis by first reviewing how I felt or interpreted the experiences described.

Additionally, I interpreted the data to highlight internal learnings from the experiences and provide an analysis of the potential changes in my health and wellbeing outcomes. This autoethnography has described my lived experiences of rongoā Māori to gain deeper insights into self-identity, culture, emotions, and values. This has help me to answer my research question: How have my experiences with rongoā Māori supported my understanding of the connections between the physical body and wairua?

Chapter 2: What is Rongoā Māori

History of Rongoā Māori

> "All existing matter has its roots in the origins of the universe."
> (Papa Delamere, the healer; as cited in O'Connor, 2007, p. 121).

In Māori history, before colonisers arrived in the late 1700s, if a person were sick, they would see the higher class of priests known as a tohunga ahure wa and tohunga tauaha (Best, 1935). The word tohunga means an expert, and within Māori communities, there may also be a tohunga matatuhi, a seer, a tohunga whaihanga, a canoe-maker or carpenter and a tohunga ta moko, which is a tattooing-artist (Best, 1935). The tohunga ahure wa and tohunga tauaha, referred to as tohunga throughout this dissertation, were seen as the earthly medium able to connect to the wairua (BPAC, 2008).

When someone was unwell, the tohunga would start by determining the imbalance, as it was believed that illness was a symptom of disharmony with nature, and then treat the illness spiritually and physically (BPAC, 2008). The tohunga acted as medical practitioners for the community. However, to understand the importance of the tohunga in the community, it is vital to understand that Māori hold a different attitude towards disease and illness from Pākehā (Voyce, 1989). To Māori, "sickness was not regarded as a phenomenon separate from the rest of life," meaning that to Māori, the supernatural, magical, and personal wellbeing were inextricably linked (Voyce, 1989, p. 100). According to Māori beliefs, sickness or disease was connected to the spiritual world and often caused by a violation of a tapu (religious restriction) (Voyce, 1989).

The tohunga would perform various rongoā practices, incorporating plant medicines and Te Oo Mai Reia (spiritual healing) to heal the patient. "The Tohunga are experts in diagnosing unexplainable spiritual imbalances and use many spiritual tools that link them with the universal resources" (Mildon, 2016, p. 14). The rituals of the tohunga were unique to their whakapapa (genealogy) and usually related to landscapes, bodies of water, rivers, or mountains for cleansing ceremonies. Mirimiri is commonly known as a traditional Māori massage but was also used to manipulate spiritual energies, and romiromi is a physical touch to release the energy (Mildon, 2016). The physical touch involves placing hands on the patient's body to perform the healing. When performing romiromi, the tohunga would use

greenstone to perform deep bodywork to open the haemata (master points) in the body, while doing a takutaku (chant) to "incite the powers of some of these spiritual phenomena or tribal ancestors, many of which descend from the ancient mother energies" (Mildon, 2016, p.14). The tohunga were well respected and trusted to perform these rituals to care for the physical health and spiritual wellbeing of the hapori (community).

The use of rongoā as a form of healing and medicine changed following colonisation in Aotearoa with The Tohunga Suppression Act of 1907. The Act allowed "the prosecution of any person who misleads or attempts to mislead any Māori by professing or pretending to possess supernatural powers in the treatment or cure of any disease" (Noris et al., 2020, para. 4).

Māori were facing a health crisis caused by the influx of new diseases from European settlers, including tuberculosis. In 1907, many Māori had little access to hospitals or consumption sanatoriums for tuberculosis, and there were low doctor to Māori patient ratios in rural areas (Stephens, 2001). However, the Act was not an adequate response to deal with the Māori health crisis. According to Stephens (2001), the Act's primary intent was to assert political dominance. Had the government's genuine desire been to address the Māori health crisis, they would have developed accessible and culturally attuned services to ensure better resources for the Māori Councils to regulate and effectively license the tohunga under the Māori Councils Act 1900 (Waitangi Tribunal, 2011).

The Act represented the power struggle and conflict between Māori and Pākehā and the "limited autonomy that Māori had developed for themselves" (Stephens, 2001, p. 453). The Act outlawed practices including rongoā (medicinal herbs), mirimiri (body work), romiromi (spiritual realignment), purea (cleansing rituals), ta moko (facial tattooing), and ipu whenua (burial of the placenta following childbirth) (Tuakiritetangata and Ibarra-Lemay, 2021). This forced all aspects of the practice underground; rongoā was never discussed outside of Māori communities, and the identities of tohunga were kept secret (BPAC, 2008). The Tohunga Suppression Act was unsuccessful in totally stopping rongoā, because it attempted to suppress a deeply held belief ingrained into Māori culture and attitudes (Voyce, 1989). While many breaches of The Act were considered for prosecution, there was often a lack of evidence for a conviction, resulting in only six successful convictions of tohunga and one unsuccessful (Voyce, 1989). In 1962 the Tohunga Suppression Act was repealed; however, the government did not overtly support rongoā or its existence until the 1990s (Waitangi Tribunal, 2011). The Waitangi Tribunal (2011) also notes that there may have been a delay in support because the tohunga may have been reluctant to engage with the State due to treatment in the past.

Revitalisation of Rongoā Māori

Attitudes towards rongoā Māori within Aotearoa's health sector have changed substantially since the Tohunga Suppression Act was abolished. Following the development towards promoting Māori culture, including the use of Te Reo (Māori language), visibility of Māori art, music and traditions, the Government began to describe Te Tiriti O Waitangi as Aotearoa's founding document (Waitangi Tribunal, 2011). Additionally, there was a shift towards a deeper focus on understanding the differences in approaches to healthcare. In many parts of the world, traditional medicine is the preferred form of health care and has played a crucial role in health care for a large part of populations in developing countries (World Health Organisation, n.d.). In Aotearoa today, many Māori feel that their needs are better met by engaging with traditional healers due to conventional health services usually just focusing on treating a person's physical health at the expense of their mental health and spiritual considerations (BPAC, 2008).

Advancement of Rongoā Māori National Organisations

In progress toward revitalising rongoā, in 1993, the Ngā Ringa Whakahaere O te Iwi Māori (National Organisation of Māori Traditional Practitioners) was established. This was "part of a conscious but difficult decision by Tohunga to be recognised as an integral part of the New Zealand health service" (Durie, 1994; as cited in Waitangi Tribunal, 2011, p. 218). Additionally, it highlighted a push from Māori to help provide easier access to traditional healing services (Waitangi Tribunal, 2011).

In 2006, the Ministry of Health released the Rongoā Development Plan outlining ways to improve the quality of rongoā services. Following the Tohunga Suppression Act, the new diseases brought by European settlers and the lack of access to doctors in rural areas resulted in the beginning of the inequitable health outcomes for Māori. Since then, additional barriers to health have caused greater health disparities between Māori and non-Māori. These barriers include financial costs, services which are not culturally appropriate, lack of provision of Māori staff, and a lack of understanding of Māori realities and cultural values (Jansen et al., 2009).

Additionally, cultural identity and explanations for specific illnesses are vital when assessing Māori health, and failure to apply these cultural aspects can lead to misdiagnosis and mismanagement (Durie, 2001b). This is because "culture can impact on the way a disorder is

subjectively experienced" (Durie, 2001b, p. 23). For example, many Māori might avoid asking for help or seek medical advice if they perceive the health issue as a weakness or the result of a cultural infringement (Durie, 2001b). The revitalisation of rongoā for Māori has the potential to address these issues.

According to the Human Rights Commission (2016), rongoā Māori has the potential to help address the health crisis which Māori are facing because it has the potential to bring together sick people and the health system. In a continued effort to combat health inequalities, the Ministry of Health has incorporated rongoā Māori into Whakamaua, the Māori Health Action Plan 2020 – 2025. The aims are to strengthen the evidence, expand access, and improve geographical coverage and utilisation of rongoā Māori services (Ministry of Health, 2020). Many of the practices from rongoā have grown in mainstream spaces, with rongoā being taught at Indigenous tertiary institutions (Tuakiritetangata and Ibarra-Lemay, 2021).

Challenges

As Aotearoa has two primary cultures, Māori and Pākehā, and when incorporating a traditional healing practice into a Western framework of State-led initiatives, it is vital to ensure that Māori lead the Māori initiatives. Through his research exploring traditional Māori healing in a bicultural State, O'Connor (2007) notes that the health of Māori and their needs for healing are in some ways different to other people's, in particular, Pākehā. A fundamental principle was that "spiritually inspired and traditional Māori culture heightened the wellbeing of Māori" (O'Connor, 2007, p.2), which is an element that is excluded from the Western approaches to healthcare and shows the importance of health plans designed by Māori for Māori. According to Durie (2001a), biculturalism is a model for the provision of health services.

Wikaire's (2020) research on investigating ways to renormalise whānau access to and the use of rongoā Māori in everyday life supports O'Connor's statement. The objectives were to "describe whānau attitudes and behaviours towards rongoā Māori" (Wikaire, 2020, p. 13). This was done by looking at past and future aspirations for rongoā use; identifying barriers for the use of rongoā in everyday life; and by exploring the potential for innovative solutions to renormalise rongoā Māori (Wikaire, 2020). The findings showed that "a lack of systemic support for rongoā, coupled with prioritisation of Western medicine, is detrimental to rongoā survival" (Wikaire, 2020, p. 3).

This lack of systemic support in the Western medical system can be seen in Māori experiences within the public health system. A qualitative research report from Graham et al. (2020) aimed to explore the perspectives of Māori patients and their whānau's treatment in Aotearoa's public health system. The results found that Māori patients and their whānau all experienced barriers to health, from organisational structures, staff interactions and practical considerations. The organisational structure barriers which Māori patients and whānau experienced included negative perceptions from health professionals, including hostility and being treated with scepticism (Graham et al. 2020). Additionally, Māori patients and whānau felt that “their wider spiritual and cultural practices were devalued within the mainstream health system” (Graham et al. 2020, p. 197). Narratives from the study highlighted unsettling experiences with staff interactions, which included a lack of sharing of medical information and health professionals’ time and unwillingness to engage with the patients and whānau (Graham et al. 2020). And finally, the practical barriers that the study uncovered was low-income whānau avoiding accessing healthcare due to financial costs including fees associated with after-hours clinics, prescriptions, dental care and the cost of general practice visits. Additionally, transportation issues and childcare were an obstacle to accessing clinics (Graham et al. 2020). "For many Māori, the existing public health system is experienced as hostile and alienating" (Graham et al., 2020, p. 193). The study recommended that health providers find methods to support Māori to receive positive experiences and "high-quality healthcare interactions that support Māori ways of being" (Graham et al., 2020, p. 193).

Rongoā Māori is an Indigenous health system fundamentally underpinned by Māori worldviews (Wikaire, 2020). The threats to rongoā credibility from Western health systems include the risk of mātauranga (Māori knowledge) appropriation (Wikaire, 2020). In addition, Wikaire notes the Western health systems' denial of wairua (spiritual) experiences can also add to the challenges to rongoā revitalisation (2020).

United Nations Declaration on the Rights of Indigenous People

In 2010, Aotearoa announced its support for the United Nations Declaration on the Rights of Indigenous People (UNDRIP). Article 24 of the UNDRIP affirms the right of Indigenous peoples to access traditional medicines, health practices and support the conservation of their medicinal plants and natural resources (Human Rights Commission, 2016). International literature states that Indigenous peoples have benefited from regaining access to and

strengthening traditional and cultural ways of life from health and healing practices (Allen et al., 2020). The aim is that by December 2022, Aotearoa's UNDRIP Declaration Plan will be released, which will identify indicators to measure the progress in addressing Indigenous rights over time. To support the development of the Declaration Plan, the Iwi Chairs' Forum commissioned the Matike Mai Report 2016, and the government commissioned the He Paupau Report 2019, both discussion documents with aspirational ideas that could help achieve the rights set out in the UNDRIP. Within the Matike Mai Report, the rangatahi (young Māori) involved in the focus groups "hoped to see a system that included rongoā Māori" and a system where "rongoā is available and accessible; where our people are not only caring for their bodies but their hinengaro (mind), their wairua and their communities too" (Mutu, 2016, p. 121).

Additionally, they hoped that the UNDRIP Plan would make health services more accessible and promote equitable health outcomes (Matike Mai, 2016). The He Paupau Report noted that immediate equitable actions would be to implement the existing expert recommendations from the Waitangi Tribunal Ko Aotearoa Tēnei Report 2011 (Charters et al., 2019). These recommendations included that the State should recognise that rongoā has significant potential to improve Māori health but will require the State to see the philosophical importance of holism in Māori health. Additionally, the recommendations included expansion and incentivisation of rongoā services within the health system by requiring that each primary health care provider which services a significant Māori population include a rongoā clinic. The report also suggested data collection on the extent of Māori current use of the rongoā services and demand (Waitangi Tribunal, 2011). Finally, the He Paupau Report noted that the ideal vision by 2040 would be that Māori are healthy, have access to rongoā treatments, and have culturally appropriate access to health services (Charters et al., 2019). Since many Māori maintain a preference for rongoā, there is an opportunity to revitalise rongoā to contribute to improving Māori health outcomes (Wikaire, 2020).

Challenges

While advancement towards supporting the UNDRIP and earlier legislative measures have been progressive steps towards ensuring improved outcomes from Māori through rongoā revitalisation, there are challenges that the government could consider when implementing the UNDRIP Plan.

Firstly, much of the literature on integrating traditional healers and mainstream health professionals often focuses on what the traditional healers do by comparing them to Western mainstream medicine and practices instead of exploring the underlying beliefs embedded in the traditional healing ways (Mark, 2014). While research in this space focuses on comparison, it omits the "potential of traditional healing to assert healing standards, values and traditions, rather than in comparison to biomedical methods of treatment" (Mark, 2014, p. 12). Research often uses Western epistemologies against other ‘less developed' or 'developing' countries; however, this can avoid addressing the Indigenous and local realities (Nakhid-Chatoor et al., 2018). When conducting Indigenous research, it is not enough to reframe dominant research methods in an Indigenous framework (Nakhid-Chatoor et al., 2018). While this has been the way of conducting research on Māori health and rongoā, the research outcomes may lack a deeper understanding of cultural values and spirituality.

In research exploring the perceptions of Māori healers, O'Connor states that the practitioners’ sentiment was that Māori have not fared as well as Pākehā as citizens of the State. This included how the health of Māori and their needs for healing are in some ways different to other people, particularly Pākehā (O'Connor, 2007). The practitioners employed personally adjusted notions of Māori identity, how Māori connected and the spiritual realm to structure how they used the body to understand the reasons for illness and make healing decisions. These notions emerged within the context of governing New Zealand's bicultural social order. An additional fundamental principle noted that "spiritually inspired and traditional Māori culture heightened the wellbeing of Māori" (O'Connor, 2007).

Adding to this statement, research from a study in Rapuora (1984) on the health of Māori women found that one in five said they would consult a traditional Māori healer if they believed they had a mate Māori. A mate Māori is an illness or uncharacteristic behaviour caused by an infringement of tapu (Durie, 2001b). However, adding to the barriers to health, not all the participants knew an appropriate Māori health practitioner who might have been able to address the mate Māori (Durie, 2001b). By also exploring research on the Māori patient's perspectives on health and their experiences with rongoā Māori, Mark's (2014) qualitative research project on Māori views on the integration of primary health care with rongoā found that Māori patients would ideally like to have the option to choose a collaborative treatment. However, the study concluded that it would be unlikely to succeed because participants believed the different practices, principles and values inherent within rongoā Māori would not be accepted by doctors (Mark, 2014). These Māori values which translate across to the Māori model of health include tīnana (body), hinengaro (mind), wairua (spiritual), and whānau (family) (Durie, 2001b). Additionally, as noted by O'Connor (2007), the

way that Māori healers make sense of the body is through how the practitioners saw, touched and felt, which is different to the Western health system's approach.

Another barrier to mainstream acceptance of rongoā Māori in the Western health model is that traditional Māori healing is currently limited due to the lack of formal 'evidence' of outcomes (Ahuriri-Driscoll, 2014). The Ngā Tohu o te Ora (signs of wellness) research project was developed to investigate outcomes associated with rongoā. The primary aim was to identify wellness outcomes measures used by traditional Māori healers and develop and test a framework of traditional Māori wellness measures (Ahuriri-Driscoll, 2014). The Ngā Tohu o te Ora found the methodological deficiencies are significant, especially due to traditional healing becoming increasingly recognised for its contribution to people's wellbeing (Ahuriri-Driscoll, 2014). There is a need for rongoā research methods that can account for the spirituality dimension; and reflecting on collective experiences of spiritual healing may provide new understandings, if researchers are open to the emergence of these moments (Ahuriri-Driscoll, 2014).

Value should be placed on the Māori worldview, human experiences, and openness to ways of relating to the wairua in research (Ahuriri-Driscoll, 2014). The need for the government to acknowledge that spiritual experiences are part of the rongoā experience, along with accepting the Māori worldview which connects the physical body to the mind, wairua and whānau, will help assist the 2022 UNDRIP Plan in fulfilling Aotearoa's obligations under the UNDRIP.

International Covenant on Economic, Social and Cultural Rights

In addition to the UNDRIP, Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) says that States Parties recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. According to the World Health Organisation, the health system must embrace a more holistic, people-centred approach by ensuring that the well-being of individuals and communities is at the centre (Hunt et al., 2008). In the ICESCR commentary on article 12, the Committee identifies elements which help define Indigenous peoples' right to health. It notes, "States should provide resources for Indigenous peoples to design, deliver and control such services so that they may enjoy the highest attainable standard of physical and mental health" (United Nations ICESCR, 2000, p.1). This includes the protection of vital medicinal plants, animals, and minerals necessary for the full enjoyment of the health of Indigenous peoples.

Additionally, the ICESCR considers Indigenous communities' views of health, meaning the health of the individual is often linked to the health of the society as a whole (United Nations ICESCR, 2000).

This is particularly relevant to the values within Māori culture because the holistic view of the individual's health is a combination of the physical body, mind, spirit and whānau (Durie, 2001b), with the whānau being part of the community. Therefore the community's health is linked back to the individual. The framework on the right to the highest attainable standard of health will become more apparent as States understand that health is an inclusive right that must be accessible, contain freedoms, contain entitlements and come without discrimination, and include practical implications for programmes and health policies (Hunt et al., 2008).

Summary

Research from Aotearoa highlights the benefits of rongoā Māori through the integration of wairua, culture and traditional values (Mark, 2014), which the government has acknowledged due to their progress towards supporting the UNDRIP and progress towards advancing rongoā. However, challenges and common themes include the difficulty of measuring spiritual experiences due to what has been described as a lack of formal evidence for outcomes (Ahuriri-Driscoll, 2014) and a denial of the spiritual experiences on a government level. Combined with health approaches which do not consider the Māori worldview, this has led to a limited understanding and implementation of rongoā Māori, resulting in minimal acceptance in mainstream medicine. Additionally, because there is limited research outlining detailed accounts of patients' experiences following engagement with rongoā, measuring the changes in health outcomes has been difficult. This study will help to fill this gap in the literature, by providing an account of my experiences with rongoā and the wellbeing outcomes which followed. This will provide a research example of how the practice could be used as an alternative healthcare approach.

Chapter 3: Methodology

Autoethnography is the method which has been chosen for this dissertation. This chapter provides a detailed description of what an autoethnography is and the rationale for undertaking an autoethnography to explore the research question: How have my experiences with rongoā Māori supported my understanding of the connections between the physical body and wairua? It then moves on to explore the methods adopted to perform the autoethnography, which is journaling. The data has been analysed through narrative analysis, and this chapter highlights the benefits of this data analysis process for this type of autoethnographic research. Finally, this chapter concludes on the ethical considerations for others and myself.

Autoethnography as a Research Method

An autoethnography is an autobiographical form of qualitative research that explores, analyses and interprets the author's lived experiences (Poulos, 2021). This provides the researcher with insights into self-identification, cultural understanding and shared meanings. Qualitative research is "the study of natural phenomena", which includes "their quality, different manifestations, the context in which they appear or the perspectives from which they can be perceived" (Philipsen et al.; as cited in Busetto et al., 2020, para. 2). There are various qualitative methods of data collection which can be used when conducting an autoethnography. These include "participant observation, interviews, conversational engagement, focus groups, narrative analysis, artefact analysis, archival research, journaling, field notes, thematic analysis, description, context, interpretation, and storytelling" (Poulos, 2021, p. 5).

An autoethnography creates space to describe and critique personal experiences using "reflectivity", a deep and careful self-reflection method that interrogates any intersections between the self and society (Poulos, 2021). According to Ellis et al. (2002), autoethnography "self-consciously explores the interplay of the introspective, personally engaged self with culture descriptions" (as cited in Chang, 2006, p. 46). Autoethnography can assist in the process of figuring out how to live and the meaning of individual struggles while balancing the intellectual with emotion and creativity while striving "for social justice and to make life better" (Poulos, 2021, p. 4). According to Chang, "autoethnography pursues the ultimate goal of cultural understanding underlying autobiographical experiences" (2008, p. 4). The

autoethnographic process provides analysis and interpretation by focusing on understanding society and culture through the self rather than focusing on the self alone. This means that the self can be viewed as a subject and a "lens to look through to gain an understanding of a society's societal culture" (Duckart, 2005; as cited in Chang, 2008, p. 49). Therefore, autoethnography is an ideal research method to pursue an understanding of the individual self in conjunction with culture. This aligns with my research question, investigating my experiences of rongoā Māori through learning about the connections between the physical body and wairua.

Rationale for Conducting an Autoethnography

Like many other researchers, I was drawn to autoethnography to tackle the intangible, hard to measure, metaphysical and highly personal issues (Bilgen et al., 2021). As this research explores intimate spiritual encounters and the connections between the physical body and the spirit, an autoethnography provides the space to expose my personal narrative. Autoethnography will allow one to explore spiritual and emotional experiences in a way other qualitative methods may not support (Bilgen et al., 2021). Bilgen notes that methodologies that include the body, soul and spirit integrated together, are equally valuable and ways to explore a deeper meaning of experiences, which is growing in academia (Bilgen et al., 2021). By analysing my experiences through autoethnography, I have gained deeper insights into the health and well-being outcomes following engagement with the practice. This has allowed for an in-depth analysis from my perspective. Reflecting on my health experiences following engagement with rongoā Māori will allow space to expose, explore, reflect, and critically analyse personal experiences within the autoethnographic framework (Bilgen et al., 2021). Chang affirms that “autoethnography shares the storytelling feature with other genres of self-narrative but transcends mere narration of the self to engage in cultural analysis and interpretations” (2008, p.43). Therefore, this method can be defined by the intent to draw a link between personal experiences and the cultural process, which is vital to connect the personal and cultural understanding within rongoā.

Criticism of Autoethnography

While autoethnography is an effective qualitative research method, researchers have noted some issues with the approach, which have been considered in this autoethnographic dissertation and outlined below. Firstly, autoethnography can often result in excessive focus

on the self and can miss the interconnectivity of the self and others or culture. This can result in self-indulgent content, which may provide a self-exposing story but misses the point of an autoethnography, which is meant to offer insights into the broader cultural context (Chang, 2008). Another issue noted with autoethnography is that it can have an excessive emphasis on the storytelling rather than focusing on the cultural aspects. It is advised that researchers conducting autoethnography stay aligned with their research purpose to avoid "elaborate narratives with underdeveloped cultural analysis and interpretation" (Chang, 2008, p. 55). Reliance on the personal memory of the researcher as a data source can be another issue within autoethnography. According to Muncey (2005), "memory is selective and shaped and is retold in the continuum of one's experience" (as cited in Chang, 2008, p. 55). To overcome these potential issues, I have ensured that all the journal data presented in this autoethnography is from the journals, with limited data drawn from memories. Additionally, I have anchored the results and discussion back to my research question to ensure that I addressed the cultural analysis and interpretation.

Data Collection: Journaling

The research methods used in this autoethnographic account include journaling, where I have collected data from my journals capturing my personal experiences. Journaling is a way of honouring the past in our own words, with uncensored reflections, revolving insights and documenting memories before they are lost (Pandey, 2012). Pandey (2012) highlights the main advantage of collecting data from journals: it can provide progressive clarification of information and insights. My journal entries hold detailed accounts of the emotions and the internal dialogue experienced before the engagement with rongoā Māori, during, and afterwards. Any time I had what I felt was an internally profound or memorable experience with spirituality, I would document the experience in my journal as a way to remember the event and to help make sense of the experience.

The journal entries exist in five diaries, in chronological order, all dated with locations covering experiences from 2012 to 2022. The early journal entries detail the physical and emotional issues I was experiencing at the beginning of this journey. They include details of the emotional state I was in and the food issues I was experiencing. I had initially started to journal as a food diary to keep track of what I was eating to attempt to see a pattern that might help address the issues. However, the journal entries evolved into a way to remember and process my experiences, enabling me to make sense of my feelings.

The data covers events that will provide a background to the initial curiosity about healing. The data I pulled from the journals depicts my memories of the experiences and my state of mind and describes the scene and emotions within the experiences. Once I began to engage in rongoā as a form of healing, I began to document the journey in more detail as a way to remember what I had learnt about the practice and myself. It was also a way for me to make sense of my spiritual encounters. I wanted to remember the moments and what I had learnt as I grew and developed my emotional well-being, and journaling provided a way to do this.

The Research Process

I have conducted this research by first obtaining the journal data available and undertaking an initial review by reading and pulling out the data consisting of stories and personal accounts relevant to spirituality, my journey and rongoā. Once I had a selection of journal data relevant to exploring my research question on the experiences of the person seeking health following engagement with rongoā Māori, I documented the journey chronologically. At this stage in the research data analysis process, I established if there were recurring themes. Additionally, I looked for any patterns surrounding feelings, emotions or situations before any healings or spiritual experiences. I carried this out by describing the experiences and the content held within the journals, to support the recall process. To support the research from the journals' personal stories, I complemented the research with data from additional sources from Tuakiritetanga, 2021 and Bowman, 2013.

The Data Analysis Process

The data within this autoethnography has been analysed using narrative analysis. According to Delve (2021), narrative analysis is the process used by researchers to understand how the research participants construct a story, or a narrative from their own experiences. Narrative analysis provides an opportunity for autoethnographic writers to facilitate a connection between their story and the understanding of culture. People tell stories to make sense of their lives, and that process of making sense of the experiences is captured in the journal data available.

Thematic analysis is a commonly used method within qualitative research; however, for this research on traditional healing, by using narrative analysis, I have been able to provide a

deeper understanding compared to what I believe I would have been able to do with thematic analysis. This is because thematic analysis can break up transcripts and dismantle the narrative provided by the research participants in the data collection process (Delve, 2021). While narrative analysis can still dismantle the transcripts, it happens based on stories, which offers larger narrative blocks to get consolidated into key narrative themes resulting in rich, detailed information (Delve, 2021). “Narrative structures are used to interpret a wide range of human experiences” (Cortazzi, 1994, p. 157). Therefore, because the human experience I am conveying and analysing through this research covers a wide range of human emotions and connections to the physical and spiritual self, narrative analysis provides space to explore this without diluting the narrative in the data collection process.

By incorporating narrative analysis as a method into this autoethnography, I aim to provide a more profound interpretation and understanding of my stories and experiences. This will help to uncover the feelings and motivations contained in the data, which can help interpret and understand the various aspects of the experience. Narrative analysis also provides the opportunity to explore the actions, motivations and feelings experienced at different stages of the journey before the engagement with rongoā and afterwards.

The stories used as data in this research play a crucial role in helping interpret the experiences. When analysing the data, I employed Gibbs’ (2008) framework for narrative analysis:

- Pinpoint events and what happened, including experiences (images, feelings, reactions, meanings)
- Develop a succinct summary to identify the beginning, middle and end of the story
- Mark mini-stories or subplots
- Identify thematic ideas
- Note emotive language, imagery, and feelings

The research findings will be presented as a story, an overview of my journey, with crucial life and spiritual events in chronological order.

Ethics

There are many ethical considerations which must be explored with autoethnography. For this autoethnography, I was not required to gain ethics approval from the Auckland University of Technology because my research did not involve human participants other than myself. This research focuses on my personal experiences, and I have not disclosed names, places or any information that would give away the identities of any people I mention. With many personal stories being linked to the stories of others (Chang, 2008), protecting the confidentiality of others is a primary concern and has been adhered to. When there is a portrayal of others in autoethnographic narratives without consent, Tolich (2010) describes this portrayal of others as a betrayal (as cited in Edwards, 2021). Andrew et al. (2017) state that "all others have rights over how they are represented regardless of any apparent consents they may have given at the outset" (as cited in Edwards, 2021, p.3). While this autoethnography details experiences from my personal account, there are elements of others, from teachers, students and other healers involved in the experiences. According to Edwards (2021), it is impossible to know if people will be able to recognise themselves in the narratives or how the narratives will be received, which is concerning for autoethnography published without others' consent. To ensure that people do not recognise themselves within this autoethnography, I have not disclosed enough information about any of the others involved. This also protects them as I do not provide enough information to represent them or misrepresent them in any way.

Within the ethics of autoethnography, I have also considered the ethics of the self. This is because there is an obligation to research the individual experiences authentically, even when the recall process of past events may be painful (Edwards, 2021). According to Edwards, it is essential to "consider whether harm can be caused by in-depth personal revelation" (2021, p. 4). As the narrative of this autoethnography explores personal and emotional experiences, I set parameters around the experiences within rongoā healing which I intended to explore before undertaking the research. This ensured that I could effectively explore the research question without relying on experiences which might have brought up past trauma.

Chapter 4: Results

Searching

To understand some of my experiences following engagement with rongoā, I will first depict my health and wellbeing before these experiences using data collected from personal journals. Many Indigenous health models, including the rongoā health view, see disease as a manifestation of pain and suffering we have chosen to hold in our physical bodies (Mark, 2014). So, to make sense of my experiences, I will start at the point where I initially noticed the health issues and describe my experiences trying to overcome them, which led me to rongoā, and the health and wellbeing experiences which followed. I was aware throughout this journey of my privilege, which provided opportunities to seek out methods to improve my health, including the opportunity to travel and access alternative healing methods.

I started to notice health issues when I was 20. It seemed that every time I ate, my body reacted to the foods I put in it, resulting in bloating, severe pain, brain fog, irritability, constipation and diarrhoea, all symptoms which aligned with food intolerances (Cleveland Clinic, 2022). However, it took years to diagnose that these issues were caused by food. Once this was confirmed, I changed my diet to a strict gluten and dairy-free, low FODMAP[1] diet. This worked for a few years; however, I had to be careful not to eat anything that might cause a reaction.

When I was 24, I moved to London. In Māori culture, it is important to know your whakapapa, your genealogy line of descent from ancestors down to the present day (Taonui, 2011). My lineage is Welsh and English, and my grandparents migrated to Aotearoa. Therefore, it felt important for me to understand where I came from. I have always had a huge affinity with Aotearoa, but I still had to return to where I was from. This included visiting St Mary's Church in Twickenham, where my great-grandfather, John Davies, was the longest serving vicar to date.

[1] FODMAP is fermentable oligosaccharides, disaccharides, monosaccharides and polyols, which are short-chain carbohydrates that the small intestine absorbs poorly (Johns Hopkins Medicine, n.d.).

St Mary's Church, Twickenham, London. (Davies, 2016).

My health issues inflamed again while living in London. Sticking to a strict diet no longer reduced the symptoms I experienced, and slowly over the years, my health deteriorated further. Even though I could hardly eat food, I always had a bloated stomach, pain and experienced significant weight gain. The pain affected my work life resulting in exhaustion. Nevertheless, I continued with a healthy lifestyle, regular exercise and started to practise yoga and meditation to help with my overall health and wellbeing.

I recognised specific triggers inflamed my physical health, including anxiety and stress, likely caused by living in a busy city with a demanding corporate job. Realising I needed a change to support my physical and mental health, I travelled to India, hoping to adopt a healthy holistic lifestyle with little stress and the opportunity to deepen my meditation and yoga practice. In India, I did feel grounded and connected while living in the present; however, there was no change in my physical health. The deep meditation and self-reflection I practised in India dove into past trauma and seemed to worsen my symptoms. I understand now that as I worked through the past issues, I was agitating my conditions but failing to clear them. I remember one of my teachers telling me, "It is easy to feel present and connected here when that is all your focus is each day. The real challenge is when you return to your normal life, can you continue to think, feel and practise the way you do here?"

The path from my hut to the beach in Mandrem, India. (Davies, 2018).

Following my trip to India, I returned to Aotearoa, recognising that something was wrong and I needed to address it. I moved home with my mother, who became increasingly concerned but had no answers. I visited doctors, tested my hormones, saw various naturopaths, and tried fasting and multiple diets. I was so sick that I found it challenging to work and was constantly leaving the office early or unable to go to work. I noticed an improvement by following a strict eating regime; however, it was not solving the issues, and I became concerned about the long-term effects.

Once I had managed to get a better handle on my health, I returned to London. I managed the pain and discomfort by avoiding certain foods, taking high potency probiotics and vitamins, and I had medication to handle when I felt a flare-up. It was when I hurt my back that someone recommended I see a man who called himself an osteopath but described himself as an osteopath who fixed more than your back. This man was a spiritual healer. He worked with the human energy field, also known as the aura field. His work involved slight physical touch in performing adjustments in order to release energy blocks causing physical pain and discomfort. I chose not to tell him about my health issues and just said my back needed a re-alignment. But he instinctively knew precisely where he needed to work. By simply placing his hands on the energy layer above my stomach, I experienced physical and emotional pain. He applied small amounts of pressure to release the energy, and as it dispersed, I began to feel better, lighter. It took three deep sessions to work to address this block, and it was painful

every time, but I always felt lighter with more mental clarity after each session. This story is essential to my research as this was the first experience that introduced me to a practice involving touch to perform healing to support physical health. I asked this man where he had learnt his technique, and he said he trained as an osteopath, and one day he had a patient who had experienced extreme physical and mental trauma. He said he did not know how to help her, but he felt guided by the Universe to work on her and developed this technique. I am unsure if he knew his technique was similar to other Indigenous healing techniques, particularly Māori romiromi, the physical touch for releasing blocks. After the last session, I started to feel like I needed to leave London. The city suddenly felt overwhelming, with too much concrete and not enough open air. I missed nature and felt I was too far from the sea.

Ko te mauri, he mea huna ki te moana.
The life force is hidden in the sea. Powerful aspects of life are hidden in place sight.
(Elder, 2020).

Meeting the healers

I stumbled across rongoā by accident. I was searching for traditional Māori healing online because I have always appreciated the value in Indigenous healing. Following the spiritual experiences at the Regional Park, experiencing healing from tangata whenua (people of the land) felt like the direction to go in. I remember scrolling through many online courses and deciding I would trust my instincts when choosing one. I landed on a course run by a wahine healer. I was nervous about emailing her my registration, so I stated up front that I was Pākehā and asked if that was okay. She welcomed me onto the course, and two months later, I was off to complete a Level 1 Romiromi Course.

The healer who leads the training I attended describes her rongoā romiromi course as the training to release energies not serving you, which can support health and wellbeing. We were trained on the Marae for two intense days involving lessons, watching and practising the healing on each other.

The training carried many important teachings, including the whatumanawa, which is the balance of emotions, to be “an embodied means of making sense inspired by the heart, emotions and spiritual inspiration” (O’Connor, 2007, p. 140). O’Connor notes in his research

with Māori healers that ancestral knowledge is stored in the puku (belly), various organs hold emotions and that the 'mind-heart' can receive information about the phenomenal world through the senses (2007). The whatumanawa can be described as a 'gut feeling' or 'gut instinct', and there may be no ways of explaining it in English which does full justice to the concept (O'Connor, 2007). Rongoā practitioners engage with the whatumanawa and connect with the Io or 'supreme being' through the physical body as a way of understanding and performing the healing requirements (O'Connor, 2007). "In a state of neutrality, a state of peacefulness removed from the distractions of day-to-day life, practitioners could understand what was needed to strengthen the wellbeing of the case at hand" (O'Connor, 2007, p. 142).

When it was my turn to be worked on, I lay on the table as a student held my ankles and sang a karakia. We were taught to open the space with prayer and spray the blessed waitai (sea water) to protect ourselves. To keep the practice tapu, I will not disclose the process and teachings; however, I will explain my experiences on the table. While trusting the whatumanawa and the gut feelings, the students were guided to perform the healing on my physical body. I remember each release. The pressure of the physical touch from fellow students combined with the guidance and support of the wairua from the students and as a higher power resulted in the removal of blocks and energies which were no longer serving me. Because we were students and learning, we worked in every area of the physical body with the aim to perform releases to help the person on the table. The most painful block was in my lower abdomen. As the students worked up my body, I remember almost sensing that a release was coming as they massaged deep into the skin. The wairua guided the students on where to work; as the students applied pressure to different areas of my body, I felt physical pain, not from the pain of them touching my body but from the emotional pain being released. It was obvious to me that it would be my abdomen which required the most attention as that is where I had experienced physical health issues.

I had to open my eyes, as during this process, I was experiencing flashes and visions which were gradually becoming more disturbing. At the time, I was experiencing the emotional and physical blocks being released. I leaned into the healing, trusted the students and teachers who were working on me and allowed them to perform the healing. When they were done, I lay on the table crying for some time. I could hear sobbing around the rooms as other students finished their healing sessions. I will always remember the male teacher who joined us saying that this treatment was amazing for older males or anyone who struggled to discuss their feelings because they could simply lie on the table and heal the trauma of the past without discussing it.

I found the most challenging aspect of performing the healing was staying in neutrality and keeping my mind shut off when working on the other students. O'Connor (2007) states that healers must trust themself and all which they embody, by acknowledging the validity of their own knowledge and their ancestors' knowledge; and moving beyond the confusion caused by trying to intellectualise that which cannot and should not always be put into words. The whatumanawa internalises the healer's role in the "production of truth as opposed to setting the healers in an oral dialogue with the patient" (O'Connor, 2007, p.145). It is the spiritual inspiration which needs to be applied to perform the healing, rather than an opinion or verbal information from the patient (O'Connor, 2007). I worked on two students over the weekend, one of whom experienced huge releases and confronting realisations. I never had to ask her questions about her past, her emotional state and wellbeing that day, or about any challenges she had been experiencing with her physical health. The teachers and those performing the healing were all guided where to work and successfully moved around the body to address the areas of concern. Following the healing from this student, she spoke openly about her experiences to make sense of them herself and to share for others to learn and help to understand the outcomes of the mahi. What came up for her while on the table was extremely traumatic, something she may have always known but had suppressed and this process had pushed her onto a new healing journey.

I struggled to drive home on the Sunday. I had experienced two intense days of being worked on by other students to learn, then had to re-centre and ground myself to perform the work on other students. The process was exhausting. My brain was swimming, and I could not even have one clear and concise thought. I slept more than usual the following days and had extreme physical pain, moving from my lower back around my hips and constantly swapping sides, making it impossible to locate. My stomach was sore, I had no appetite, and I felt lost. Finally, I emailed the teacher from the course and told her what I was experiencing. She quickly put me in touch with another healer, who was able to help and see me the following week.

I still do not know or understand exactly what was released that weekend. The teachers explained that the pain and trauma we hold in our bodies could be from early childhood experiences we no longer remember or memories so traumatic we block them out. Additionally, we could know and remember exactly what that pain relates to, and as it is released, we are reminded or relive it. It could be the lived experiences and trauma of our tīpuna, which has been passed into our physical bodies when we are born. Or something we have chosen to hold onto from a past life experience which is now troubling us in the present. The Māori worldview sees the physical body as being comprised of our whakapapa, including

the knowledge of our whakapapa; this incorporates the actions of our ancestors, possibly perceptions, knowledge, empowerment and healing. Rongoā practitioners believe that we carry the knowledge of the past with us, and in the teachings, students are taught how to remember the ancient knowledge (O'Connor, 2007). Through analysing literature on the experiences of healers when performing the healing, respect for the patient's tīpuna is vital, with healers requesting permission from the patient and the patient's tīpuna before proceeding (O'Connor, 2007). This is because, in Māori culture, the body of a person is also the home for the tīpuna, and therefore the patient's ancestors had a right to say what happened to the body. What came up in many of the students' romiromi sessions from the course I was on, was possibly trauma held in the body from their ancestors or past lives which needed to be released to free the individual from carrying the pain from the past into the present.

To support these claims, I draw on research from Tuakiritetangata and Ibarra-Lemay (2021), which explored Māori healing and the physical and spiritual embeddedness to the world, from culture to kin. According to this research, there is a link between humans and their primordial ancestors. "At the point of conception, mauri (life force) and wairua are implanted into the embryo, preserving the connection between the growing child, Atua (primordial ancestors), human ancestors, and future generations" (Tuakiritetanga, 2021, para. 10). This can mean that a woman who has experienced sexualised violence will have had their mana (dignity), mauri (life force), and tapu (spiritual being) violated; and this violation will be passed down to her future generations (Mildon, 2017; as cited in Tuakiritetangata and Ibarra-Lemay, 2021). This results in the connection to ancestors and future generations through the womb being broken, and a women may question their identity and purpose following this type of violation. This violation can also result in physical harm to the body, particularly the vagina, womb, abdomen and breasts (Tuakiritetangata and Ibarra-Lemay, 2021). According to Tuakiritetangata and Ibarra-Lemay research, "without appropriate spiritual healing, disease is believed to manifest in these targeted areas" (2021, para. 10). The disease manifests itself in the physical body, often in the form of endometriosis, fibromyalgia, PCOS, fibroids, cystitis, mouth, or throat ulcers; combined with emotional distress as the mana and mauri are compromised; and spiritual healing is a way of rebalancing the spiritual and emotional state, as well as the physical issue (Durie, 1998; as cited in Tuakiritetangata and Ibarra-Lemay, 2021).

To add to this is research from a non-Māori perspective from Bowman (2013) who explored cases where people from around the world had spontaneous memories of previous lives

regardless of the religious beliefs of their parents, and usually involved traumatic deaths. Bowman's initial curiosity for her research is also relevant to understanding healing as she discusses the chronic lung problems (pneumonia, pleurisy, asthma) she developed in her mid-thirties. She recalled at the height of her illness, a lucid vision of herself as an adult male in his mid-thirties, lying in bed and coughing up blood. Bowman states: "I knew it was 'I' who was dying of consumption. In my vision, I even saw a procession of mourners and a horse-drawn carriage from a vantage point above the treetops, and I knew I was witnessing my own funeral" (2013, p. 40). Bowman recalls wondering if she were destined in this life to die young again from the same lung ailments (2013).

Shortly afterwards, Bowman met a life therapist who she says changed her life. During the sessions, she saw the visions again in more detail. She felt strong emotions seeing that in her 19-century life, she died of consumption and again in World War II, where she was a young mother who died in a Nazi gas chamber; both lives involved extreme emotional trauma and physical trauma to the lungs (2013). Bowman recalls that after "reliving" the traumatic deaths and by letting go of the grief, sadness, anger and shock that she had been carrying around in her body and soul, her health in the present started getting better, and the illness went into remission. This research and experience from a Western perspective shows that historical or past life trauma can be cross-cultural. However, it is prominent and usually always considered within the Te ao Māori view of understanding issues relating to health.

I had already made the appointment with a local rongoā healer and romiromi practitioner. The appointment was for mid-morning, and I had bounced out of bed following the healing from the unknown visitor the night before. I explained to the healer that I had been feeling lost since the course, and he said he sensed that I had slowly been releasing the blocks and trauma which was causing the ongoing pain, and we needed to complete the work. I told him about the visitor I had the night before but said how I no longer sensed she was with me, and he agreed. He performed the same work I had experienced on the course and on the same areas of my physical body, my lower abdomen.

I spent the rest of 2021 visiting this healer every couple of months. It was almost as though the initial healings had opened a porthole and my body was forcing all my issues to be addressed and cleared. I always enjoyed my visits with him. Even though they were often painful and caused emotions to rise, I always felt fresh and clear following a session, with no emotional or physical pain.

Several weeks after my first session, I realised that I had not had an upset stomach or reaction to food or stress and anxiety. My stomach was no longer constantly bloated, it did not hurt each evening due to an unknown cause, and I had normal bowel movements. My clothes fit me properly. My skin was clear. I felt energetic and healthy for the first time in a very long time. While the entire medical system, from doctors, health researchers and health professionals, differs in their philosophical approaches to the prevention and treatment of diseases, according to Tabish (2008), the medical system does share several common elements: “systems are based on the belief that one’s body has the power to heal itself” (Tabish, 2008). This is because treatment is often individualised and dependent on the presenting symptoms, and healing often involves marshalling multiple techniques involving the mind, body and spirit (Tabish, 2008), which is all covered under rongoā romiromi healing. While I had tried various approaches to heal and many different methods, engaging with rongoā romiromi proved to be the most effective treatment. I wanted to heal my body, and finally, I discovered a method which worked for me.

Chapter 5: Discussion

By reviewing the data in my journals and told through narrative analysis, I have been able to explore my research question: How have my experiences with rongoā Māori supported my learning about the connections between the physical body and wairua?

I have identified key themes and feelings, which I have reviewed against my research question by separating them into the positive experiences, negative experiences, and learnings. I usually avoid referring to terms as negative; however, upon reviewing the data, that is the best word to describe certain parts of the journey which add to the experience and the understanding. I also feel that within a traditional healing framework, it is important to acknowledge the negative as long as it can be used to learn and grow from, to enhance the positive experiences. Additionally, while experiences can be both positive and negative at the same time, this analysis will help the autoethnographic process of determining the value and learnings within these experiences, which will help develop a deeper understanding of oneself and traditional healing. Before undertaking this autoethnography, I was acutely aware of the positive effects on my wellbeing following my engagement with rongoā. However, this work has created space for further exploration and left me with an in-depth understanding of the positive experiences from the practice, cultural aspects, and myself, which I will analyse further in the coming chapters.

The Positive Experiences from the Practice

My experience highlighted many positive elements of the practice. This includes the passing and sharing of vital knowledge and information; a beautiful and wholesome community willing to share and teach; and mahi, which transcends the physical world as we understand to provide a deep space for healing our mind and bodies. While the practice is tapu, and must be kept sacred, held with the utmost respect, it is also something to be shared to help others on their journey. I have shared my experiences and feelings before my engagement with rongoā, during and after, while protecting the rongoā process, the mahi and how to perform the healing. This process reminded me how grateful I am to have had these experiences and learn from teachers willing to open the space to support others with their journey.

Culture

An important aspect of autoethnography is that it supports a deeper understanding of culture. This can be seen through this research in the findings, which highlighted the importance of whakapapa or genealogy, whānau, and the spiritual dimensions in consideration to health. Western medical practitioners base their understanding of health on scientific methods, where the "cause and effect are linked by evidence and evidence is based on substantiation that satisfies the criteria of scientific proof" (Durie, 2001a, p. 5). Because of this, doctors and other health professionals bring this scientific model and approach to health into the consulting room and assume and expect that the patients will have the same scientific views (Durie, 2001a). According to Durie (2001a), for the most part, Māori people will accept the medical scientific ethos; however, they may have views towards health which are at odds with the science. In 1985, Durie described the Māori view of health as 'te whare tapa wha', which means 'the house with four walls'. The four walls represent each dimension of health under a Māori worldview:

- Te taha wairua (a spiritual dimension)
- Te taha hinengaro (a psychic dimension)
- Te taha tinana (a bodily dimension)
- Te taha whānau (a family dimension)

If one of the four walls is weak, the entire structure is weak (Durie, 1985). This means that in Māori culture, all these four walls should be considered when attempting to address a health issue. However, because the Western view of health only focuses on scientific methods, the spiritual dimension and family dimension may not be considered.

This observation relates to the changes in my perception of health, which previously was driven by Western-centric approaches, which focus on oneself as an individual and are based on scientific methods. But following these experiences outlined in the research, I now consider my health as an extension of my whānau and whakapapa; and the importance of the links between us. Additionally, I previously viewed health as a physical issue that I now see as a spiritual or psychological issue, which can manifest as a physical issue in the bodily dimension. This new realisation means that if I become unwell, I will consider the spiritual issues that could be causing the health and physiological issues and seek a combined healing treatment and, if required, Western medicine.

This notion of cultural importance transcends into the issues seen today in the healthcare system, which has been criticised by Te Puni Kōkiri, the Ministry of Māori Development, for not adopting a whānau-centric approach with aims to bring more Māori into the health care system (2015). Within Māori culture, to understand the issues felt or associated with the individual, a wider look at the whānau and whakapapa provides insights that are given equal value to the issues stated by the individual. This concept is noted in the ICESCR, where The Committee considers the health of the individual to be linked to the health of the Indigenous community as a whole (United Nations ICESCR, 2000). Yet, Te Puni Kōkiri says the "government health and social services for Māori have not typically been designed to take a whānau-centred approach, focusing instead on individuals and single-issue problems" (2015, p. 9). This has resulted in services to Māori being fragmented, lacking integration and an inability to address complexities where there are several problems to address (Te Puni Kōkiri, 2015).

Durie argues that we must adopt cultural competence, which involves "recognising other belief systems, without needing to defend science as the only legitimate way of looking at the world" (Durie, 2001a, p. 6). Durie (2001a) goes on to state that as Aotearoa becomes more culturally diverse, doctors will need to share the medical and healing space with other people. These other people may not always consider their interventions based on Western science. For example, a patient may choose to engage with a traditional healer to address their health concern in addition to the medical approach, and one approach does not negate the other (Durie, 2001a). Durie (2001a) notes that this provides a platform for collaboration, where doctors and health professionals can work together to provide health care which incorporates the Māori worldview instead of seeing alternative approaches from healers as threats. Article 12 of the ICESCR on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health could be promoted further in Aotearoa for Māori people by solidifying the links between culture, including whānau and spiritual approaches, within the healthcare system today.

Myself

While it seems contradictory to include a paragraph with the focus being one's self following the analysis of the importance of whānau over individuals, to fulfil my rationale for conducting an autoethnography, I must acknowledge my positive experience on an individual level.

Upon reviewing the data, there are two primary positive outcomes: the physical changes and spiritual understandings. The first positive experience following engagement with rongoā was the physical changes in health outcomes. What was a 10-year health journey, with the last few years spent searching for an alternative approach, ended with a positive health outcome, and an issue which seemed to have no solutions, resolved.

The second was the more profound understanding of oneself and the important learning experienced through the healing, which was an unexpected and incredible experience. While on this healing journey, the path was clouded with confusion and the purpose unclear. However, upon reflection and reviewing the narrative, a positive understanding and trust in the wairua developed or was re-discovered to support this part of my journey.

Traditional healing addresses both the physical and spiritual elements; therefore, it is fitting that these are the two clear positive outcomes associated with my experiences following engagement with rongoā.

The Negative

The negative experiences following my engagement with rongoā resulted from multiple students performing many different releases on my physical body. I felt emotionally overwhelmed by being forced to simultaneously deal with so many painful or sad moments from my past. While this was challenging at the time, upon reflection, this experience plays a vital role in the learning process. It provided the opportunity to learn and explore more about the practice, how powerful it can be, and how it manages to draw out any issues from the past. Additionally, my curiosity as to why I felt the way I did invited different conversations with experienced healers who were able to teach me more about the practice through my experience. These negative experiences also highlight the importance of safety and respect for the practice. Fortunately, I was working with highly experienced teachers and healers who could understand and help resolve the issues that arose and ensured I was taken on this journey by understanding what was happening to me.

Review of Autoethnography as a Method

When I started this process, I had reservations about conducting an autoethnography because I felt it might be too confronting and divulge personal experiences I may not wish to share. However, once I explored the parameters I could set around my research, the ethical considerations, and how an autoethnography would allow the exploration of culture and oneself in a safe and respectful way, it became the most logical way to conduct this research.

By conducting an autoethnography, I have enhanced my research through the deep and personal experiences shared, highlighting the problem in my health and the struggle to find a solution and a cure. This cure was rongoā and an understanding of how the physical body is connected to the wairua. Therefore, through researching my experiences with rongoā Māori, I have been able to answer my research question: How have my experiences with rongoā Māori supported my understanding of the connections between the physical body and wairua. The autoethnography forced me to confront the issues with my health and my spiritual journey with an academic lens, which drew out a deeper meaning to understanding myself, my culture, te ao Māori, and how I view the health of my physical body as an extension of the spiritual world. Because autoethnography analyses and interprets the author's lived experiences (Poulos, 2021) it provides a platform to explore the spiritual side of my experiences, which other forms of research may not support. Spirituality often may not have tangible or physical outcomes that one is able to see or touch to quantify. An autoethnography allows for exploration of the intangible or that which cannot be seen, through its presentation of individual accounts, relying on the individual spiritual experience to support that which may seem intangible.

Human Rights

Article 24 of the UNDRIP affirms the right of Indigenous peoples to access traditional medicines and health practices (Human Rights Commission, 2016). This is echoed in article 12 of the ICESCR, which says that States Parties recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. However, inequity in Aotearoa has been present since colonisation and felt from past generations through to current generations (Hobbs et al., 2019). Collectively, Māori are over-represented in lower socioeconomic groups, and there is a significant socioeconomic gap between Māori and non-Māori in terms of health standards (Durie, 2001b). As a result, Māori people have had

poorer health outcomes and stigmatisation within health care (Hobbs et al., 2019). Therefore, the human rights around Indigenous health and access have not been upheld for all Māori living in Aotearoa. As discussed earlier, this is partly because rongoā Māori was forced underground, and Western approaches to healthcare became the primary form of medicine, leaving rongoā as a small alternative method of healing which is not widely known. According to Hobbs et al. (2019), health inequity in Aotearoa is persistent, and the inequalities between Māori and non-Māori populations raise questions about the effectiveness of policies to date. The Ministry of Health has attempted to combat these issues through the Rongoā Development Plan, aiming to "provide a framework for strengthening the provision of quality rongoā services across the country" (Ministry of Health, 2006). This framework is based on the principles of Te Tiriti o Waitangi, which includes the protection of Māori culture and the participation of Māori at all levels of the government, including service and delivery (Māori Health Directorate, 2004; Te Puni Kokiri, 2001; as cited in O'Connor, 2007). The second Article of Te Tiriti (the Rangatiratanga Principle) guarantees Māori control and enjoyment of resources and taonga, both material and cultural, which includes the practice of and access to rongoā (Koea et al., 2020).

However, by reviewing research from O'Connor on the healers he interviewed, he noted that they felt 'side-lined' by the Rongoā Development Plan. This was because they felt it did not accommodate their own model of health and healing, which included spiritual entities often being the cause of illness which the plan does not acknowledge (O'Connor, 2007). Additionally, literature on Māori healing has highlighted that most Māori healers believe that spiritual powers can be the causes of illness, and this link to spirituality underpins wellbeing (Jones, 2000).

Relating these statements to Te Tiriti, on which the Rongoā Development Plan was based, shows that the principles are not being upheld. Again, this draws back to the issues raised with traditional healing research, that spiritual elements in traditional healing cannot always be quantified, making it impossible to provide direct outcomes and validation for the practice in a Western government model. This highlights that the human rights outlined in the UNDRIP and the ICESCR concerning Māori cannot be met while spirituality, which is such an essential pillar of Māori culture, is not considered.

Limitations

There are several limitations to this research. First, this research has primarily utilised journal entries to support the study. While this data pool contained a rich source of data,

including descriptions of emotions and events, it all had the single focus of describing the experiences and only contained the perceptions of myself as the journal author. Additionally, because the journal entries are my own memories and reflections, a narrative bias could be assumed. This meant that I had to trust the credibility of my data to ensure I presented results without bias. It could also be argued that there is no evidence of formal outcomes because there was no initial diagnosis, which meant that I could not produce a concluding diagnosis or say that the health issues were ‘cured’. This was an issue highlighted in the literature review from Ahuriri-Driscoll (2014), who noted that much of the research on traditional Māori healing had limitations in terms of formal proof of outcomes. Again, this is a Western-centric approach, whereas traditional healing and traditional Māori healing accept that we may not ever fully know or understand the issues or why they existed and instead focus on the positive outcome when the issues are resolved. This also involves accepting that as humans, we will only understand the spiritual world in ways that aid and support our human experience and learnings.

Chapter 6: Conclusion

This autoethnographic dissertation exploring my experiences with rongoā Māori and how these experiences have supported my understanding of the connections between the physical body and the wairua has provided an understanding of how the two are connected in relation to health. This research has provided an understanding of myself, an understanding of spirituality, culture and te ao Māori. I have learnt a lot about myself and how the physical body and wairua are intertwined through the exploration of the issues with my physical health and the other routes I took to address my health over 10 years and discovering Māori healing that supported my journey in addressing these health issues.

Through understanding that the physical body and wairua are connected, I was able to address the issues affecting my spirit, which resulted in the physical issues affecting my body disappearing. Because the te ao Māori views on health are very different to Western approaches, I hope that this contribution will support the existing work within traditional rongoā Māori healing and that traditional healing finds its place within Aotearoa's health system.

Ka tū tonu koe i roto i te aroha.
Stand in the love. Be true to the love within yourself.
(Whaea Moa Milne, as cited in Elder, 2020).

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Glossary

Haemata	Master points in the body
Hapori	Community
Hinengaro	Mind
Io	Supreme being
Karakia	Prayer
Mahi	Work
Mirimiri	Healing massage
Pākehā	A white New Zealander
Papatūānuku	The land (which gave birth to all things)
Pepeha	A way of introducing yourself in Māori
Rangatahi	Young Māori, 15 – 24 years old
Romiromi	Healing body work
Rongoā	Traditional Māori Medicine
Rongoa rākau	Plant remedies
Takutaku	Chants used in romiromi healing
Tangata whai ora	Person seeking health
Tangata whenua	People of the land
Taonga	Gift or treasure
Tapu	Sacred
Te ao Māori	Māori worldview
Te Oo Mai Reia	Spiritual healing
Tīnana	Body

Tīpuna	Ancestor or grandparent
Tohunga	Māori healer or priest
Wairua	Spirit or soul
Waitai	Sea water
Whatumanawa	Balance of emotions
Whakapapa	Genealogy
Whānau	Extended family

(Te Aka Māori Dictionary, 2022).