GOVERNING BODIES: A MĀORI HEALING TRADITION IN A BICULTURAL STATE

Tony O'Connor

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ABSTRACT

Biculturalism is a relationship in government between the British Crown and the indigenous [Māori] people of New Zealand. I show that this relationship permeated some Māori healing practitioners' healing knowledge and perception. A key way in which this occurred was through the practitioners recognizing biological and social boundaries between Māori and Pākehā [New Zealanders of European descent]. A second was through the practitioners' embodiment of connections with social groups including the nation, a history and present shared between Māori and Pākehā and an idealized pre-contact past. A fundamental principle of *Te Oo Mai Reia* was that for the practitioners to harness the power of the various forces that sustained life they had to be in touch with their whakapapa [genealogy] for it was through their ancestors that they could commune with the Ultimate Deity, Io, the source of the most potent of all forces of life. A further key principle was that spiritually inspired and traditional Māori culture heightened the wellbeing of Māori, not modern, Pākehā culture. Spiritual and ancient knowledge was supra-conscious and made knowable through an embodied awareness of self and other. To make my argument I draw on literature inspired by Foucault that shows how states govern by implementing their operations and securing their penetration into the citizenry by drawing and building upon pre-existing bodies of knowledge and relations of power. I also draw on literature that shows how the human body bears the effects of such practices of government. To this literature I integrate perception by showing how, in this Māori healing context, the government of the bicultural nation-state worked through the ways the practitioners made sense *with* the body (especially through feeling, seeing and touching).

Keywords: healing, body, medical anthropology, governmentality, embodiment, perception, biculturalism, New Zealand

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CHAPTER 1: INTRODUCTION

Beginnings

For about one year prior to enrolling for my PhD I had been discussing anthropology and Māori[1] health with a friend of mine, whom I will call Steve[2]. He managed a Māori "whānau[3] resource centre" and one of the resources they provided was a traditional Māori healing service. The healers practiced a healing tradition called *Te Oo Mai Reia*, the repertoire of which I describe in chapter two. The more Steve and I discussed our interest the more interested Steve and I became in establishing a research project to find out how well their Māori healing service met the needs of their clientele. At the time I was employed full-time as a researcher at a community health group located nearby the whānau resource centre. I discussed the possibility of establishing a collaborative research programme with my employer but they would not support it. However, I didn't want to drop the research. The whānau resource centre could not afford to employ me, so I turned back to my alma mata to develop an enquiry into the practice of *Te Oo Mai Reia* as a PhD programme in anthropology.

My early research question shifted from the needs assessment focus I had at the community health group to one encompassing the more politically aware enquiry I established in dialogue with the *tohunga*[4] and managers of the whānau resource centre. They agreed that such a research project would be useful because, as I wrote in a proposal to them, "it would provide information about the experience of Māori healers and patients within New Zealand's bicultural health system". I envisaged the collation of such information as facilitating an analysis of how the government's contracting of

[1] The indigenous people of New Zealand. When a Māori word is first used I provide a definition in a footnote unless a definition accompanies the word in the main text. A glossary of Māori words is at the back of the thesis.

[2] I use pseudonyms as a means of protecting the research participants' identity. However I use Papa Delamere's real name for several reasons. Firstly, Papa was happy to be identified as saying and doing as he did. Secondly, that Papa Delamere was the *tohunga* (see definition in footnote 4) of Te Oo Mai Reia was widely known among people involved in the field of Maori healing throughout the country. Thirdly, because I have conducted a contextualised analysis of Maori healing, in that I speak of a particular tradition of Maori healing, one cannot speak about Te Oo Mai Reia in the Auckland region without reference to Papa Delamere.

[3] Family group.

[4] A term that in the context of healing has been defined as expert, chiefly, priestly healer (Williams 2003: 431).

the whānau resource centre's healing services affected the healers' ability to practice as they saw fit and meet the needs of their patients.

Looking back at that time I can see I took a more limited view of bicultural government than I do now. I thought of it as a model for state-rule of the nation that is based upon the principles of the Treaty of Waitangi[5] and that a bicultural approach to government sought to, among other things, address New Zealand's colonial legacy and Māori people's health disadvantage (Durie 1998; Ministry of Health 2000a, 2000b). The research proposal was accepted by both the management of the whānau resource centre and the Department of Anthropology. I was underway and elated!

After about one year of participating in day-to-day activities at the centre, I realised I had been incorrectly assuming that the centre had a contract with government to provide *Te Oo Mai Reia* healing services. When looking through some of the centre's files I found contracts for providing counseling, anger management, budgeting and remedial education services but nothing for the *Te Oo Mai Reia* healing service. I realised I had to rethink what a bicultural approach to government was and how it worked if I was to understand how such a model of government played out through an un-contracted *Te Oo Mai Reia* healing service. The reason why I remained interested in my original research question was that the *Te Oo Mai Reia* practitioners and administrators felt that the relationship between Māori and Pākehā at the local and national level was relevant at the level of their healing work. The healers and some of the patients felt that the relationship between Māori and Pākehā affected them at a personal and collective level. Hence, I set out to show how relationships, knowledge and bodily practices found at the centre contributed to the experience of members of a bicultural nation-state.

This beginning inspired me to contribute to the literature an examination of how the forces of government dispersed beyond the state through collectives and the body-self impact upon the practice of *Te Oo Mai Reia*. This contributes knowledge in two ways. My analysis is an in-depth exploration of a particular kind of Māori healing. While heterogeneity has often been noted, the peculiarity of a certain form of Māori healing has not been described. I offer such a description – an in-depth analysis of the *Te Oo*

[5] The Treaty of Waitangi was signed in 1840 by Māori chiefs and the British Crown's representative in New Zealand and is currently one of five constitutional documents of the state (Ministry of Justice 2005; Orange 1987). The Treaty of Waitangi and how it relates to biculturalism will be discussed in detail shortly and throughout the thesis.

Mai Reia school of Māori healing. Theoretically I aimed to draw together literature on governmentality and the body. I have aimed to collapse dualities – mind/body, self/collective, te ao Māori[6] /nation-state – in order to question how, through embodied reflection, the practitioners made sense of the socio-cultural forces that constituted the bicultural-nation state. I show that at the level of perception, the categories and techniques used to make sense of the body emerge not only at the self or through whakapapa[7], which is what *Te Oo Mai Reia* schooling taught, but from the wider context of the nation-state.

Hence, rather than describe the cultural content of a Māori healing tradition which is what much of the other literature on Māori healing does, I show that the political context of New Zealand's bicultural social order shapes Māori healing practitioners' knowledge, practices, and experience of the body, including the way they employed the body as a tool of perception.

Bicultural government

Within the New Zealand context, bicultural government has been discussed from a range of perspectives including: biculturalism as a challenge to assimilation (Sissons 2000; Schwimmer 1968); biculturalism as a form of class and identity politics (Rata 2005); biculturalism as a model for the provision of health services (Durie 1998; 2001); biculturalism as a model for national identity (Bozic-Vrbancic 2003); and biculturalism as a dimension of personal experience (Metge 1995: 137-146; Ritchie 1992). I found all these works useful, but there was little account of the techniques used to make sense of self and other within the context of personalised experience of the bicultural nation-state. I provide such an account by examining how people make sense of themselves and others as subjects of the bicultural nation-state and how this was relevant to their illness and healing. Hence, my take on biculturalism is that it is a form of state rule grounded in the institutions, relationships, ideas, perceptions and practices of the *Te Oo Mai Reia* practitioners. I argue that bicultural government worked through the practitioners' ways of perceiving, emoting, knowing and belonging. Through the *Te Oo Mai Reia* philosophy and method of healing, biculturalism took on a certain character

[6] The world of Maori.

[7] Genealogy.

and was further particularised through the personal style and opinions of each of the practitioners. The socio-cultural and personal were sources of compulsion and opportunity for experience and making sense of, and were experienced as grounded in, the body, which was thought of as a material *and* immaterial substrate that carried memory of this life and that of ancestral generations.

My investigation of biculturalism as a model of government does not emphasise how the principles of the Treaty of Waitangi have emerged and been employed as a framework for the government of Māori health and healing (Belgrave et al 2005; Ministry of Health 2000b; Te Puni Kokiri 2001) because there are other categories and mechanisms of rule that shaped the *Te Oo Mai Reia* practitioners' experience of biculturalism and how they responded to it. Instead, I focus on the relationships of power and practices that operated within and beyond the institutions of the state to find out how biculturalism remained relevant to the *Te Oo Mai Reia* practitioners' experience of self and other. I show that practices of state government can be fruitfully examined at the level of the actions of individuals, collectives and institutions that in one way or another challenge, reproduce or contribute to the government of the state's bicultural order.

However, the Treaty-based constitution of the nation-state is important to my analysis. At its crafting and signing in 1840, a government of New Zealand was formally established and Māori were first thought of as *a* people (Walker 2004: 94). Since the late 1980s the government of Māori health and social services has been if not "based", then at least "couched", in terms of the principles of the Treaty of Waitangi. The Treaty of Waitangi has been adopted as the "founding document" of the nation-state, and the state has "committed [itself] to fulfilling its obligations as a Treaty partner" (Dow 1995; Durie 1998; Ministry of Health 2000a: 7). However, I agree with the argument that the Treaty of Waitangi was "neither a determinant of, nor the motivation for" (Oh 2005: 85; personal communication, Tricia Laing) the development of publicly-funded health services designed specifically to meet the needs of Māori, and neither was it a determinant of nor a motivation for the provision of *Te Oo Mai Reia* healing services.

There are important interests and understandings other than the Treaty's principles that shape the relationship between Māori and the Crown in the government of health. Derek Dow shows that government-funded health services designed specifically for Māori were developed in the late 19th century (Dow 1995), at a time when a Chief

Justice considered the Treaty to be a "simple nullity" (Wi Parata v. the Bishop of Wellington, 1877 referenced in Byrnes 2006; Kolig 2004). More recently the design of the nation's health services has been strongly influenced by global trends in primary care. The shift towards the decentralisation of primary care services towards a more precise grounding in the local population's health needs, relationships and accountability structures, follows a widespread trend towards liberalism as a preferred model of government (Larner and Craig 2002) and "culturally appropriate"[8] community based care (World Health Organisation 1978a,b). For the New Zealand government there were economic benefits in decentralising Māori health services, and for community-based primary care organizations, there was greater control over the services they delivered, including more opportunity to deliver health services tailored to their community (Oh 2005: 87).

A further reason for moving beyond a Treaty of Waitangi-based model of government is that, as already noted, the centre where my research was based was not contracted to government for the provision of its *Te Oo Mai Reia* services. The healing service I participated in and observed was provided by a group of healers who worked free of charge, but who were willing to receive koha[9] for either themselves or the centre that provided them with a room from which to work. The centre was contracted to the government's Department of Child, Youth and Family, to provide anger management, education, and counseling services, but not *Te Oo Mai Reia* healing services. After a few years of operation the centre's management had received so many requests for a traditional Māori healing service that they decided to establish one. The foundational *tohunga* of the centre's healing arm, Papa Delamere, had one day per week for community-based work written into his local District Health Board's employment contract. He was employed at the District Health Board as a "cultural advisor" at its alcohol and drug service but not to provide hands-on healing work.

To analyse bicultural government in a way that does not ignore but moves beyond the Treaty of Waitangi-based work of the state, I have employed what Rose has called "a new sociology of government" (Rose 1999: 17). This view of government is inspired by Foucault. For Foucault, government,

[8] I agree with Stacey Pigg's (2002: 75) suggestion that to understand why health development initiatives fail or succeed, rather than examine how "culturally appropriate" they are, we should examine how "politically appropriate" they are.

[9] Present, gift, donation.

> did not only refer to political structures or to the management of states; rather it designated the way in which the conduct of individuals or of groups might be directed ... It did not only cover the legitimately constituted forms of political or economic subjection but also modes of action, more or less considered or calculated, which were designed to act upon the possibilities of action of other people (Foucault 1982: 790).

Governments that operate in this way implement their operations and secure their penetration into the citizenry by utilizing and building upon pre-existing bodies of knowledge and relations of power (Rose 1999: 18). Foucault argued that power relations and bodies of knowledge dispersed throughout a population have been progressively "governmentalized. That is to say, they have been elaborated, rationalized, and centralized in the form of, or under the auspices of, state institutions (Foucault 1982: 793). Between the institutions of the state and the population dispersed throughout the nation is a "network of relations" (Rose and Miller 1992: 176) comprised of the institutions, collectives and individuals that constitute the nation-state, which includes the relationships, concepts and practices of healing traditions and institutions (Foucault 1973). The state is not a singular reality but a composite "pattern or structure that emerges as the result of the interactions of a range of political actors – of which the state is only one", but a potent one (Rose 1999: 17). This point of view on government directs attention to the manner and means by which actors place themselves under the control or guidance of others, and the manner and means by which actors seek to place others under their own sway. It also draws attention to the outcomes of such interactions. It can also help us understand how government shapes how the body is used and understood. The body is a locus of power; a site where, for example, "I" as an embodied self is at once an individual and a member of collectives – a Māori person and a New Zealand citizen. As such the body can sit in unity or tension. As Alter found in the political and self-work of the Mahatma Gandhi in India, plural articulations of power manifest at the level of the body and are evident in body movements, the shaping of the body, and visceral responses to power. Examples of tensions are those between "I", "we", "them" and "us", and the way one identifies oneself or distances oneself from others in debates and struggles over what is right, wrong, desirable, or repugnant about local and global visions and actions (Alter 2000: xvi).

According to the concept that state government operates beyond the institutions of the state, there exists fertile ground for the values and rationale for the constitution of states in local communities. The institutions of the state build the work of government upon such ground. According to Foucault, the purpose of government evolved alongside concern for the welfare of the population, specifically the increase of its wealth, health and longevity. Thus, government becomes inseparable from the knowledge of all the processes related to the population (Foucault 1991:100). Moore notes that what Foucault has coined "governmentality" (Foucault 1991a) "is an aid to understanding and analysing all the mechanisms (techniques of knowledge, power and subjectification) through which social authorities seek to administer the lives of individuals and collectivities, and the way in which individuals and collectivities respond. [Governmentality is] not state focused" (Moore 1999: 12).

> The notion of governmentality is concerned with specific discourses and practices, and with the particular rationalities which sustain them in the context of a given set of material and historical conditions. ... They are forms and techniques of knowledge which tie people into those processes of modern living which are beyond their direct control but in which they are forced to participate, directly or indirectly (ibid).

Foucault had begun to link the "macro" (e.g., state) and "micro" (i.e., personal) levels of power relations towards the end of his career – during the writing of *History of Sexuality* through the notion "biopower" (Foucault 1980). Biopower draws attention to the management of individuals' lives in so far as they are members of a population. Whereas Foucault focused on sexual and reproductive conduct, I focus on the dialectic between the management of individuals' health, in so far as they are members of the Māori and citizenry bodies. Gordon observed that one of Foucault's key connections was that "modern biopolitics generates a new kind of counter-politics" – social authorities with differing ends in mind formulate the needs and imperatives of the same life which is observable as a "strategic reversibility of power relations" (Gordon 2000: 5). Foucault writes,

> ... life as a political object was in a sense taken at face value and turned back against the system that was bent on controlling it. ... The "right" to life, to one's body, to health, to happiness, to the satisfaction of the needs, and beyond all the oppressions or "alienations", the "right" to rediscover what one is and all that one can be, this "right" ... was the

> political response to all these new procedures of power (Foucault 1980: 145).

As I discuss in chapters three and four, since the formation of the colonial-state there has been a codification of Māori culture and its strategic appropriation into the official discourse of the state (such as in law and policy), in dialogue with the emergence of bicultural processes and categories of government. Since the signing of the Treaty of Waitangi, Māori culture, including Māori healing, has been increasingly codified in policy, legislation and instruction. Some scholars and state officials interested in securing the rights and health of Māori have responded to what they have seen to not be in the best interests of Māori. According to Sissons, the New Zealand state's quest for "legitimacy" has depended upon securing "bureaucratically controllable redress for legally defined colonial injustice … in association with official bicultural policies" (Sissons 1998: 1). During the 1980s there were a series of important findings about the obligations the Crown had made by signing the Treaty of Waitangi. This secured a place for Māori cultural and spiritual values equal to those of the majority in the deliberations of the nation's government, which, argues Levine (2005: 108), came to define the agenda of "biculturalism". However, Durie argues, the systems within which Māori health workers were expected to fit sometimes "depended so much on Western culture and philosophies that Māori were forced to adapt, denying the significance of their own cultural [i.e. Māori] background", and [in some cases it has been] "extremely difficult to reconcile the interests of the institution with those of the community" (1998: 109, 112).

To help situate my take on government and the body within the context of this research I will work through some interview data. This data shows how long-standing patterns of government are apparent at the level of personal experience, and how work ascribed to "the system" and the positioning of Māori vis-à-vis "the mainstream" are felt and reproduced at the level of the person. I asked Rachel, a healer and whānau resource centre administrator, if the centre's administrators had asked for government funding. She told me,

> Really, in the health system this is not recognized. Say in the [district health board], anything like that, because um, it's not certified. ... So maybe it is slowly gonna be recognized in the system, but, yeah. I wouldn't know how to formalize questions like this if I was going to

> go up against health people, you know, mental health people. I wouldn't know how to facilitate questions like these to [district health boards] and things like that in regards to traditional Māori healing.
>
> TOC: You mean talk to them about it?
>
> RACHEL: Yeah, talk to them about it because, like, anyone can talk about sports massage, everyone can talk about massage, Swedish massage, acupuncture, stuff like that, but you can't talk about traditional Māori healing because its more, its not just like you just massage here, massage here, and you feel better. When you talk about traditional Māori healing it's got everything in it. ... So if I was to stand up in front of a bunch of doctors and stuff like that and facilitated a hui[10] in regards to traditional Māori healing and what its like to be a healer and what its like to be healed they wouldn't understand. They would be totally, totally lost.
>
> TOC: They don't have the background knowledge?
>
> RACHEL: Yeah, they don't have the background knowledge of it. So it would be like so where are you coming from? So what makes you better than, Scott the massager down the road or Renny the Swedish massager from up the road? What's the difference sort of thing? 'Cause we look at things holistically instead of like, that's just massage. ... So I wouldn't know how to, yeah.

While there is money available for the provision of publicly-funded Māori healing services in New Zealand (Māori Health Directorate 2004), Rachel considers the distribution of public resources throughout New Zealand's health sector to be based on an understanding of healing different to her own, and different to that on which *Te Oo Mai Reia* is based. She considers money to be distributed across a plurality of medical traditions on the basis of mainstream health people's comprehension of them, their assessment of the suitability of the would-be providers' qualifications, and on what the mainstream would get out of the tradition. She expects such assessments to not qualify *Te Oo Mai Reia* for the receipt of government funds. Rachel did not need to be told that the whānau resource centre will not get funds; she took such a result for granted. She has embodied the health system's marginalisation of Māori healing and is, through her response to what she perceives to be the order of things, reproducing the marginalisation of Māori healing. Her actions reflect the ordering of the socio-cultural

[10] Meeting.

environment in which her positioning of herself and her conceptions of Māori healing, and the state, were formed.

Keith, a manager and counselor at the whānau resource centre, offers another perspective on the bicultural national arena. Keith had observed,

> that people have been going back to look for the traditional Māori ways for a long, long time. I mean many of them now may be disillusioned with mainstream and may now be looking for an alternative, maybe they are looking for their taha[11] Māoriness and that so they are in that transition at the moment. Many of them have done te reo Māori[12], they've learnt a little Māori and now they want to extend that a little further to taha wairua[13], hinengaro[14], tinana[15] so they are searching for that as well. Yeah, there's all-sorts of reasons why Māori are coming back to their traditional ways. [The Māori approach to healing is] an intellectual property right inherited from the ancestors and I feel pretty privileged because I came through that environment with my grandmother. I saw it happen and that and um, I think I have a good balance about what it is and what I need from having that balance. I am saying that mainstream has contributed immensely to the well-being of Māori. I am not denying that at all. But now I think what Māori has to offer there is able to underpin that. I recognize that without the treatment that I got in hospital I may be struggling today in terms of my physical health. I have always recognized that. Coming through my [...] career I had to recognize that early in my life. Then it's grown, the balance that I need in retaining my traditional understanding and my knowledge of my ancestors, always embracing what mainstream culture had to offer.

Keith notes that many Māori have been disillusioned by the mainstream, and that there has been a *transition* where "the right" of Māori to their traditional knowledge has been taken up. There has been a transition from not recognising the ancestral rights, to recognising ancestral rights, the later being associated with the drive for recognition of the rights of Māori and the development of the bicultural nation-state (Schwimmer 1968; Walker 2004; Levine 2005). Whereas Rachel expressed an alienation from the mainstream, Keith "embraced" both mainstream and Māori approaches to healing. A

[11] Side. In this context side means side, aspect or dimension of their identity.

[12] The Maori language.

[13] Spirit.

[14] Seat of the thoughts and emotions, heart (ibid.). Best (1922), Durie (1985) and Salmond (1985) notes that thoughts and feelings have a similar source located within the individual.

[15] The human body.

theme shared by both is the positioning of Māori outside the mainstream of national life but as a fundamental aspect of their personal identity.

The interviewees' comments are about *Te Oo Mai Reia* and its positioning within a medically plural nation. They firmly set the practice, learning and administration of *Te Oo Mai Reia* in particular and Māori healing in general within the discursive space of the nation-state, a space that encompasses a range of other healing traditions and is dominated by Western medicine (Lock and Nichter 2002: 7). It has been observed that states globally are characterized by medical- pluralism, hierarchies and relations that reflect other patterns found in their societies at large (Baer *et al* 1997). It is within such contexts that states' administration of medical pluralism takes place. For the *Te Oo Mai Reia* practitioners, the character of the discursive space within which *Te Oo Mai Reia* was practiced was that non-Māori approaches to healing either devalued or simply did not understand Māori approaches to healing the ailing body. Both Keith and Rachel personally felt the struggle between Māori and the mainstream within their person. Expressed by them were accounts of a certain positioning within a set of wider social structures: a knowing of their place as unique "variants" (Bourdieu 1990: 86) of a collective positioning and experience of "Māori" in relation to the "system" and the "mainstream". Even though under a Treaty of Waitangi-based government a concerted effort has been made to reduce the health and socio-economic inequalities between Māori and Pākehā peoples, the long history on which Pākehā people's privilege is based is still deeply felt as marginalizing of Māori.

I argue that the work that goes into positioning oneself as a member of a collective and positioning others collectively and individually in relation to oneself (as an individual or as a member of a collective) makes claims about norms and values and draws relationships and social boundaries connected to issues of national identity and social citizenship (Greenhouse 2002; Lock and Nichter 2002; Verdery 1994). I show that among the *Te Oo Mai Reia* practitioners there was a reaction against not only Pākehā identity but also against what some felt was an overly prescriptive expectation of how one should be "well" as "a Māori". The practice of *Te Oo Mai Reia* allowed "fragmented resistances" to the hegemonic project of biculturalism, where a certain freedom of imagination was able to be exercised (also see van Meijl 1993, 2002). By working in a context that allowed a certain kind of "freedom" of expression, the practitioners could craft among themselves a way of being Māori not as readily possible in some other contexts. Steve, a manager of the centre and healer, contrasts the *Te Oo*

Mai Reia and whānau resource centre's approach to Māori identity to that of a government administered institution.

> TOC: Tell me about what you think is happening at [the local District Health Board] and the model they want to follow in that Māori Health Plan you showed me.
>
> STEVE: I think [the local DHB] and [the Manager of Māori Health at the local DHB] is really professional and knows what needs to be in place structurally. However, I guess it's something that we anticipate and expect every time which may be our problem is that it will only be a sanitized version. It's like the Iraqi government that's in place now – it's the puppet.
>
> TOC: What do you mean it's "sanitized"?
>
> STEVE: It will have all those conditions.
>
> TOC: Those conditions?
>
> STEVE: Conditions as to how you are going to be a Māori, to serve Māori. And all those conditions will have so many clinical safety procedures that you will not be able to, as I do here, express my opinion [his phone goes]. Although you've got Māori this and Māori that its really, um, structured in a way that the power isn't with the Māori, its actually with the structure that they have set up, the clinical structure they have set up. It will be so clinical that the results that we get here will not be tolerated. So we are in a dilemma of, so, where is the best place to go because there are not many people who can facilitate the Māori healing process that they [the whānau resource centre's personal] want to initiate. There's really only one person I know of and that's Papa Hohepa.

A great deal of state sponsored work has gone into developing a traditionally Māori approach to healing. But this work, it seems, has not captured all salient aspects of what it means to be Māori and to heal in a traditionally Māori way. The development and maintenance of the bicultural state has sought the material on which to prescribe a traditionally Māori approach to healing at the grass-roots level (Durie 1985; Māori Health Directorate 2004) and set rules and developed training for healers to deliver such services (Māori Health Directorate 2004). But the structures to which notions of Māori identity must refer are antithetical to a healthy Māori identity, hence the Māori identity and healing process that has emerged is "a puppet". For Steve the structures of the state

and a "clinical" approach to wellbeing are not Māori. Hence for Steve, Rachel and Keith, numerous "boundaries" (Barth 1998; Verdery 1994) exist between Māori and the state and Māori and Pākehā. I discuss the boundary between Māori and Pākehā identities in chapter four.

Māori health and healing

Research in the field of Māori health to date has tended to focus on the meanings of illness and healing. However, how the composition of the body is understood by Māori healing practitioners has received less attention, maybe because the body is assumed to be a human universal, the same everywhere for all peoples – a thing of nature as opposed to a part of the social sphere (Lock and Scheper-Hughes 1996). I analyse the *Te Oo Mai Reia* practitioners' approach to the body in chapter five.

What has received a lot of attention is the apparent complementary difference between Māori healers' attention to spirituality and Western medicine's attention to materiality, and the communal orientation of Māori healers as opposed to the individualistic orientation of Western medicine. Binder-Fritz conducted her research in a *Rongoā*[16] clinic situated in a small North Island city, Rotorua, where she focused on the specific "spiritual health care needs" and "culture-linked therapies" of the Māori indigenous people (Binder Fritz 1999: 4). She concludes that Māori medicine acknowledges that "guilt and anxiety" can play a significant role in the "genesis of disease" and that "spiritual healing ceremonies incorporate symbolic structures and rituals with a suggestive character", which could be "an affective side-therapy in the treatment of alcohol and drug addiction" (ibid.: 12). Jones undertook an analysis of the diagnostic process of a group of healers in an Auckland traditional Māori healing clinic and compared this process with Western medical practice (Jones 2000a)[17]. He writes,

> One distinctive feature was the emphasis on the spiritual dimension, consistent with their beliefs about health and causation of illness. Also noteworthy was the way in which diagnosis functioned as an integral part of the healing process, not as a discrete entity solely intended to

[16] *Rongoā* is commonly used to refer to traditional Maori healing. *Rongoā* in the narrow sense of the word means Maori herbal medicines. When I use *Rongoā* to refer to Maori healing in general I use an upper case R, when I use *rongoā* to refer to Maori herbal medicines I use a lower case r.

[17] This was not the same clinic I worked in.

> guide treatment. These features highlight the potential complementarity of the two approaches, providing an argument for their coexistence in the New Zealand health system (Jones 2000a: 17).

With an eye to change through time and between urban and rural settings, Parsons contributed a chapter about Māori healing practices to a book she edited, which, she notes, "presents mainly descriptive research" about the "contemporary structure and function of indigenous healing practices, pluralism and prospective social change" (Parsons 1985: x). Parsons observed that "Māori people have always had their own healers, known as *tohunga*, who were believed to possess supernatural powers and knowledge to invoke or cure illness. Māori theories of sickness were related to the supernatural world" (ibid.: 213). "Even today", notes Parsons, "the Māori place less emphasis on his or her physical wellbeing than does the Pākehā" (ibid.: 215). She observed that "the Māori healer is considered to offer an effective practice to both the rural and urban Māori, even where Western health services are readily available" (ibid: 233).[18]

Durie offers an analysis of "the forces that affect health and give shape to Māori lives" (Durie 2001: ix). He contends that "of the many forces that influence health and well-being, none has the capacity to promote health in isolation" (ibid.). He lists eating, regular exercise, medication, wise counsel, home and work environments, whānau, community, policies, education and economy as having an impact on health. The force Durie is most interested in is "mauri", as reflected in the title of his book – *Mauri Ora: The Dynamics of Māori Health*. Durie describes mauri as "a unique living force" (ibid.: x). Though the mauri of each object is separate, each object shares the energy and vitality of its respective mauri. It is "a dynamic relationship between the many elements of the environment and people" (ibid.). "Ora" Durie defines as "wellbeing or health, or just being alive, but when paired with mauri, the meaning is expanded to suggest a force that generates life, vitality, and health" (ibid.). He does not analyse how such a force works through the body, but he examines how the dynamic relationship between

> society and the economy, lifestyles, journeys, identity and uniqueness function as foundations for health. Some foundations are linked to

[18] Parsons explains that her chapter on Māori healing practices is a last minute contribution to the volume because the expected contribution "did not materialise". She offers her chapter as "opinions rather than detailed research [drawn] on my own notes from various Māori individuals and groups" (Parsons 1985: xii).

> the macro-politics of the state, and others to the types of lives people lead. ... But particular emphasis is placed on access to the Māori world, te ao Māori, as a critical factor in establishing a secure identity [which] is a sound investment for health (ibid: xi).

Durie has described a traditional Māori approach to healing (Durie 1985) and was instrumental in the design of publicly-funded Māori healing services (Durie et al 1993; Māori Health Directorate 2004). He does not analyse the relationship between healing, good health and the state except to say that

> good health requires a broader approach than health services alone can provide: the institutions of society must be nurturing; families, whānau, and communities need to be strong and supportive; and the policies and laws of tribes and of the nation should be consistent with the dignity of individuals and the right of Māori to live as Māori (ibid: xiii).

Van Meijl (1993) has analysed how notions of Māori healing and health have been arrived at within the context of relationships of power that underpin the bicultural structure of the nation-state. He argues that the "tradition orientated Māori view on health has been constructed chiefly to substantiate the call for affirmative action" to improve Māori health and reacquire control of health delivery to Māori people (ibid: 283, 292). This action was "motivated by the view that the nation's national health programme was monocultural" and consequently irresponsive to cultural needs of Māori (ibid.). He reflects that "the political bias of the Māori perspective on health became obvious to me" when "the otherwise eloquent health workers were clearly unable to articulate the Māori perspective of health in detail" (ibid: 287). For Van Meijl, "this underlies the point that the Māori perspective on health had been constructed by Māori scholars" (ibid: 288). He notes that the health workers "acknowledged that it is exceedingly difficult to apply all the implications of the Māori perspective on health as described in the position papers" (ibid.). The difficulty of the health workers position may be due to what Durie has observed as difficulty of applying a Māori approach to health in a predominantly Western system (2001: 219 – 249). I take up this literature again and in more detail in chapters two and three: In chapter two in relation to my analysis of *Te Oo Mai Reia* as a healing tradition, and in chapter three in relation to the development of publicly-funded Māori healing services.

While the heterogeneity of traditional Māori healing has been frequently noted (Buck 1970; Jones 2000b), little work has gone into describing any one Māori healing tradition, which is what I do here. Van Meijl (1993) is the only published work that has concentrated on examining the traditional Māori model of health within the context of bicultural politics[19]. My thesis contributes a more extensive political analysis of not only the dominant traditional Māori model of health, but also the *Te Oo Mai Reia* model of Māori health and healing.

Government of the Body

Because it is at this level that the personal experience of illness, healing, wellbeing and membership of the nation-state is generated I situate much of my analysis at the level of the body-self (Csordas 2002; Greenhouse 2002). This theoretical position allows analysis of practitioners *Te Oo Mai Reia* healing work to serve as a lens onto larger social processes. Indeed, it is because I observed that the *Te Oo Mai Reia* practitioners embodied the effects of the building and administration of the nation-state in personally and collectively significant ways, that for me bicultural government is at once about the nation-state and the body.

My analysis of the effect of the structures of government emphasises how people come to *know* and *perceive* that biculturalism effects them personally, not only at the level of how they position themselves in relation to others, but internally. I show that the government of the nation-state permeates practitioners' knowledge of the body and their uses of it. I show the ways in which government permeates their *uses* of the body to make sense, as in how they saw, touched and felt.

The body is a site of power struggles played out in relationships involving the self, collectivities and other selves, and bears the effects of the body-politic (Foucault 1973, 1977, 1988; Scheper-Hughes and Lock 1996), which in this case is the collection of power relations that have given shape to a bicultural social order. Within this big-picture of the body-politic, individuals craft a personal experience that does not stop at the level of thought – personal experience involves embodied response which sometimes manifests as deeply felt anger, shame, sickness, happiness and/or pride.

[19] A paper based on chapter three of my thesis is forthcoming in SITES.

Such embodied response, and less obvious examples of it, are not merely a reflection of the state of the nation, but a complex of subjection to social order and consciously and body-motivated action. By body-motivated action, I refer to two things. Firstly, subconsciously generated practice; perception, thought, feeling, movement and response that emerge from beyond the conscious mind and therefore take on the appearance of a natural fact (Bourdieu 1990; Merleau-Ponty 1962). Bourdieu argues that to grasp how both a person's practice and the apparent order of a social collective are constituted, one has

> to reconstruct the principle generating and unifying all practices, the system of inseparably cognitive and evaluative structures which organizes the vision of the world in accordance with the objective structures of a determinate state of the social world: this principle is nothing other than the socially informed body, with its tastes and distastes, its compulsions and repulsions, with, in a word, all its senses, that is to say, not only the traditional five senses - which never escape the structuring action of social determinisms - but also the sense of necessity, duty, direction, reality, balance, beauty, common sense, sacred, tactical sense, responsibility, business, propriety, humour, absurdity, moral sense and the sense of practicality, and so on (1990: 124).

By body-motivated, I also refer to the ill-discipline of the body, such as when the body continues to ail despite a healing regime that at the level of consciousness makes perfect sense to a healer and patient. Such ill-discipline of the body can motivate disillusionment, surprise, wonder, mystery, creativity and experimentation, all of which occurs in a certain social context and through the body (Comaroff 1985).

At the level of the body, Foucault was interested in the production of "medicalised" bodies (1973), "disciplined" persons and populations (1977, 1980) and "the platform on which I shall find my identity" - "the self" (1988: 25). Within these domains, Foucault observed a power struggle between individuals and administrations seeking to answer the question: who are we? (1988: 781; 2000: 303-319).

> This form of power that applies itself to immediate everyday, life categorises the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him that he must recognize and others have to recognize in him. It is a form of power which makes individuals subjects. There are two meanings of

> the word "subject": subject to someone else by control and dependence; and tied to his own identity by a conscience or self-knowledge (Foucault 1988: 781).

At the level of the self, Foucault identified what he called technologies of the self, which are forms of understanding that the subject creates about himself. The self is in effect in a relationship with his or her self. In the words of Foucault, "technologies of the self",

> ... permit individuals to effect by their own means or with the help of others, a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being so as to transform themselves and attain a certain state of happiness, purity, wisdom, perfection, or immortality (Foucault 1988: 18).

At the level of the body and self, Foucault's work provides a platform for examining the production of the body and self in so far as they are tied to technologies of power. More specifically technologies of power involve the use and mobilisation of relationships and categories targeted at determining the conduct of individuals in so far as they are then submitted to certain ends or domination as "docile bodies" (Foucault 1983: 134). That individuals are rendered docile bodies does not mean the individual has power simply "done" to him or her self; the individual is not passive when confronted by power. No one has absolute power. "Without the possibility of recalcitrance, power would be equivalent to a physical determination" (ibid). There can only exist power if there is the possibility of a return, a reaction or "disciplined" action.

> At the very heart of the power relationship, and constantly provoking it, are the recalcitrance of the will and the intransigence of freedom. Rather than speaking of an essential freedom, it would be better to speak of an "agonism" – of a relationship which is at the same time reciprocal incitation and struggle; less of a face-to-face confrontation which paralyses both sides than a permanent provocation" (ibid 221-222).

For Foucault, it is in this tangled context of power that knowledge of the body, and hence people's experience of it, is made. Lock and Scheper-Hughes comment that this is a powerful framework for answering the question "what kind of body does society want?" (1996: 63). It has also been widely noted that healing, as a transformative

exercise, plays a role in the collective's "management of the person in space and time" (Comaroff 1985: 551; Csordas 2002; Foucault 1973). Hence, the logic, hierarchy, goals and practice of healing are suggestive of the broader context of power relations within which healing discourse and procedures have emerged. Becker (1995), for instance, showed that work directed at the body can have the purpose of showing personal agreement with social order or that one is keeping pace with social change.

Lock and Scheper-Hughes made an interesting inversion of their reading of Foucault's question to ask, what kind of society does the body need, wish, and dream of?" (1996: 64). They argued that if "one starts with a notion of "bodily praxis", one can get at the personalised response, transgressions, and/or agency of someone living out *and* reacting to his or her assigned place in the social order.

Before we leave the notion of "living out" a place in a social order, I argue more can be done to bring individual experience of the social order into sharp focus. What is needed is a demonstration of the way in which relations of power, including healing, bring political and social orders to personal experience. Hence my question becomes – what kind of society does the self experience? My analysis at this level is set within literature that makes the point that perception is an inextricably, and simultaneously, physical and social process. Perception of one's self, other people and the wider world requires interpretation. Merleau-Ponty (1962) showed that people are purposively schooled and unconsciously learn to take notice of certain things. People learn to interpret those things they learn to take notice of. To be aware of the world and take part in it, we learn how to perceive and how to think about what it is that we perceive. The premise of this view of the world is that we must attribute significance and meaning *to* objects and events because neither objects nor events generate their meaning and pass that meaning on to the perceiver (Merleau-Ponty 1962: 67). We need to literally "make sense" of what we see, hear, feel, and so on, which is a process that requires a "perceptual synthesis" (Csordas 1997; 2002: 83) grounded in a socially-informed body, a body informed by history, life-experience, education and participation in social settings. The *Te Oo Mai Reia* practitioners made sense of illness and healing by engaging their faculties of sight, hearing, touch, taste, smell and the *whatumanawa*[20].

20 I will discuss what the *whatumanawa* is and how it functions later, but for now it can be thought of as a means of making sense inspired by the heart, emotions and spiritual inspiration.

A further utility of the bodily praxis concept is that it draws attention to how individuals consciously or unconsciously use illness to express malaise of social and political origin and negotiate relations of power. Alter (2000) showed in India, Comaroff (1985) in South Africa, and Drozdow St-Christian in Samoa (2002), that work on the body can be both consciously and unconsciously targeted at responding to dominant and colonial social orders. The act of *Te Oo Mai Reia* healing, however, primarily draws on resources that are close at hand. It is a practical response to a set of personal and socio-cultural conditions. With experience working with Navajo and Charismatic healers, Csordas (2002: 53) argues that healing involves mobilizing discursive techniques and practical processes whereby the patient's attention is directed to various aspects of his or her body and world in such a way as to bring about a sense of being a well person. This involves bringing about a transformation of the social conditions under which the patient exists and currently experiences suffering or distress (ibid.: 25). The impact at the level of experience lays the groundwork for activation of the physiological and psychological processes through which the main work of healing is achieved (ibid.: 30). The task, for me, is to turn this sharp focus back on its head to examine the linkages between personal experience and the governance of the social order in which the process of healing plays out.

Fieldwork and Methodology

Field sites

My fieldwork comprised two main parts – the first was at the whānau resource centre (which I will refer to from here on as "the centre") between February 2003 and December 2004, and the second at wānanga [21] between January and November 2005. The centre and wānanga were both located in suburbs of Auckland. At the healing centre I participated in and observed the practice of *Te Oo Mai Reia* healing which was provided free of charge to anyone who wished to be healed, Māori and non-Māori. The vast-majority of people who came for healing – about 95% – identified as Māori[22]. The

[21] Maori education institution for higher education.

[22] When I asked people about their identity I asked if they identified as Māori and with an iwi (tribe). Seventeen of the 20 people I asked identified themselves as "Māori" and affiliated with a tribe (n = 17 of 20) while some

healers at the centre worked in a large room of a house converted for operating as a whānau resource centre. The wānanga I attended was run by Peter who was tutored by Papa Delamere over seven years. Peter continued to teach wānanga after the centre had closed. The wānanga provided theoretical and practical tuition to a class that varied in size from week to week from between nine and 17 people. Some of the people who attended wānanga were also regular attendees of the centre. The centre and wānanga were sociable places. People would sometimes go there just to socialise, have a chat or just hang-out for a while, which I'm sure some people would have considered to be healing and educational in itself. The wānanga was held one night per week for the most part but we also occasionally had weekend classes or trips out into the bush.

considered themselves to be an "iwi" or "tribal" person only (n = 2 of 19). One young woman said "I've never really thought about it". The iwi most people identified with were one or more of Nga Puhi, Ngati Porou, Ngati Whatua, Tuhoe and/or Tainui. One person had Ngai Tahu ancestry and had "I'm a New Zealander" tattooed on his arm. Durie (2005) and Mead (2003) consider the degree to which one is actively engaged with one's iwi to be a significant marker of one's Māori identity. The people who signed the centre's sign-in book identified themselves as Māori and affiliated with at least one iwi (n = 87). All of the people I came to know through the wānanga (n = 23) frequented non-iwi specific Māori cultural occasions, such as tangi (funerals) and healing wānanga, and used non-iwi specific facilities (such as the healing centre) much more often than they frequented events and facilities run by their iwi.

Participant Observation

An important consequence of my fieldwork taking place relatively infrequently was that each time I went back to the healing centre or wānanga I had to a certain extent re-establish relationships. Hence, personal connections and friendships took a while to establish. By the time the centre was nearing closure, and by the time I started attending wānanga, I was able to have open, frank discussions with a few people with whom I had established friendships. That I was there doing research became less important than who I was as a person.

During the early days of fieldwork I often left the healing centre and wānanga feeling not quite right and "swamped" in miscomprehension. I felt that I needed to go somewhere familiar and predictable to be able to make sense of what I had experienced and set my self, my mind and emotions right. Early on I was quite nervous, especially the first few times I participated in and observed the healers at work. The healing work took place in a large room, about 8 by 6 meters in size, large enough to accommodate 30 or so people at once, which on some days it did. At any one time 5 people could be worked on while those people's friends, family and others chatted to each other or looked on. I remember being struck by this scene, the first day I was taken through to see the healers at work by Steve. I had seen nothing like it before, let alone been the only Pākehā in a room full of Māori people before. I felt like the presence of a Pākehā person in this space was quite unusual too, which it was I realised after a few weeks of fieldwork. The screaming, tears, laughter and personal connections between everyone else there left me feeling quite alien to those people and that place; how could these people laugh when there were people on the tables crying and screaming? Steve sat with me for a while and said if I needed to talk about anything he will be in his office but despite his support these feelings took me some time to overcome. I did not feel purposefully excluded, but I certainly felt that I did not yet belong there. I obviously had so much to learn before I could understand anything about this tradition of healing at all.

As time went by I became more comfortable with my presence at the centre and better at recording what was happening around me. To some extent becoming more comfortable as a participant and an observer was a matter of becoming familiar with what was subconsciously expressed by those around me as acceptable conduct. By

becoming more competent at conducting myself according to acceptable patterns of behaviour I became more "culturally competent". I picked up cues as to how I should best conduct myself on particular occasions and in relation to certain people.

When I began fieldwork I did not really understand what it was I was supposed to be recording and how to record whatever it was I was supposed to be recording. I felt quite lost, but having said that, Emerson, Fretz and Shaw (1995) usefully set out some basic principles such as noting who I met, their names, what they were doing at the Centre, the notable events of each day and what I needed to find out more about. But this quickly become tiresome – I felt there was simply too much to write about so I soon became more selective about what I wrote down. However, in hindsight I wish I hadn't. I thought, back then, that my experiences were so outstanding that I wouldn't forget them. But as Emerson, Fretz and Shaw warned and every ethnographer knows, one does forget, especially as outstanding experiences become more distant, and more commonplace.

I have involved many research participants in "testing" my understanding of *Te Oo Mai Reia*, and my interpretation of the research data. Many of these tests took the form of "everyday conversations" and have guided me to an understanding of "what I think I know" (Agar, 1996: x). Other tests were phone calls to practitioners who have become friends. I have also presented my work more formally to the research participants. On one occasion I presented my work to "all comers" at the healing Centre. I have also presented writing to the wānanga students. Feedback on all these works has been built into my thinking, research methodology and writing. I of course take responsibility for the interpretations and writing of what appears here.

Interviews

As soon as I started fieldwork I realised that simply being there was providing me with enough material to try and understand without gathering further information by interview. I had so much to learn about *Te Oo Mai Reia* that if I allowed some time to open my mind to what was being said and happening around me I would also be able to better understand what people told me when interviewed and would be able to ask much better questions. Reading papers seemed a poor substitute to personal experience. I needed to learn about traditional Māori healing as it was practiced there. What I was

trying to do was let the ideas with which I would go into interviews with emerge from the conversations and practices of the people I would be interviewing as opposed to categories drawn from my preconceptions and literature (Rubin and Rubin 1995). After revisiting the interview questions I prepared in advance they seemed somewhat staid. I delayed beginning interviewing people because my presence was obviously of note to those frequenting the centre so I wanted to give people a chance to become familiar with me and more comfortable with my presence so that they in turn may feel more comfortable about talking openly with me in interview.

I conducted interviews to help me understand questions raised by participant observation and help me appreciate the range of opinions about, reasons for practicing, and experiences of, *Te Oo Mai Reia* and its place in New Zealand's health system. Through interviews I also gathered information about the rules of examination of one's own and others' desires and movements of the body and soul that have been established for the practice of *Te Oo Mai Reia*. While conducting and during in-depth analysis of the interviews, I developed an understanding of how the interviewees generally think about healing and its governance *by* and *of* individual practitioners and actors and events beyond the centre and wānanga. By listening to the concepts (e.g., Pākehā/Mainstream) embedded in, and the structure (e.g., il/logical associations, evasion of questions, moral judgments) of our dialogue, I became more aware of the many context specific, historical and institutional forces affecting their thinking about the research topic (Anderson and Jack 1990; Foucault 1980).

I first interviewed eight weeks after fieldwork began: after about 10 visits to the centre. To ease things along I asked one of the people I felt most comfortable with if she would be interviewed. She agreed and unexpectedly brought two other people along with her. This was a great lesson in just how unpredictable social research can be – all of a sudden I had a small focus group on my hands and I hadn't thought about how I would facilitate such a thing! Nevertheless it went really well and was one of the most informative interviews I conducted. I ended up holding 18 interviews in all.

To begin each interview I offered information about myself, my name, where I live, that I'm married, a student, how I got started in this research, why I am doing it and how long I have been doing it for, that I am of the opinion that the government of New Zealand has a responsibility to address socio-economic and health inequalities between Māori and Pākehā and that working through issues restricting further support for the practice of *Rongoā* is but one way of doing just that. I then asked if they have any

questions of me before asking anything of them. That I took this approach clearly relaxed some interviewees, particularly the interviewees I did not know. An interviewee who at first said she only had 30 minutes to speak with me, smiled at my comment about the government's responsibility and ended up talking with me for one and a quarter hours.

As I said above, I did not end up following the interview schedule. It was written with my best intentions to do so and with considerable effort but after a few days at the centre I could see that it was not suitable. Therefore, as I interviewed each person I set out with a high-degree of uncertainty as to what to expect (except for one interview I structured around clarifying some concepts employed by the *Te Oo Mai Reia* practitioners). Literature on ethnographic interviewing (Rubin and Rubin 1995; Spradley 1979) had drawn this to my attention – that my depth of knowledge about what and how to conduct the interviews would grow if I first let myself be open to the new ideas and different personalities I would encounter during fieldwork. I didn't want to miss out on important insights the interviewees brought and what they thought to be important. Not sticking to the schedule allowed the healers and clients to express what was important and what should be talked about, and how the topics of discussion would be framed. However the schedule did serve a role. When the interviews were winding down I handed it as a prompt to all but two of the interviewees (whose interviews had gone for two and a half hours and I was exhausted) to see if there was anything that we had missed. On all but one occasion the interview proceeded on a new tack. The theme of a question or two was drawn on but the wording of the specific question(s) was not. So the interviews remained "open" and I was willing to let the interviewee take the lead and encouraged them to talk further about topics that piqued my interest, (i.e. those that I considered to have particular relevance to the research topic). In my opinion, presenting the schedule later in the piece worked well.

In the later interviews I can see how I have became progressively more aware of their meanings lying behind the "language" the interviewees used to speak with me. These meanings I now understand differently to how I originally understood them having spoken, healed, eaten, laughed and spent time with the practitioners over two and a half years.

I have undertaken an analysis of the discourses that are part and parcel of traditional Māori healing to examine how its truths are formed and what the processes of truth-formation say about the context in which truths emerge. What allows, and causes, *Te*

Oo Mai Reia's truth about health, illness and healing to be known? What role has New Zealand's health sector's bicultural structure played? Anderson and Jack outline a method for in-depth exploration of people's means of communication and the message conveyed for the purposes of gaining awareness of the social forces structuring their subjective experience (1990:18). An examination of the purpose of communication adds to an understanding of how subjective experience relates to the social context. No discourse is neutral, which I have taken as suggestive that off-the-cuff comments be carefully considered as statements, informal and formal conversations, rules and regulations as forms of discourse. Discourse has the effect of attaching human beings and ways of being to particular relationships, categories and norms (Foucault 1991b). All forms of discourse have origins and effects; they emerge from and reproduce not only ways of thinking about the world, but also the social formations within which people live. They can have the effect of reproducing some people's privilege while marginalising others. Repeatedly heard expressions, narratives and sentiments are likely to have widespread relevance and historical depth.

The role of the body

To learn how biculturalism worked through *Te Oo Mai Reia* I have drawn from literature about embodiment which, argues Csordas, begins with "the methodological postulate" that the body is "the existential ground of culture" (2002: 58). As does Csordas, I consider "primary experience of the social world" to be generated through the "socially informed body" (Bourdieu 1990: 3). This literature considers the body as a setting in relation to the world and consciousness as the body projecting itself into the world (Csordas 2002: 60). Thus the principal characteristic of the embodiment literature is a collapse of the mind and body, and subject and object dualities (ibid: 59). A limitation it observes is that perception and practice does not exhaust and is not necessarily determined by a social order. What was happening at the level of the body-self was taken to be indicative of personal response to, or feelings about, the social sphere.

I have paid careful attention to not only how people made sense of the body and its socio-cultural determinants, but how people *used* the body to make sense. The main reason for needing to do so was that the managers, *tohunga* and other practitioners did

not require a verbal or written explanation of diagnosis and healing which made talking to the practitioners about all aspects of healing particularly difficult. They did not expect that sensations, feelings and actions associated with illness, diagnosis and healing had to be explained in terms of words. Communication could occur through speech, text, visual media, spirituality, touch, movement and gesticulation, screaming, laughter, crying and silence. A broad interpretation of discourse opens up the possibility for examining verbal and non-verbal mechanisms such as these that emerged during and/or with reference to healing. The healers thought it unnecessary that patients' groans, movements, screams, colours, contours, shapes, textures, temperatures and so on, be understood in terms of words because verbalising their significance alters their form and therefore constitutes an inaccurate representation. Patients were infrequently asked to explain what their "symptoms" were, the reasons for their suffering and what they needed to be well. However, wānanga tuition about the body, suffering and healing provided us with the theory behind the healing, which in conjunction with practitioners' discussions about particular cases, interviews, and my own healing experiences, helped me to understand the meanings of particular cases.

Critically engaging my body to learn how the *Te Oo Mai Reia* practitioners engaged their own bodies was a key ethnographic tool, as it was for Desjarlais (1992) and Stoller (1995). It helped me acquire a practical understanding of the logic of *Te Oo Mai Reia* which helped me understand what it was my informants were telling me as well as what I saw and heard them do. As one healer, Aroha, told me early on in the piece, "you have to experience it [*Te Oo Mai Reia*] for your self to understand it". A key way of doing so was by engaging my own body and faculties for making sense in the act of working as a healer and being healed. By learning new ways of making sense and questioning what I took for granted as *the* ways to make sense I could better understand the *Te Oo Mai Reia* approach to healing. A key lesson I learnt was that discourse only says things about the world, it isn't the world itself. In other words, discourse does not construct all it is that people experience of the world. Neither is what you see and hear the full story. Personally experiencing the sensations, actions and changes that occur within the body and mind, and effecting change in other people's bodies and minds, provided me with invaluable fieldwork material. Also it gave me a deeper appreciation of the effects of government at the level of the body of the citizenry, at least within the context of the practice of *Te Oo Mai Reia*.

Research position

Anthropology conducted "at home" (Jackson 1987) is in some important ways different to anthropology conducted at a distance. Because New Zealand is my home and because I have a great deal of respect for many of the people I met while conducting my research and live alongside them– I have "bumped into" many of them since completing fieldwork – I feel intensely accountable for what I say. I argue that feeling so accountable has brought an understanding of my material I may not have otherwise achieved. *Because* I and many of the research participants live in Auckland, and some of them attend my University, I made extra effort to think carefully about the politics of my representation. I feel it was easier to say than do: I have been told by many people to be honest, say what I truly think and feel, because if you do not speak honestly people will be able to tell you are being insincere and will respect you all the less because you have been dishonest. I did not feel good about all that I experienced during fieldwork and speak critically about some of it, but I am no different from most other clients *and* healers in feeling that way. What appears critical has not been said frivolously; it has been said because I consider it important for it to be said.

On an abstract level, even though we all had particular interests, opinions and backgrounds, we were all "New Zealanders" in the sense that our relationships reflected the farther-reaching structures shaping the country's health demography and services. Even though we all had different life experiences and views on the world, each and every one of us lived on a day-to-day basis with the effects of New Zealand's past. My consciousness of myself as Pākehā, the research participants as Māori and the broader context of the cultural politics of this land and its people, left me with a low-level but indelible anxiety about how I would be received by people I had not met before; largely because I felt some people harboured a "suspicion of neo-colonial intellectual imperialism" (Jackson 1987:8; Smith 1999). This is understandable given that Pākehā have consciously *and unconsciously* managed Māori into a position of marginal symbolic and material power in relation to the production of legitimate knowledge (Smith 1999). Despite my best efforts to the contrary, the "Pākehā" tag remained an impediment to establishing relationships based on trust with some people throughout the research process – an effect of the weight of historical and contemporary politics. I carried this suspicion with me from day one in certain spheres and in the company of certain people, which at times became emotionally and intellectually wearing.

Rubin and Rubin (1995:2) note that interviewers should be aware that interview*ees* say some things and not others *because* of something the interview*er* says or does. There is no such thing as an objective account of an interviewee's point of view. The same point goes for participant observation. Some things happen because the ethnographer is there, and some things do not happen for the same reason. In other words, all research, whether it is conducted by a person of the same ethnicity or social class as the research participants or not, is in part a product of the researcher's presence. So I have asked: what have I done to make this research unfold as it did?

I am certain that at least some people modified their behaviour because I was *simply there*. Rachel told me that a woman who was in the same room as me said to her *when I left the room*, "what's that Pākehā boy doing here?" Rather than ask me, she asked Rachel. I know who made this comment, but I don't know how she would have acted differently if I was not there. I do not think she was annoyed at my presence, I think she was merely curious about what I was doing there. I spoke to her on several occasions following her interchange with Rachel and she was on every occasion following her comment, courteous and at times referred to me as "dear". A more striking example is that of Paul and Mike. They made a point of ignoring me and quietening their conversation when I was around and sometimes even putting an end to their conversation. I could feel tension around them, but I was not sure if it was simply my insecurity. However their demeanour changed markedly once they saw Papa and me speaking on congenial terms. Following this they made a point of including me in their conversation. So rather than their behaviour simply being a reflection of me being a Pākehā and/or researcher, how I fitted into the structure of the healing "community" greatly affected their interpretation of who I was and consequently the nature of our relationship.

That I was Pākehā and all but a few of the practitioners were Māori greatly affected the process of this research and in this sense it is a study of a "bicultural" dialogue between Māori and a Pākehā. The network of relationships of which I was part, the roles I took upon my self and had given to me, the identity bestowed upon me by virtue of my studies and my personality all affected my understanding of the research topic. I was neither simply a researcher nor a Pākehā, and neither were they simply Māori nor research participants. Some research participants became friends, I did not get on so well with others. I became an "Academic Consultant" (a title not of my choosing!) to a group establishing a Charitable Trust providing traditional Māori healing services.

During my time at the healing centre and wānanga, Pākehā were the most noticeable other. This probably had to do with me being Pākehā, but that Pākehā are the principle "partner" to Māori in the building of the bicultural nation-state probably had something to do with it too. For me this underscores the necessity to pay attention to relationships when studying identity. I was often touched by the warmth I received from practitioners who were taken by the extent of my commitment and interest in learning about their healing art and entrusted in me a lot of information to which they felt deeply attached. But a few were also suspicious and responded strongly to me based on who I, as Pākehā, represented.

One such person was Paul. When I first met Paul I took him to be apparently speaking comfortably to the all people in the room in which we were sitting. We were at the healing centre in the room set aside for healing with five other people, one of whom arrived with Paul. When Paul and his friend arrived they did as people generally did, which was to go around the room and hongi[23] and shake hands with the men and if not hongi then kiss the women on the cheek. Soon after Paul arrived he began telling a story about why he was struggling with an alcohol and drug problem. As he spoke everybody else quietly got on with what they were otherwise doing – quietly discussing something with someone else or healing, although sympathetic and interested comments were made in relation to Paul's story too. Paul spoke about his parents' violent relationship, the cause of which he attributed to his father being jealous about his mother's successful amateur singing career based in the local pubs. His parents would often fight when she returned home from singing and Paul and his siblings would be frightened and upset by what they could sometimes see but always hear. He said that throughout his life he had been traumatized by the violence, even though he had been taken out of the family home by what he called "the authorities" and put by them into a boarding school. He didn't want to be taken away from his home and neither did he want to be put into a boarding school. Apart from never actually wanting to be at the school, the difficult time he had there was made worse by English not being his first language so he could not understand a lot of what was being said. It was for these reasons he felt he had a drug and alcohol problem which he was struggling to overcome. Soon after he stopped telling his story I went over to him, introduced my self and asked if he and his friend would mind talking to me some more. He replied by

[23] Greeting by a touching of noses.

asking me for some more information about my study. As I began replying to his question he immediately asked another: why had I come to the healing centre. As I began answering this question he asked if I was Māori. I said "No, I'm Pākehā". He asked why I had an interest in traditional Māori healing. As I began to reply to that question he made fists of his hands and leaped out of his chair saying he was at the centre because "I am spiritually sick and sometimes I feel like smashing people and if you want to know why you should read your fucken history". I sat silent, stunned, and his friend asked, "what do you think about the Treaty of Waitangi?" I really didn't know where to begin letting him know what I thought about the Treaty so I said, "there are a lot of things I think about it, what do you think about it?" He replied, "my thoughts are private" then walked out of the room. Paul remained seated, as did I, but he too soon got up and left the room. I, as a Pākehā, was seen to if not represent that institution then be complicit in the debasement of Māori people's mana[24] and economic resources.

A comment made by Steve, the manager of the healing centre, a registered counselor and wānanga-schooled *Te Oo Mai Reia* healer, was laden with sentiments about the conflict and difference between Māori and Pākehā. The pointed humour and frankness with which he expressed himself spoke about our personal relationship and the relationship between Māori and Pākehā. He said to me,

> ... Māori as a culture has some really fabulous talents, gifts, ways that are good for the world. Who else can be suppressed and progress at the same time? That's why we are admired by first-nations people all over the world. You are the ones who are dumb, because we are still here (laughs)!

On one level, Steve was making distinctions between himself and me. On another level he was making a distinction between Māori and other collectivities, locally and globally. He "joked" about Pākehā settlers not wanting Māori in the modern nation. He also felt that Pākehā do not recognise or appreciate how resilient, gifted and irrepressible Māori are. While on the one hand he draws a line between first-nations peoples and settler populations, he also distinguishes Māori among indigenous peoples by pointing to other indigenous people's admiration for Māori. By establishing these personal and collective boundaries the interviewee was bringing into our amiable

[24] Authority, influence, esteem, power.

personal relationship a shared history of colonial violence. He reflects back at me an accusation that "we" Pākehā are assumed to make – that Māori are dumb. Steve suggests that Pākehā are in fact dumb because we could not finish Māori off. By making these points he showed that colonial violence was still an issue in the context of our personal relationship, as well-meaning as our relationship was. New Zealand's history had a bearing on who Māori and Pākehā were thought to be collectively and individually and in relation to each other. No one in the present was independent of more distant times and social processes because history affected present-day persons, how they were categorized by others, how they reflexively categorized themselves, and how their relationships formed and played out. Discourse about New Zealand's colonial past and the present state's governance of the nation was not only apparent as background to our understandings of each other, sometimes it was foregrounded as the most important dynamic of our relationships. Likewise regards illness and healing; sometimes New Zealand's colonial past was significant as background but sometimes it was the most important matter of the moment.

Ethics

There is no one way to conduct ethically sound anthropological research because every project is different. But at a minimum, for anthropological research to be ethically sound, it must positively affect the lives of the research participants *and* not harm the researcher (Sluka 1992). With these minimums in mind, I set out to develop a more complete and practically useful protocol that took into account the particulars of this research project. So in consultation with the *tohunga*, management of the centre and other interested parties, a protocol was developed which began with the research design through to the use of the results and distribution of research findings. We drew on the Royal Commission on Social Policy's principles of the Treaty of Waitangi. I elaborated on these by taking some points of Smith's writings about "kaupapa[25] Māori research" (1999) alongside literature on anthropological method.

While New Zealand's Health Research Council (1998, 2002) holds that the principles of ethical research apply across disciplines and to some extent cross-culturally (1998, 2002), the ethics committees this research's proposal had to pass

[25] Philosophy. In this context it means a Maori approach to research.

through were based on a model of biculturalism. This means that when applying for ethical clearance from a New Zealand Health Research Council ethics committee, which all health research projects conducted in New Zealand must do, one has to answer the question, "Explain how the intended research process is consistent with the provisions of the Treaty of Waitangi" (Ethics application form EA502-naf: question 14.3). Hence ethical assessment is undertaken within a context of power, and is a process that endevours to discipline researchers' behaviour and, hence, how one can speak about a topic. Some scholars argue that qualitative research is seen to be particularly prone to ethical dilemma and political volatility because it has the potential to expose turbulence, despondency, disagreement, ideology, and so on (Fraser, 2004; Jackson 2002; Punch 1994).

My experience shows that the academic and political context of a research project significantly impacts on its ethical assessment. This became clear when the Auckland Health and Disability Ethics Committee considered my application. Ethical clearance was in the end granted following a process where the committee's force as a technique of governmentality was made clear. I felt discouraged to continue the research, and one Committee member was particularly disapproving of the research as a matter of principle. The most noticeable positions of the Committee were that Pākehā should not research Māori topics and that the relevance of qualitative research and Māori knowledge are of questionable value in the field of health. This is not an unusal experience: Anthropologist Joan Metge (2007: 22) reflects that, "in the early 80s, during the rise of Māori activism, I had a very specific, very personal and very hurtful challenge that what right did I, as a Pākehā, have to intrude into the Māori world?" While the challenge I faced was not as vociferous as that of Metge, it was offensive in a number of ways.

There are examples of research similar to mine becoming turbulent and it was necessary that the Committee examined the capacity of the relationships holding the research team together to ride out any foreseeable challenges. But when informed of the year-long process of negotiation involving a team including senior members of the health research, anthropology and local Māori communities, I felt it was reasonable to expect that the Committee members would be satisfied that the research and supporting team was sound. However a Committee member still found it necessary to question how sensible and desirable it was that I, as a (quote) "Pākehā" "research Māori". I suspect the member held a suspicion of neo-colonialism. Granted concern for the

welfare of the research participants was his responsibility. But I argue that his position also implied that the centre's managers and Papa Delamere's goodwill for this research was founded on naivety. Such unease with a cross-cultural production of knowledge discourages Pākehā and Māori from together commenting on New Zealand's socio-cultural order. It also encourages the construction of both "us" and "them" understandings, and implies that it is best that the bicultural nation be comprised of two separate peoples who should not cooperate in the formation of understandings each has about the other. I admire Metge's personal positioning, which is that, "I've always seen my job as never to claim I am an expert in Māori things but to help Pākehā to understand, to give them a sufficient basis that they can then move into the Māori world and make their own connections" (ibid: 22).

A further concern was that before we could discuss some ethical issues raised by this study, a (different) member of the Committee wanted an explanation of what the point of qualitative research is. My supervisor explained how and why qualitative research is conducted in the way it is and the usefulness of qualitatively generated knowledge and I then had to spend several minutes replying to a further question about the practice and philosophy of a commonplace account of Māori healing in the literature. This left little time to actually consider what the possible ethical problems of this research were. As a consequence the passing of the research was delayed for several months because it needed to be forwarded on to another suitably qualified Committee before ethical issues could be considered.

The final call on this research was deferred to Waitemata's Māori Research Advisory Group through the Auckland Health and Disability Committee. The former provided a much more congenial environment largely because the Group's members were familiar with traditional Māori healing and they appreciated the mana of the people who were backing this research. Most of the members also had personal relationships with the managers of the centre and thus trusted that they knew what was best for them. Questions were still asked of course, but the replies given were accepted as reasonable, authoritative and considered points of view.

Looking ahead

In chapter two I situate my analysis of *Te Oo Mai Reia* within a broader scholarship describing Māori healing. I show that what constitutes a Māori tradition of healing is contested, partly because defining a tradition requires generalising the experience of the collective, which inevitably overlooks the points of view and interests of some individuals. I consider how Māori healing addresses concerns beyond the body-self through collective action, and serves as a way of responding to unwanted effects of the social order. I show that *Te Oo Mai Reia* is similar to, and different from, other Māori healing traditions. Healing techniques common to many Māori healers, such as *mirimiri*[26], may take on a particular character in the context of *Te Oo Mai Reia* attributable to the *Te Oo Mai Reia* model of the body and healing.

Chapter three examines the emergence of a publicly fundable form of Māori healing. Rather than assume that all public *Rongoā* service development was based on a Treaty of Waitangi-based model of government, which is what the state's *Rongoā* policy asserts (Ministry of Health 2004), I examine what other practices of government were at play. I conclude that for *Rongoā* to form part of New Zealand's publicly-funded health system, it appears it must be complementary to, as in different but not too different from, the kinds of health concepts that have already been validated by government process. Furthermore, I argue that this shows that bicultural governmentality enables the expression of some Māori healing practices and concepts more so than others, which reduces the range of publicly-fundable Māori healing knowledge and practices, and, in the end, serves some Māori healers and patients' interests more than others.

In chapter four my analysis turns to examining how Māori have been classified as an ethnic group and as citizens of the state, in so far as these identities have significance to the practice of *Te Oo Mai Reia*. I argue that the practitioners' sentiments about Māori identity, their experience of membership of the nation-state, and their healing philosophy and practice, are related. I also show that Māori identity and citizenship are tightly interwoven and that they both have significance at the level at which explanations about and provision for the healing of suffering are determined. I demonstrate this by teasing out the rationalities and techniques used to attribute significance to Māori identity beyond the state, and legitimise the rights and obligations of Māori as citizens of the state. I show that individuals bore the consequences of such decisions, official positions and commonplace notions as exampled by feelings of

[26] Deep tissue massage.

shame, anger, pride and health care decisions. The definition of Māori identity and how this relates to the rights and obligations of Māori vis-à-vis the state was tied to the politics of the distribution of decision-making power across government office between Māori and Pākehā. I examine the case of a *Te Oo Mai Reia* practitioner that went to court to find out how biculturalism shapes how the body and how the fundamental requirements of good healing are adjudicated.

I analyse what I consider to be the most fundamental conceptions of the body shared by the majority of *Te Oo Mai Reia* practitioners in chapter five. The findings help explain what the practitioners were referring to when they spoke about "the body". It also helps explain what the practitioners were doing when they made sense of and worked with the body. I situate my findings within the literature about the body and locate my findings in the literature about Māori healing, which includes little analysis of Māori healers' notions about the body. I contend the body the *Te Oo Mai Reia* practitioners worked with was, in-part, composed *by* and *of* social elements, and that realizing the difference between "by" and "of" is crucial to understanding the philosophy and practice of *Te Oo Mai Reia* healing and how the practitioners embodied the effects of bicultural government.

In chapter six I investigate how the practitioners employed the body to rationalize and perceive, and analyse what rationalities and techniques of bicultural government were inflected through the sense making process and how these governmental rationalities and techniques worked. This analysis is based on the idea that from the moment an object is first identified as something to be understood, even before it is elaborated with further meaning by an observer, it has social significance (Merleau-Ponty 1962). I discuss how spiritually-inspired sense making practices were fundamental to the practice of *Te Oo Mai Reia*, and that a rested, peaceful state of being was required to embody such inspiration. I note how spiritual inspiration stood in tension with the potential of the mainstream of New Zealand society to limit such a capacity for making sense.

In chapter seven I draw on the findings of the earlier chapters to focus on the outcomes sought through *Te Oo Mai Reia* and the procedures the healers employed to get there. I do so because the goals the practitioners had in mind are in part derived from and respond to the rationalities and techniques of bicultural governmentality, and because healing activates and gives meaningful form to physiological and psychological processes in the practitioners (Csordas 2002: 27). In the context of this research, this

means that healing gives bodily form to the regularity of, or responses to, the incumbent bicultural social order. I discuss how, to be well, the practitioners needed to maintain "neutrality" (peacefulness) and "connectedness", especially to te ao Māori, spiritually and socially. They contended that suffering can be caused by relationships that are disrupted, strained or somehow else unacceptable. The negative effects of such relationships could sediment in the body and can therefore continue to cause unwellness even when troubled relationships have passed. It was for this reason that sedimentations needed to be removed from the body. I show that healing focused on reconstituting diseased bodies, at the level of the body-self and the collective.

The final chapter, chapter eight, concludes the thesis by drawing together the ethnographic material with a reconsideration of the theoretical themes I have introduced here. I offer some suggestions as to what further work could be done to refine a methodology implementing bodily praxis tuned to capture people's experience of governmentality in the context of New Zealand's biculturalism. I consider what the *Te Oo Mai Reia* practitioners' healing work and experience can tell us about the governmental ordering of New Zealand as a bicultural nation-state.

CHAPTER 2: TRADITIONAL MĀORI HEALING / *TE OO MAI REIA*

In this chapter I situate my understanding of *Te Oo Mai Reia* within a broader scholarship of Māori healing. I draw on the practitioners' descriptions of and reflections on the philosophy and practice of *Te Oo Mai Reia* to provide a description of it and show how these understandings compare and contrast to accounts of traditional Māori healing in the literature. Throughout this chapter I consider the difficulties associated with describing a healing tradition and how conceptions of *Te Oo Mai Reia* have emerged within a broader set of discourses that also engage with organizing life, especially identity, spirituality and colonialism. This broad scope for analysis helps understand the relationship between governance of the body, social sphere and the personal work of healing.

Describing a Māori tradition of healing

Claiming there is *a* traditional form of Māori healing suggests that at a temporal and geographic *point* there is a form of Māori healing that is more authentically Māori than all others. Making such a claim is obviously problematic. The idea that there is *an* authentic tradition of Māori healing is questioned, because such a concept flies in the face of people's experience of social and cultural change and the emergence of a heterogeneous Māori society. My approach to analysing traditional Māori healing is one that looks at the relationships between ideas and practices, and Māori, Pākehā and the bicultural nation state. Hence, authenticity, while of interest, gets problematised through my examination of how authenticity emerges and what role it plays in the ordering of healing work and the social setting within which it appears.

My account of *Te Oo Mai Reia* as a Māori healing tradition acknowledges that social forms ajnd health change through time. Extensive research claims that whānau and hapu[27] were the basic social formations prior to colonisation (Belich 1996: 83). Post-

[27] Extended whanau or sub-tribe.

Pākehā contact there has been a continual emergence of new cultural forms and on-going social exchange between Māori and Pākehā. At Pākehā contact, infectious diseases were introduced against which indigenous healing methods were largely ineffectual which, argues Buck (1970), caused a loss of faith in traditional healing powers. Deforestation occurred at an increased rate which led to certain herbal remedies becoming harder if not impossible to source (McGowan 2000). Some of the teachings of Christianity proscribed calling on non-Christian spiritual powers to affect health-promoting change (Elsmore 1999). Urbanisation put distance between some people in need of healing and healers and disrupted the kin-based knowledge transfer of healing knowledge and the introduction of a capitalist economy impacted on traditional livelihoods and living arrangements (Walker 2004, Webster 1998). These changes, and surely others, would have impacted on how the healing practices of Māori have changed through time.

In acknowledging the work of Waldram (2004), I have observed that argues that distinguishing an "aboriginal" healing tradition is a response to colonialism (ibid.: 281). Locating forms of sickness and healing exclusively in an indigenous population establishes the aboriginal population and its illness and healing as counterpoints to the non-aboriginal population their forms of illness and healing (ibid.: 282). Thus, the reification of aboriginal categories is entwined with broader issues concerning such as "contact, cultural change and oppression" (ibid.). That a Māori person can have a "weak" identity, and that this leads to health problems through poor self-esteem, links identity to the need for a certain kind of model of healing, which is a model of healing that nurtures an identity that is meaningful to that person and relevant to the demands of that person's life. As argued by Durie (2001), such a model of healing must be supported by the broader socio-cultural context within which that person and model of healing sits. A key to Durie's model of healing, which is apparent in the *Te Oo Mai Reia* model of healing, is that that the suffering person needs to return to his or her Māori culture in order to heal.

A point of departure of Waldram (2004) from Durie (2001) is that, working within the North American context, Waldram (2004) argued that a problem with generalised accounts of identity and healing is that they tend to lose focus on what cultural form the person needs to return to. He argues that this does not discount the possibility of the existence of certain forms of illness experience and efficacious forms of healing in indigenous communities. But given that *certain* forms of illness and healing are

significant for "*certain* peoples, and within *specific* spacial and temporal contexts", Waldram argues for a contextualised account as opposed to "essentialised portraits of aboriginality" (ibid: 282). "Context is everything" (ibid.).

A further point I consider is that all healing traditions are heterogeneous, including traditional Māori healing. This point is widely acknowledged. Jones (2000a: 62) has noted that Māori healing is a personal and heterogeneous activity. While some individual whānau have the writings of their ancestors, kaumātua and kuia[28] on which they can draw for educational and reference purposes, there is no one school or common literary tradition to which all practicing or prospective Māori healers refer. A national conference was recently held to address the question, "what is the practice of *Rongoā* Māori?"[29].

Elsewhere in the Pacific, Macpherson and Macpherson (1990) noted a broad range of skills and approaches to healing among Samoan healers. Samoan healers tend to specialise within certain parameters of practice, parameters arrived at through, for instance, chance or exigency (such as isolation from other healers or health services), awareness of one's natural abilities, or through apprenticeship to an elder or more senior healer. Further afield, Ferzacca[30] (2000) has examined a concerted effort by the Indonesian state to regulate the diversity of *pengobatan tradisional* and Langford (2002) observed a wide range of approaches to Ayurveda in India.

Biomedically trained doctors practice in variable ways. Biomedical doctors of course specialise in a wide range of fields and a survey of Auckland GPs carried out in 1990 found that thirty percent of the respondents practised one or more forms of "alternative" medicine. Two-thirds reported they would refer patients for alternative treatment (Marshall et al 1990).

A further point I consider when describing *Te Oo Mai Reia* is that healing transcends the individual, the patient-healer relationship, and ethnic or cultural group. Māori healing is linked to strategies of self and collective assertion within a culturally plural context and social order. No one knows how many people practice a "Māori" form of healing, but it has been noted that since the 1960s there has been a resurgence of

[28] Elder men and women

[29] Held at Te Wānanga o Raukawa 9-11 February, 2006. Attendees included such high-profile people as the co-leader of the Māori Party and Member of Parliament,Tariana Turia, Professor Mason Durie, and an editor of the papers of Māori Marsden, Charles Royal (Marsden 2003).

[30] The "Governing Bodies" title of my thesis was inspired by Ferzacca's (2002) paper.

interest in traditional Māori healing[31] (e.g. Durie et al 1993). Tied up with this resurgence of interest is the emergence of a number of national bodies, institutions and government agencies concerned with the training of *Rongoā* healers (e.g: National Māori Workforce Development Organisation 2001), government policy on the regulation, development and administration of *Rongoā*, (e.g.: the Māori Health Directorate), and *Rongoā* advocacy (e.g.: Nga Ringa Whakahaere o te Iwi Māori (see www.nrw.co.nz)). Tertiary institutes have established government-certified courses for the training of *Rongoā* healers, such as at Te Wānanga o Raukawa. There is no one regulatory body or co-ordinated corpus of authorities over-seeing the training, registration, and practice of Māori healers nationwide. *Te Oo Mai Reia* is linked to a struggle between Māori and the state over the rights and obligations of both Māori and the state in relation to each other. I am interested in this broader politics in my analysis of *Te Oo Mai Reia* as a form of traditional Māori healing.

I understand a tradition to be "a selective representation of the past, fashioned in the present, responsive to contemporary priorities and agendas, and politically instrumental" (Linnekin 1992: 251; Waldram 2004: 295). Likewise, I understand healing to be "a moving target" (Waldram 2004: 299). Healing means different things to different people when considering the ends sought through the "transformation" sought for and by the person who is the focus of therapy (Csordas 2002). Healing also has a particular set of significance at the level of agents seeking to routinise practitioners' healing practice. I understand what I have learnt about *Te Oo Mai Reia* to reflect a Māori tradition of healing in the sense that it is a contested, and contestable, take on what has been inherited from the past and occurred at the level of governmentality.

Bringing embodied knowledge to Te Oo Mai Reia

Several healers commented on the differences between what they had learnt about Maori approaches to healing prior to learning the *Te Oo Mai Reia* approach to healing and what they learnt through wānanga or working as an aide to a more experienced healer. Rachel told me,

[31] Major reasons for this resurgence are discussed in chapter three.

> When I first started [healing] it wasn't the full on stuff that we now do here, it was a softer method, it was energy healing and stuff like that. But when I started working here it was full-on physical stuff that I was taught by some of my other colleagues. Since then, like I've been here for about four years now, you know it's like every weekend, it's like natural now it's normal for me to just jump up and go.

This healer, and other healers and students of the wānanga) recalled being told to do certain things as an aid to healing when they were children. But many of the healers were never told as children why they were to do what they were asked to do. As a child, the practice and philosophy of healing was implicitly made sense of as opposed to explicitly questioned or rationalised. When the healers and students as adults saw the same kinds of healing methods being employed at the centre, and when they were able to have the rationale underlying those methods explained to them, many felt a complex of humility, gratitude and fortune. There did not have to be a one-to-one agreement between embodied and newly learnt knowledge for the experience to be sensible in a significant, and sometimes new, way.

Through *Te Oo Mai Reia* schooling, some students with prior experience of healing learnt about "the" logic underlying what they did as a child. *Te Oo Mai Reia* both brought out what was already within the body and offered new material for reflection. New ideas and techniques were considered alongside prior learnings. Aroha told me,

> [reading a question on the interview guide] So in terms of has your healing changed? Absolutely! I mean, her [daughter's] cousin came and she was hapu as [heavily pregnant] and so sore and, um, we did things like "oh come here and I'll put my hand on you", you know, and [now] I go "oh, that's why I used to put my hand there" So for me, wānanga and being here at [the healing centre] has validated the methods I had done without questioning. I didn't go "Nan, how do you fix up this back" I used my intuition and my instinction [sic] because your body heals itself and it's you that restricts it from healing. But in terms of healing the way we do healing, ah, "oh, your mother she put her hand on my back and the next minute there was no more pain". ... All I know is that I do those methods because that's what my Nanny used to do. Wānanga is about validating our mahi[32] that we had done years ago and had no idea of what we were doing but knew that it was good for the person.

[32] Work.

> TOC: So what about learning new things, new techniques?
>
> AROHA: Oh absolutely we are learning new techniques now. ... They are actually ancient techniques that are being brought alive. I didn't go I want to learn that. No. I've already got it and it's a question of bringing that out. I know how to do that.

While the practitioners spoke about not being fully aware of what they were doing as a child, some of their early learnings that had initially taken place at an unconscious level became significant to their learning about *Te Oo Mai Reia*. The body, operating as a form of "memory" (Bourdieu 1990: 94), carried material for reflection addtional to what the practitioners' were learning about *Te Oo Mai Reia* theory and method. For instance a healer, James**,** told me,

> what [my Granddad] would do is get me on his back, to walk on his body, and he would get us to start at his feet and walk up his body and pause at certain places and now I know what the significance of those places are. So um, yeah, I would consider that would be my first exposure, my first step in learning about this, which would eventually lead to where I am now.

All of the practitioners I came to know sought new kinds of information and ways for making sense about health, illness and healing. Aside from spritiual inspiration, they sought new ideas by discussing with other healers healing in general or what they thought was best for a particular case of healing. They also learnt from other healers by imitation and observation. The healing methods most commonly employed by the *Te Oo Mai Reia* healers were *mirimiri*, *romiromi* (a form of *mirimiri*), karakia, and *rongoā*, all of which I discuss shortly. No healer employed all of these methods to heal every time, and different healers used each of *romiromi*, *mirimiri*, *Rongoā* and karakia in different ways.

Te Oo Mai Reia – interpreting the phrase

To understand the procedure of *Te Oo Mai Reia* healing and the purpose underlying the logic of healing, one has to have a comprehension of the phrase "*Te Oo Mai Reia*". There is no one meaning of the phrase – the various parts of the phrase can be

interpreted to mean many things, as can the phrase as a whole. Furthermore, some experienced practitioners write the phrase "*Te Oo Mai Reia*" whereas others write it "*Te Oomai Reia*".

Early in my fieldwork I asked an experienced healer, Aroha, who was a fluent speaker of te reo Māori, what "*Te Oo Mai Reia*" means. She quickly replied, "deep tissue". Until I checked the dictionary meaning of these words I assumed her reply to be a simple translation of the words "*Oo Mai Reia*" ("Te" means "the"). My initial fieldwork experiences concurred with this – "deep tissue" was the material focus of the practitioners' work. But a few weeks later I read a copy of the healing centre's brochure which read,

> *Te Oomai Reia* [sic] can be gentle, rhythmic, light but often involves deep tissue massage using pressure points, nerve centers and muscle tissues to stimulate the internal organs, removing toxic wastes, tensions, pain and tiredness from the body and replace them with positive energy and vitality. It also increases circulation and improves muscle tone. The reprogramming of cellular memory to its original healthy balance assists the healing process within the individual.

This intrigued me. A quick check of the dictionary for the meaning of the words "Oo Mai Reia" showed me that there was more to the meaning of "Oo Mai Reia" than Aroha's initial response suggested. The brochure and dictionary suggested to me that there was much more to *Te Oo Mai Reia* than simply "deep tissue". As I learned more about the healers' work, their conceptions of the body, illness, and wellbeing, the extent to which the *Te Oo Mai Reia* mode of healing encouraged self discovery and the founding of healing power and potential for well-being in the Ultimate Deity, Io, I realised I had to delve into the meaning of each of the words and phrase. A practitioner, Steve, e-mailed his understanding of *Te Oo Mai Reia* to me.

> Try this: TE is singular, OO is deriving from, MAI is coming towards you, RE is a suffix to rere which is to flow, I in this context would be the hindrance which restricts my free and unhindered movement ie: that is the subject to be addressed and solved, A is the reaching, realising a conclusion or if you put IA together you get him/her which is a personal reflection. Put together creates a process and a definition. This is Māori intelligence from which you can derive a concept of this healing practice.

Papa Delamere encouraged his students to make sense of karakia[33], *whakatauki*[34], words, even single letters ("a" can mean many things, for instance) for themselves. Based on observation, participation, wānanga instruction, conversation and dictionary based-work (Williams 2003) I have arrived at the following carefully considered but admittedly contentious interpretation of the healing tradition's name.

- Te: "the"
- Oomai: not listed
- Oo: can mean "provision for a journey" and "of, belonging to"
- Mai: can mean "towards the speaker"
- Reia: not listed
- Rei: can mean "leap, rush, run"
- a: can mean "of, belonging to", "when speaking of works accomplished or in progress"

To me, the phrase *Te Oo Mai Reia* invokes a sense of a personally involved movement of self. As my interpretation of the words suggest, patients cannot be unmoved or passive when taking part in healing. But alongside the phrase must be considered the evidence of participation and observation which showed me that it was commonplace for both healers and patients to identify and "shift"[35] "blockages" (of the flow of life-giving spiritual energies through the body), "inhibitions" (to the expression of self), "thoughts" and "wairua" during the act of healing. The effect of healing could work both ways: Both healer and patient could be moved, healed, or invigorated by the healing experience.

According to Durie (2001:155), "healing" is a "process" that "emphasis[es] a patient's own "capacities" and "strengths" for "restoration". Healing can be a "biological" process, such as the "growth of new tissue from the base of a lesion", and it can be a process whereby spiritual or emotional balance is restored, such as "after a period of despair or dysfunction". Indeed, through *Te Oo Mai Reia* healing, practitioners sought physiological cures, a heightened sense of self-esteem,

[33] Prayer

[34] Proverb

[35] The words in speech marks following this footnote are quotes from Papa Hohepa Delamere, and other teachers of Te Oo Mai Reia, unless otherwise stated.

empowerment and spiritual development – as the following description of "Māori healing" posted on the internet (www.Māorihealers.com, accessed 21 April 2006) by a group of healers trained in the *Te Oo Mai Reia* tradition makes clear:

> Because human beings function on many levels, often simultaneously, Māori healing does too.
>
> Māori healing encompasses the spiritual, the mental, the emotional, the conscious, the subconscious, the tribal, the universal, and the soft and deep tissue levels.
>
> Because human beings function through the spirit, heart, and soul. Māori healing embrace these gifts in diagnosis and treatment.
> ...

Bourdieu argued that collectives concerned with effecting change, which, I argue, the *Te Oo Mai Reia* practitioners were concerned with, pay careful attention to the "redefinition of "seemingly insignificant details of habitual bodily process" (Bourdieu 1977: 94, cited in Comaroff 1985: 543). Such an exercise required that "[the] principles" of socio-cultural orders are "embodied", "given body, *made* body" (1990: 94).

Te Oo Mai Reia practitioners considered their healing work to be empowered by a higher power. They did not consider human action, chemistry or a healing method to be the primary force that enabled the work of healing to take place. *Te Oo Mai Reia* healers spoke about flows of spiritual energies that, in words commonly used by healers, "fed", "envigorated", "protected" and "healed" the body, mind and soul. The energies embodied were sourced through karakia, *takutaku* and *kaupare* and served to heal self and others, spirituality and physically. The literature shows that such thought was commonplace among Maori.

The *Te Oo Mai Reia* brochure[36] states,

> *Te Oomai Reia* [sic] is an attitude on the part of the therapist that one has to be clean and positive in mind, body & spirit when massaging another person; one is transferring positive energy to another where by healing is taking place before, during and after the session. One has

[36] The brochure was never distributed, as far as I am aware, because the occasion at which it was going to be used did not eventuate.

> to bear in mind that the healing process has already started within the person because he / she is reaching out for help. The individual trusts and believes the therapist can help and acknowledges that the healing comes from a Higher Power. [37]

Te Oo Mai Reia – the healing methods

I now discuss each of the *Te Oo Mai Reia* healing techniques I learnt about and observed during my time with the practitioners. I refer to the whānau resource centre's brochure, wānanga instruction and my observations and experiences. I situate my description amongst literature about Māori healing methods as a means of comparing and contrasting *Te Oo Mai Reia* methods to other Māori healing methods.

Romiromi and Mirimiri

For Papa, *romiromi* was the most fundamental healing method employed by the *Te Oo Mai Reia* healers. However, I often heard practitioners speak of *mirimiri* as *romiromi* and vice versa. The brochure described *romiromi* as "deep tissue work which facilitates the release of deep blockages. … This body work involves honesty and the facing of one's fears". Peter, a wānanga teacher said, that *romiromi* is like "spiritual surgery". That is, it is a precise technique for the delivery of and excitation of spiritual energy within the body. To help us learn about the different parts of the body, we were given diagrams of an anatomy of the body and the position of acupressure points on the body copied from textbooks. I do not know the names of the textbooks.

For Durie, *romiromi* was "using the fingers to knead the muscles" (1998: 20). For Papa Delamere and according to the *Te Oo Mai Reia* brochure, *romiromi* was a variant of *mirimiri*. The brochure described *mirimiri* as "a therapeutic massage used for the healing of injuries, releasing old tension and balancing bodily function". It was considered a "multi-dimensional" therapy that could be used in conjunction with other healing methods. The healers' conception of *mirimiri* was somewhat different to the Māori Health Directorate's definition of the term "massage" (Māori Health Directorate 2004: fn3), and Durie's understanding of *mirimiri* as well. Durie (1998: 19-20) says that *mirimiri* was used as "an adjunct to treatment, mainly to relieve painful limbs". He says

[37] The exact same text was repeated on www.maorihealing.com (11 April 2006).

various forms were used, such as stroking and kneading muscles and the application of pressure, and stretching, and that it was also used by mothers to shape the limbs of their daughters.

Within the context of *Te Oo Mai Reia*, *mirimiri*, and *romiromi* included the application of pressure by elbow, knuckle, fingertip, the side of the hand or foot. The amount of pressure ranged from very light to the entire body weight of a large person. The amount of pressure and length of time pressure needed to be applied for depended on the healing required. Pressure could be applied to a huge number of pressure points all over the body, each of which had its own name and function/effect. Around each scapula for instance there are ten pressure points: One point relieves the pain of, Peter told us at wānanga, "arthritis" in the corresponding shoulder. Another point he said helps relieve "muscular pain" around the upper back and shoulder and another helps with problems associated with "sinews and ligaments". Peter added that another works to relieve "generalized pain" in that area of the body and another helps with the "general wellbeing" of the scapula. Another point, he told us, "fits the scapula back into place", and another sends "sound" through the scapula which keeps it "energized"[38].

Korerorero

Korerorero is a mode of healing that is based on talking and discussion. The brochure reads, "This form of counseling addresses thought patterns that bind the individual to experiences of the past. It also identifies the issues around relationships between tangata whenua[39] and nga atua[40], [which] encapsulates the wholeness of one's being …". Waiata[41] may by used as a method of *korerorero* healing as can karakia. Karakia are considered fundamental to healing and are used in conjunction with all other healing methods.

I have not found reference to "*korerorero*" as a healing method in itself in the literature, but Jones (2000a: 19) notes that *korero*[42] was one of the three principal steps

[38] The meaning of the terms "sound", "energized" and "wellbeing" will be made clear in chapters four and five.

[39] Tangata means person or people and whenua means land. Thus, tangata whenua means people of the land, the indigenous people. Whenua also means placenta.

[40] Nga is plural and atua means god. Hence, gods.

[41] Song.

[42] Talk

of the diagnostic process employed by the healers he worked with. Jones notes that one of the healers likened taking an "oral history" to "putting a confused jigsaw puzzle back into place". Buck (1970) describes *tohunga*s' "diagnostic" process as having "therapeutic effects" in itself. On occasion the *Te Oo Mai Reia* healers would talk extensively with clients if that was what people wanted, but the usual healing episode involved little by way of *korero*, because, I suggest, diagnosis of disease and the requirements of healing were better (and most properly) determined through spiritually inspired perception.

Karakia, Takutaku[43] *and Kaupare*[44]

That karakia was not listed in the brochure may be because the authenticity of karakia as a Māori form of prayer was questioned by some of the healers (and the healers who wrote the brochure). For Aroha and Vanesssa, karakia appealed to a Christian God and, therefore, they felt they were not traditionally Māori. Vanessa actually thought less of the healing power of karakia because of karakia's Christian heritage. I do not know the religious affiliation of all of the healers, but I do know that one was an Anglican minister, two were members of the Catholic church, and two were members of the Ringatu church. The deity most often referred to was Io. Some healers did use karakia to heal.

Durie (1998:18-19) classes karakia as a healing method and notes that karakia were often unaccompanied by other interventions because they were considered sufficiently powerful enough in their own right to achieve a desired purpose. Keith said to me,

> I, like everyone else, I get emotional about a whole lot of things. Sometimes when it gets too much for me I just go away somewhere or just sit down and have a karakia to myself and it just clears the ol' mind and thought process and then I can just get on with my work sort of thing.

[43] An invocation of spiritual power.

[44] A form of prayer or *takutaku* that provided protection from spiritual attack.

Durie notes that there was a huge range of karakia for each particular occasion, ritual and ailment (ibid.: 19). Three forms of "spiritual communication" (for want of a better phrase) I learnt about were karakia, *takutaku* and *kaupare*.

"*Takutaku*" were different from karakia in that they carried instructions to deities, to tupuna[45] and Io. *Kaupare* were considered to be primarily about protection, whereas karakia and *takutaku* could be about almost anything. Karakia, *takutaku* and *kaupare* could all be spoken during a healing session, but sometimes they used their entire body – not just the mind and facilities for speech – to deliver a karakia, *takutaku* or *kaupare*. On such occasions it would be more accurate to say that karakia, *takutaku* or *kaupare* were enacted as opposed to said. They were enacted with a physical, emotional and mindful conviction that gave what was being said a power of meaning beyond oratory.

"*Takutaku*" is defined by Williams (2003[1844]) as "threaten". I am not aware of a literature about *takutaku*. My understanding of the term following fieldwork and wānanga is that *takutaku* are a directive invoking power of atua for the purposes of healing. *Takutaku* would often be used to direct spiritual, healing powers to a certain point in the body, such as a diseased organ. Aroha told me,

> So they would *takutaku* her [her daughter] and they would go to the specific memory cells in the body and they would *takutaku* specifically that one to diffuse the unwellness the blockages and the toxins that are in the body.

Takutaku were, according to Peter, an "instruction from yourself" that experienced people would sing or chant with a rhythm and melody that were sometimes accompanied by clapping or other bodily movements, such as a waving of the arms and hands over a client's body. To use *takutaku* appropriately healers had to be "arrogant with humility" (Steve). "Arrogant" because they were not asking, but telling spiritual powers to do things; "with humility" because in doing so healers would acknowledge their place within the cosmic order of things and intend the betterment of others.

Because *mirimiri* was one of the healing methods we concentrated on most thoroughly at wānanga, I translated a *takutaku* that could be used as a "directive to make you *mirimiri* successful" (Peter). Even though it was *how* we said what we said as opposed to *what* we said that was important, I felt it was necessary to try and

[45] Ancestor.

understand the content of what we were saying. The following is my translation of the script written in te reo Māori by Papa Delamere based on discussions with my colleagues at wānanga.

> Io, let it be
> The bones, sinews, ligaments, arteries that support the body, hold the body together
> the blood, waters of the body that stretch back to the dawning of time/ the body's time
> that that which is fixed/strong presence in the body can be shifted/ located by using the voice/vibrations
> of the different levels/forces/forms of *mirimiri*
> By the Mother of *Mirimiri*
>
> Repair/mend/remove
> Malignant cells of the body
> Cut down at the source
> By the pressure points of the body
> Lay-open the human-soul/spirit
> The healing substances of the body
> Re-awaken by spiritual communion
> The core of sensation
> Clearing the mind
> Implementing within the body/mind the universal energy needed to stand strong
> your mental/ physical/spirit
> To the world of long-standing/the Universe
> So that your judgement is not clouded
>
> Lead by the heart
> In possession of the sacred-breath
> This is the driving force of *mirimiri* -
> long-established
> Making wellbeing secure
> Relieving pains
> By the Father of *Mirimiri*

I am not sure who the mother and father of *mirimiri* are. But what this *takutaku* tells me is that the entwinement of the physical with the spiritual is at the very basis of the philosophy and practice of *mirimiri*. A connectedness of the healer and patient to spiritual powers enabled healing to occur, and occur safely.

"*Kaupare*" is defined by the Williams Dictionary (2003[1844]) as "turn in a different direction, avert". I am unaware of a literature about *kaupare*. My understanding of the

term is that *kaupare* could protect people from harm, prepare the healer and patient for healing, and invoke healing power. I translated the "*Kaupare* of the wānanga", written by Papa Delamere, to help me learn what *kaupare* were and how they were used in healing. This translation was also arrived at after discussion with my wānanga colleagues.

> Reach as far and as deep as possible
> for sustenance and support
> free from tapu
> the ancestors
> the seat of emotions
> the spirit
> Draw from the strength of Rangi[46] and Papatuanuku[47]
> a connection with the patient
> through the depth and substance of healing
> a spring of life force
> ties to the spring of energy that created the Earth
> ties to yourself
> Leave behind everything (emotions, ghosts) of the past
> Awaken from the Heavens
> Io, let it be

The protective element of *kaupare* was the most important element of all *kaupare*. Our wānanga instructor said that learning how to use *kaupare* was the most important lesson of our wānanga. "You have to be strong, spiritually, to deal with people's anger", Peter said, a sentiment echoed by another experienced healer, Meg. Invoking the protection of spiritual powers was the principal way that healers' made themselves strong. A healer and long-time attendee of Papa Delamere's wānanga said,

> a *kaupare* is a protection shield and what happens with your *kaupare* is that it protects us from carrying entities that we extract and it protects us from carrying other people's baggage and all sorts of stuff. It's a shield that comes all around us, all the time and that's what a *kaupare* does so we don't take on and take it home so that our own families get harmed from it. So what normally happens is what we extract, we send it back to wherever it comes from (Rachel).

[46] The Sky father diety

[47] The Earth mother diety.

Put more simply, by Peter: "it keeps you safe so you don't take on other people's bullshit", but only if you say it with "commitment and intention". Just saying a *kaupare*, or *takutaku*, isn't enough. Peter said that knowing the English translation of the te reo Māori script wasn't as important as "what you did with them. That's what counts". Healers got "bitten" by the spiritual entities they extracted from their patient's bodies if they did not adequately protect themselves. Getting bitten could result in restless sleep, vomiting, headaches, sore backs, and so on. During the course of the wānanga, healers got bitten quite regularly, every couple of weeks or so, and after some particularly spiritually active nights several attendees would return the next week speaking of having got bitten the week before.

Rongoā

A method less commonly used by the *Te Oo Mai Reia* healers than those above was *rongoā*. Meaning the "medicinal use of native trees" used to "regenerate", "invigorate", "stimulate" and "strengthen" "cells and "organs" of the body, this was a part of the healers' repertoire. I undertook some schooling in the preparation and use of *rongoā* and have taken *rongoā* as a remedy for illness and noted healers frequently administering *rongoā* for a wide range of ailments. But I did not enquire much into *rongoā* because *mirimiri*, *romiromi*, spiritual invocations, use of the body as a tool for healing and making sense, and karakia, *takutaku* and *kaupare*, dominated the *Te Oo Mai Reia* healers' reportoire.

However others, such as Robert McGowan (2000), have conducted extensive studies into *rongoā*, and Jones (2000c) notes that the use of plant-based medicines remains virtually universal amongst Māori healers. Durie says that healers used a precise combination of certain types of leaf, bark, roots, twigs and berries as remedies, which could be topically applied, swallowed, chewed or inhaled, and could be used in conjunction with other healing methods, such as *mirimiri*. Apart from inhalation, this range was apparent amongst the *Te Oo Mai Reia* practitioners.

Working as a Māori healer

The vast majority of the people I spent time with during fieldwork were at one time or another both patient and healer. According to the *Te Oo Mai Reia* tradition of

healing, everybody, no matter how ill they may be, could have a healing affect on others, and by healing others you would heal yourself. Therefore, making a stark distinction between healers on the one hand and patients on the other does not usefully or accurately describe the roles of *Te Oo Mai Reia* practitioners. Even an inexperienced person who came to the centre for healing could be called upon to help the experienced healers. A reason why may be that it was acknowledged that people typically learn about the body and how to heal it prior to *Te Oo Mai Reia* work and training. Some *Te Oo Mai Reia* practitioners were, however, particularly adept at healing others and Papa Delamere was acknowledged to be the most adept of all. There was an apprentice style training of healers, the most senior of whom was Papa Delamere. Papa was supported by a core-group of five other healers.

Some researchers have argued that until recently traditional Māori healing had continued to be practiced more often by elder Māori living in rural areas than by younger, urban-based Māori (Jones 2000; Parsons 1985). But disagreeing with this typology was a Māori Health Directorate administrator who told me that, in recent years, and roughly speaking, three groups of healers have emerged. The below points are edited for readability due to the extended and complicated nature of his description:

1) There is a group of healers who remain distanced from the "mainstream", which is comprised of biomedical doctors and nurses, because their philosophies of healing are incompatible with those of the biomedical view and the health authorities in government. These healers do not want the attention of mainstream authorities because they consider the government to be an inappropriate authority to administer and adjudicate *Rongoā*. Furthermore, they believe that healing power is a God-given gift. For this reason they will not take money for their healing work. Healers in this group tend to be closely connected with a particular group of people who comprise their client pool and peers. This group of healers tend to live and work in rural districts. The healers in this group tend to be older than the healers in the third group.
2) The second group also acknowledge many of the same principles as the first group, especially the attribution of healing power to God, or Io. The key difference between these groups is that the second group

engage with the Māori Health Directorate, are willing to be involved in the Directorate's plans to develop and contract *Rongoā* services, and tend to be less adverse to accepting money for their healing services. Healers in this group are already common in urban areas and are becoming more common in rural areas. This group of healers tends to attract more non-Māori clientele than the first. There is a diverse range of age among healers in this group.

3) The third group of healers marry traditional Māori healing techniques and philosophies to a range of other therapies. The healers in this group tend to be young and trained in other healing traditions, including biomedicine, Acupuncture, Reiki, and so on. They do not necessarily practice *Rongoā* themselves but may bring in a *tohunga* as needed. This group of healers have been quick to take up the contracting opportunities offered by the Māori Health Directorate. They are not, however, as keyed into the network of healers that the Directorate has been consulting in their development work (Nga Ringa Whakahaere of te Iwi Māori)[48] than the other two groups of healers. They tend to be living in urban areas, are younger than the first group of healers and attract more non-Māori clientele than the first group as well (Paora, Māori Health Directorate Administrator, Dec 2004).

Most of the *Te Oo Mai Reia* healers were of working age (under 65), had immigrated to the city, or were the first generation of their whānau to be born in the city. Most were employed in fields related to health and social services: two were students of naturopathy; one was a student of clinical psychology; one a counselling student. Several were drug and alcohol rehabilitation support workers. One practitioner worked in an Iwi[49] Trust office, and one was a social worker for a Primary Health Organisation, one was a registered counsellor, one a masseuse, and another a physiotherapist. All these practitioners would draw on the techniques, services and concepts of their own or their colleagues' fields of work to support a patient's healing.

[48] However, since this interview his view may have changed because affiliation with Nga Ringa Whakahaere is now a condition of the *Rongoā* providers' contract.

[49] Tribe.

Several practitioners worked outside of the health and social services altogether. One worked in the creative arts, another in a Television programme production house and one marketed alcohol. A couple were not in the paid workforce.

The *Te Oo Mai Reia* practitioners practiced their healing art in a range of settings, including their own and other peoples' homes, on marae[50], and in the outdoors. Once a year or so Papa and some of his close associates traveled overseas to work as Māori healers, usually basing themselves at the Spirit Winds healing centre, Nevada, California[51]. When in the United States they sometimes worked at other centres and attended healing conventions. At least once they also traveled to Europe to work as healers.

Location can affect how healing is practiced. The expectations of the people present form a context of power that shapes the behaviour of health service providers. Indeed, if healers have cause to heal but feel uncomfortable about where they are they may not heal at all, preferring to move elsewhere before commencing healing. At a healing wānanga I attended in mid 2003 a *tohunga* spoke with frustration about being an employee of a District Health Board, who are of course accountable to central government. Papa Delamere, who worked part-time in a hospital setting, spoke about sometimes feeling very uncomfortable about healing patients in the hospital setting in a way that would make them yell or scream because of the pain brought about by deep-tissue work. On such occasions he would take his patients from the hospital to an environment more understanding and accepting of such healing work. Moving away from the hospital made both Papa and his patients feel more comfortable because in the hospital they were under the gaze shaped by norms of healing practice different to their own.

Few people exchanged money in return for healing at the healing centre. Instead, patients would usually bring food or drink to contribute to, at the healing centre a communal lunch, and at wānanga a communal tea break. At the healing centre a discrete kete[52] which served as koha basket was placed alongside a stereo and some decorations on a table situated against a wall away from the healing room's entrances.

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[50] A plaza which serves as a hapu or iwi's ceremonial ground. Marae usually have hosting facilities adjacent such as a meeting house, kitchen and dining hall. Maori health services are often located at marae.

[51] I have noticed that since Papa passed away Spirit Winds no longer make mention of Maori healers on the website (www.spiritwinds.net).

[52] A bag woven out of flax.

Patients could offer koha in the form of money in the kete if they so wished. If the patient offered money to a healer in return for healing services they were told to put the money in the kete. The money from the kete went to the healing centre; it was not shared between the healers. Steve, as the centre's manager, accepted money on behalf of the healers. This money went towards the costs of running and developing the social services centre. Patients also exchanged services in return for healing, such as doing odd-jobs around the centre, cleaning, repairs, and so on.

Hone noted that between healer and patient,

> there's an exchange there, there's people sharing their love with you, so
> there's a complementing appreciation of exchange there. So you give something and something is given back. So, ah, yeah, that's that circle of exchange around that place where two people meet (Hone).

For Aroha, healing was not something she chose to do, and it was not something that indebted others to her. She told me,

> ... as a healer you have no choice, you are the chosen one. There's no choice. And what I mean by choice its not like its additional choice, you got it, you got it, you have to accept it otherwise it will come back and it will bite you on the bum. Quote Hohepa [Papa's full name] Delamere [Aroha laughs]. Yeah, so why did you become a healer? [repeating a question I put to her]. That was innate. I didn't *become* a healer. It was given to me. And that means I wasn't given a spoon and oh, that's for you, you know. Given to me. Like Rachel [another healer] I was born with it. It was innate in me when we came to earth.
>
> TOC: "Bite you on the bum". Did that prospect make you think "I better be a healer?"
>
> AROHA: Um, [pause] You come to your own realisation. There are some parts were you think oh, God, you know [her daughter's] uncle got burnt in a fire, you know, asks her daughter] what was it? A Molotov cocktail bomb, and um, and it was then that they go "Aroha, you will have to come" And I go "but what's wrong with you, there's five *tohunga* there, what do you want me for?" And they go "because!" and I go "oh God, you're all crap" (laughter). And I took it for granted. And it's not until you get there, and you lighten

> up the room what ever you do, you know. But it's not until they go "oh, you know, if you didn't come", and you go "ohhh, kia ora[53]!"

Aroha considered her ability to heal as a spiritually-given gift she had to share with others. She felt she was responsible to others because she had an ability many others did not have, an ability they all could benefit from, including her self. Rather than receive money in return for healing others, Aroha benefited otherwise – she was humbly grateful for how she made others feel, was a highly valued member of their community.

Some researchers, such as Lawson Te Aho (1998: 28) have noted that many Māori healers feel their healing art should not be commercialised. A concern underlying their position is that healing in exchange for money risks putting money first should that happen, concern for the patient and the patient's need for healing may suffer. Furthermore, if healers are held accountable for the use of public money they risk losing control over the healing process. I address these points in the context of the development of state-funded Māori healing services in chapter three.

For Steve, that money could not be reasonably exchanged for healing services in today's environment was a "belief" based on a false premise.

> ... I witnessed when I was young, you know, my Aunty just doing everybody. And she wasn't allowed to take any money because money was supposedly a big no-no and your powers would be lost, your healing powers would be lost.
>
> TOC: Why's that?
>
> STEVE: Oh that's just a belief. Now I know that was just a belief. I think it was because they weren't brought up with money and couldn't reconcile that issue, that's why. You know, they were just people that didn't have money. Money wasn't the most important thing. It was the ability to help each other, the ability to barter, that was the most important thing in those days.
>
> TOC: That was the same for your grandmother and great-grandmother?
>
> STEVE: Yep. And my grandmother took some money [Steve laughs]. And because of the psychology of it all, I believe, is that she believed she lost her power. But before she died, she said, no I didn't

[53] A greeting or thanks.

> really loose that power, I guess I thought I lost it. Ah, that's what she said to my Mum.

Some healers did accept money directly for healing. For instance I once helped Peter heal a man in a private room at the healing centre. The patient offered Peter money, which he accepted. I worked alongside Peter on many occasions at the centre and elsewhere and I never heard him ask for money. He did, however accept money if it was offered, which was on about every fourth or fifth occasion.

Conclusion

The articulation of a healing tradition is a contested activity, partly because it requires generalizing individuals' practices, knowledge and needs. This simultaneously silences the expression of some individuals' points of view and needs while giving voice to those of others. There is heterogeneity within Māori approaches to healing and the *Te Oo Mai Reia* tradition. It seems that the *Te Oo Mai Reia* approach to healing could give healing techniques that are found in other Māori traditions of healing, such as *mirimiri* and karakia, a particularity not found in those other traditions. The local context could affect the way in which *Te Oo Mai Reia* was practiced.

For some *Te Oo Mai Reia* healers, working as a healer was a way of earning money, but for other healers, accepting money was an anathema to the ethic of healing: For such healers their ability to heal was a spiritual gift to be shared with others, even a responsibility to share with others. Some healers drew into the practice of *Te Oo Mai Reia* knowledge and practices learnt from other healing traditions, the family home, or elders.

In the following chapter I examine the development of a publicly-fundable form of Māori healing, and consider what this tells us about the broader context of power relations governing the bicultural nation-state.

CHAPTER 3: MAKING A PUBLICLY FUNDABLE TRADITION OF MĀORI HEALING

This chapter is an analysis of the structures of government that shaped the development of a publicly-fundable model of Māori healing. This situates the emergence of a Māori approach to healing within the context of close attention of medical and political administrative systems. I ask whether there are concepts and relationships shaping the state's government of *Rongoā* other than those articulated in the state's *Rongoā* policy and contract documents.

As the governmentality literature suggests, some rationalities and relationships of government are at play both inside and outside the state. Hence, this chapter informs my inquiry into whether any of the rationalities and techniques of government apparent in the state's development of public *Rongoā* services informed the practice of *Te Oo Mai Reia*.

I argue that for *Rongoā* to be included in New Zealand's publicly-funded health system, it had to be made complementary to, as in not too different from, the kinds of health concepts and practices that had already been validated within the 'mainstream' of New Zealand's public funded health system. I show that the process of making *Rongoā* a complementary healing tradition silenced the expression at state level of some *Rongoā* concepts and practices. I argue that this shows that bicultural governmentality enables the expression of some Māori healing more so than others. This reduces the range of publicly-fundable Māori healing knowledge and practices, which, in the end, serves some Māori healers and patients' interests more than others.

An issue I discuss in this chapter is a commonplace perception of *Te Oo Mai Reia* practitioners – sensing the presence of *kehua*[54] and interpreting such a presence as a cause of disease – being dismissed by some of the state's health governors as nonsense and therefore unworthy as a public-fundable diagnostic process and reason for therapy. I take this issue as indicative of Western Medicine's dominance of the state's health system, including its dominance of the administration of publicly-funded *Rongoā* services and distribution of health sector resources. I show that such a response of the state's health governors was expected by some *Te Oo Mai Reia* practitioners, some of

[54] Ghosts

whom had never even bothered speaking with medical professionals and government administrators of health because they expected to be misunderstood and get no benefit from such a dialogue.

The form of *Rongoā* that emerged from the development process I outline below has been well received by some healers, patients and government administrators. However, "the fringe stuff", which includes "stuff" that Māori people "have a right to" (pers. comm. Māori Health Directorate administrator, 2005), has not been able to be written into *Rongoā* service providers contracts, even though the *Rongoā* service development process was based on "the principles" of the Treaty of Waitangi which include the "protection" of Māori culture and the "participation" of Māori at all levels of government, including service design and delivery (Māori Health Directorate 2004; Te Puni Kokiri 2001). I analyse the concepts and relationships, besides those articulated in health sector policy, that drove the *Rongoā* development and administration process and report the outcome of that analysis here. After exploring the relationships of power and concepts underlay the *Rongoā* development process I found that putting the Treaty of Waitangi's principles into practice has been difficult. I argue that by understanding the "silent" relationships and concepts of government that may operate alongside what is officially presented as Treaty of Waitangi-based government we may better understand the complexity of New Zealand's Treaty of Waitangi-based bicultural governmentality. To carry out this investigation I draw on published and grey literature, interviews with four of the Māori Health Directorate's administrators (the division of the Ministry of Health dedicated to Māori health), and, at the time of finishing this chapter's analysis, 18 months of fieldwork among *Te Oo Mai Reia* healers.

Making the State Bicultural

Since the signing of the Treaty of Waitangi in 1840 a pan-tribal identity has emerged involving the work of Māori and non-Māori activists, academics and government officials (Sissons 1993; Walker 2004). An important figure in this history is Sir Apirana Ngata, one of the most influential Māori leaders of the 20th century. Sissons (2000) has traced the origins of the term "biculturalism" in New Zealand to the 1930s scholarship and governmental work of Ngata. But Ngata did not suggest a bipartite constitution of government through his use of the term. Ngata's biculturalism involved engineering a

"Māoritanga" – an idealized pan-tribal concept of Māori culture. Through his role as Native Affairs Minister, Ngata used 'Māoritanga' to facilitate a traditionally-inclined bicultural adjustment of Māori to the conditions of an emerging capitalist society and as counter to the government's assimilationist policies. Despite Ngata's efforts, the average health and socio-economic status of Māori continued to decline, but his work to strengthen a common identity that went beyond tribal differences would remain.

Some of the early work of Ngata, especially his intention to develop a counter-balance to the Pākehā domination of government, would carry through to the modern-era's bicultural model of government. Many of the seeds of a Treaty of Waitangi-based model of government were sown during the 1970s. In 1975, the Treaty of Waitangi Act was passed to establish the Waitangi Tribunal, the responsibility of which was to hear grievances against the Crown; grievances which were becoming harder to ignore from both a legal and political perspective as Māori were graduating from Universities, gaining legal and governmental expertise, and greater numbers of Pākehā were becoming more accepting of Māori people's protests (Walker 2004). There was Māori protest against the government's interest in developing New Zealand as a multicultural society during the late 1970s and early 1980s (Bozic-Vrbancic 2003; Sissons 2000; Walker 1996). At that time, Māori leaders foresaw a struggle to have their historical and contemporary concerns addressed if the government officially pursued a multicultural agenda.

As of the late 1980s the government's bicultural policies have been based on 'the principles' of 'the' Treaty of Waitangi[55], which were formulated during the 1980s. The Treaty of Waitangi Act 1975 gave the Waitangi Tribunal statutory authority to determine the principles of the Treaty but as it turned out the Tribunal did not act alone in determining the Treaty's principles; numerous other government and non-governmental commissions and committees arrived at their own interpretations, all of which have been considered in determining the principles of the Treaty. That there were in fact 'principles' of the Treaty to determine was then and is still now debated, as are the substance and accuracy of the emergent principles – 'partnership', 'participation' and 'protection'. The Ministry of Māori Development has published a 32 page report discussing how these principles have been interpreted in various government and judicial contexts (Te Puni Kokiri 2001).

[55] There are English and Māori language versions of the Treaty and most Chiefs signed the Māori version. The English and Māori versions of the Treaty do not say the same things.

In 1985 the Government's Board of Health's Standing Committee on Māori Health recommended that the three articles[56] of the Treaty of Waitangi should be regarded as the foundation for good health in New Zealand (Dow 1999: 14). This was followed up in 1988 by the Director-General of Health's statement that "[c]oncepts of health are firmly based in Māori culture (which according to the Treaty, have a right to official recognition and protection)" (Salmond cited in Durie 1998: 85)[57]. A few years later the Director General of Health and the Director of the Medical Research Council jointly proposed that "a truly bicultural perspective in policy, service development and delivery should contribute towards the ultimate elimination of the existing gaps between the health status of Māori people and that of the general population" (Salmond and Hodge 1988:8). Currently, the Ministry of Health's Māori Health Strategy seeks to "fulfill the special relationship between Māori and the Crown under the Treaty of Waitangi". (Ministry of Health 2000a: vii).

The principles of the Treaty were first inserted into health legislation in 1993 through the Health and Disability Services Act. The 1993 Act was updated in 2000, which the Ministry of Health reads as "adopt[ing] measures that recognise and respect the principles of the Treaty of Waitangi in the health and disability support sector" in "response to the Crown's desire to have greater Māori participation in the health and disability support sector with a view to improving Māori health outcomes, and reducing health disparities between Māori and other population groups" (Ministry of Health 2005). But epidemiological records show that despite 20 years of enhancing the machinery of bicultural government, Māori continue to die younger and suffer more sickness than Pākehā even within socio-economic deprivation indices (Reid et al 2000). Furthermore, despite the particulars of specific cases, some scholars contend that, overall, biculturalism works as "an ideology … of co-option … promoted by the state in an effort to contain Māori demands for greater autonomy" (Sissons 2005:28; Durie 1998). Others see "bicultural" government benefiting a "neo-traditional Māori elite" and as having to some degree out-run the control of Pākehā parliamentary and judicial leaders (Rata 2004: 73; Kolig 2004).

[56] The 'articles' are too long to repeat here but the 'principles' of the Treaty's articles and preamble will be discussed below.

[57] George Salmond also said in the same minute: 'The Department accepts this view [of particular 'Māori' health needs and rights] which is in accord with the WHO principles set out in the Alma Ata Declaration of 1978 on Primary Health Care' (cited in Durie 1998: 205).

The requirements of biculturalism have been written into the Māori Health Directorate's *Rongoā* project plan: The Directorate states that the relationship between Māori and the Crown will proceed with "Māori participation at all levels", involve "active partnership in service delivery" and the "protection and improvement of Māori health status" (Māori Health Directorate 2004: 12, repeating the New Zealand Health Strategy (Ministry of Health 2000b: 8)).

The Bicultural Development of *Rongoā* Services

I contend that one of the most important indicators to date of Māori "participating" in the delivery of state-funded health services is that by early 2006 there were 12 government-funded *Rongoā* clinics in operation nation-wide. Before I move on to discuss the model of *Rongoā* these clinics are expected to deliver, I need to review some important precedents and forces that shaped the development of the state-funded model of *Rongoā*.

Firstly, there was a colonial, imperial objective that arguably carried through in the field of health to the 1980s. This objective foresaw the brightest future for Māori as one where they were assimilated into Pākehā culture (Salmond and Hodge 1988; Dow 1995; Durie 1998). Secondly, but not necessarily subsequently, there was a Treaty of Waitangi-based, bicultural objective that foresaw the brightest future for Māori as one where they would be citizens of the Crown and maintain a strong Māori identity. The bicultural objective requires what Sissons referred to as a process of 'traditionalisation', which subordinates 'individual agency' to 'social processes of objectification and rationalization' (1998: 98). This matrix has, I argue, shaped the establishment of a publicly-fundable form of *Rongoā*.

With the graduation of the first medically trained Māori doctors there was a shift of authority in the field of Māori health from Pākehā colonial officials to medically trained Māori. However, this shift did not bode well for the security of *tohunga*. The three most prominent Māori leaders of the early 20th century, Maui Pomare, Te Rangi Hiroa Buck and Apirana Ngata worked to further certain aspects of the Māori way of life and society, but the role of *tohunga* as healer was not one of them (Dow 1999; Laing 2002).

By the turn of the century it was clear that *tohunga* were proving ineffectual at curing the introduced infectious diseases decimating the Māori people. But many Māori

were still turning to *tohunga* for health care. A *Tohunga* Suppression Act was passed in 1907 with the support of Ngata, Pomare and Buck because they anticipated benefits, including the protection of Māori health, if the Bill could be passed[58]. Healers were convicted under the Act, particularly *tohunga* deemed to be "fraudulent", or in other words those healers who posed as a *tohunga* that "possess[ed] or pretend[ed] to possess supernatural powers" (Dow 1999: 128).

The *Tohunga* Suppression Act stopped short of outlawing Māori healers' use of herbal remedies (Laing 2002:157; Voyce 1989) and physical manipulations, and no other Act was passed to restrict such activities. However, it is reasonable to expect that for many if not all Māori healers of the early 20th century the collection, preparation and administration of herbal remedies and the act of physically manipulating the body required karakia or the invocation of spiritual power (Best 1905a,b). It is commonplace for today's Māori healers to use karakia or invoke spiritual powers for these purposes (e.g.: Jones 2000a; McGowan 2000; Parsons 1985). I find this a most interesting quality of the Act because it may show that some Māori healing knowledge and skills have long been considered promoting of, or at least not endangering of, the good health of Māori by New Zealand's health, political and judicial leadership. If the omission of Māori herbal remedies and physical manipulations from the Act was purposeful, it constituted what I consider to be an early act of governmentality (Foucault 1991a) with the purpose of establishing an acceptable form of *Rongoā*; a process that is continuing today.

By the 1950s, land confiscations[59] and the attractions of waged-labour had driven large numbers of Māori into urban areas, distancing the majority of Māori from their traditional economic bases and social structures (Metge 1964; Walker 2004). A number of Māori protest groups had organized themselves as effective mouthpieces of Māori disenchantment, especially in urban areas. Because of this urban-drift the politically influential, non-Māori population had first-hand exposure to the basis of protest about the socio-economic and health status of Māori.

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[58] It has been argued that the reason why the Act was passed may have less to do with targeting *tohunga* in general than targeting the *tohunga*, prophet and millennial movement leader, Rua Kenana, in particular because Kenana foresaw an age when Pakeha would be thrown from the land (Voyce 1989).

[59] Land confiscations began in the late 19th century and continued well into the 20th, many of which have been deemed illegal by the Waitangi Tribunal (www.waitangitribunal.govt.nz). With the passing of the Foreshore and Seabed Act in 2004, some commentators have argued that colonial land confiscations are in fact continuing (e.g.: Turei 2005).

An infrastructure of medical and socio-economic surveillance had been established by the mid-20th century, especially in urban areas, which provided hard-data to government about the suffering of large numbers of Māori. By the 1960s the Department of Health was showing a willingness to act on its growing awareness that Māori people suffered poor health in comparison to that of Pākehā. The Department now accepted that there were "adverse environmental conditions [which] give rise to consequential disadvantages in health … for many Māoris" (Ian Prior cited in Dow 1995: 197), a position strongly supported by a 1960 report that damned the Department of Māori Affairs for its systematic disadvantaging of Māori (Department of Māori Affairs 1960). Many discriminatory Acts and policies were subsequently dropped, including the *Tohunga* Suppression Act.

During the 1970s New Zealand's health leadership's long-standing opposition to alternative therapies was "softening" (Dow 1995: 154). Health administrators throughout the Western world were becoming interested in the implications of "lifestyle" for health planning and its effects as a determinant of health and illness. Alongside the lay-public the administrative leadership were becoming cynical of the apparently empty promise of biomedicine to provide good-health for all, and women, especially, were becoming tired of men's domination of the health sector (Black, Boswell et al 1988; Dow 1995). *Rongoā* healers would by the end of the century emerge as one of a number of "complementary" or "alternative" healers receiving government money for the provision of health services[60].

The Ministerial Advisory Committee on Complementary and Alternative Health advised that *Rongoā* not be administered as a "CAM" (complementary or alternative)

[60] A survey of Auckland GPs carried out in 1990 found that thirty percent of the respondents practised one or more forms of 'alternative' medicine. Two-thirds reported they would refer patients for alternative treatment (Marshall et al 1990). The Ministry of Health says that the majority of CAM services (excluding the self-prescription of products) are provided by CAM practitioners in private practice. These practitioners usually have some training in one or more CAM traditions. In 2003 the Ministry of Health said the majority of complementary or alternative (CAM) practitioners are in private practice and these practitioners usually have some training in one or more CAM modalities. Some CAM practitioners work from clinics that may also offer mainstream medical services (available on-line, 31 March 2007 http://www.newhealth.govt.nz/maccah/providers.htm#_edn3). The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme, which provides personal injury cover for all New Zealand citizens, residents and temporary visitors to New Zealand. In return people do not have the right to sue for personal injury, other than for exemplary damages. The ACC funds the following types of health care providers: Acupuncturists, audiologists, chiropractors, counselors, dentists, medical laboratory technologists, nurses, occupational therapists, optometrists, osteopaths, physiotherapists, podiatrists, medical practitioners, speech therapists. (available on-line 31 March 2007: http://www.acc.co.nz/wcm001/idcplg?IdcService=SS_GET_PAGE&nodeId=4226&ssSourceNodeId=3879).

therapy[61] because of the government's commitment to developing a health sector based on the Treaty of Waitangi (Ministry of Health 2003: 2). This sentiment has its roots several decades past. It was in the context of rising dissatisfaction at the suffering and structural disadvantaging of Māori that the government, in need of advice, established the previously mentioned Waitangi Tribunal to advise it on the veracity of a rising number of claims that it had breached obligations the Crown had made by signing the Treaty of Waitangi. Early on the Waitangi Tribunal established the fundamental points of the Treaty, such as the guarantee that Māori chiefs had the right to their spiritual and cultural values and that the Crown carried a responsibility to ensure that Māori had access to them. These findings secured a place for Māori cultural and spiritual values equal to those of the majority in the deliberations of the nation's government, which, argues Levine (2005:108), came to define the agenda of 'biculturalism'. The significance of the Tribunal's findings were cemented in the health sector during the early 1980s following a series of meetings between health leaders where it was found that traditional Māori notions of health, illness and healing were protected by the Treaty of Waitangi (Durie 1998: 81-84).

Of further significance is that in 1993 a committee was established to help constrain the sky-rocketing cost of New Zealand's state funded health services. This Committee received the first ever formal communication between traditional Māori healers and central government (Durie et al 1993). The communication took the form of an advisory that *Rongoā* form part of the "core" of health services that everyone (Māori and Pākehā) would have access to without having to pay. The advice was accepted. This effectively laid the foundation for the later development of publicly-funded *Rongoā* services (Durie 1998: 87). The acceptance of this advice must be seen as at least partially influenced by four developments concurrent with legislative change. Firstly, but not necessarily primarily, a global interest in exploring the contribution traditional healing systems could make alongside the biomedical system (World Health Organisation 1978). Secondly, the New Zealand government's concern about the discrepancy in health status between Māori and non-Māori peoples (Pomare and de Boer 1988). Thirdly, the government's renewed commitment to a bicultural health

[61] A label some, if not most, *Rongoā* healers would reject: 'This isn't 'alternative', a healer told me, 'it's normal'.

sector and acceptance that "culture" was relevant to health. Fourthly, because financial cost was high on the Core Health Services Committee's agenda, *Rongoā* may have been perceived as an attractive proposition because being low-tech it may prove efficacious in terms of cost-benefit analyses (cf Dew 2003: 109-110).

Modeling a publicly-fundable form of *Rongoā*

An important example of the bicultural partnership between Māori and the Crown in the development of publicly-funded *Rongoā* services is the relationship between the national Board of Māori healers – Nga Ringa Whakahaere o te Iwi Māori – and what is now the Māori Health Directorate. During the late 1980s and early 1990s some Department of Health employees took part in establishing what became in 1993 Nga Ringa Whakahaere o te Iwi Māori (pers. comm. Tricia Laing 2003). The Board advocates on behalf of traditional Māori healers nationwide. According to the Directorate the 'majority of known healers' support the Board (Māori Health Directorate 2004: 6); but I have been told by a number of healers and other health sector workers that the Board's support has fluctuated significantly over the years. The establishment of the Board opened up an essential channel of communication between healers and the government. It meant the heterogeneity of traditional Māori healing (Buck 1970; Jones 2000a; McLeod 1999; Parsons 1985) could potentially be brought within a framework of symbolic order so that government administrators could hold healers accountable for their use of public funds. By agreeing to how health and illness will be defined and how healing will proceed, as is now described in the *Rongoā* services' contracts, the healers would know exactly how they would be held accountable for their use of public funds, or in other words, what the bounds of acceptable healing are. The process of establishing this range of normal behaviour can be thought of in terms of manufacturing and maintaining patterns of consciousness and sub-consciousness, uses of the body, perceptions of morality, health care practices and so on, made possible by coordinating dispersed and institutionalised mechanisms of social control (Foucault 1991b). There would need to be coordination "between the bottom and the top" (Gramsci, 1971:5, 52) if the development of *Rongoā* services was to be effective and long-enduring. The Ministry of Health's Māori Health Directorate was responsible for ensuring this occurred. They worked closely with the national

Board of Māori healers for the purpose of trying to reach agreement on a set of healing and administrative procedures and accountabilities that would retain a consensus between not only the government's health authorities, healers and their clientele, but also the voting public, because health sector funding, particularly the funding of Māori health, attracts a great deal of political and public interest in New Zealand.

The healers I came to know often discussed what "traditional Māori" healing was. For instance, on one occasion some healers had great fun making jokes about the concept "La"[62] which they considered to be "not traditionally Māori" (there is no 'L' in the Māori alphabet), but a concept which a healer they knew intended to discuss as part of a course on traditional Māori healing that she would be teaching at a Natural Therapies College in urban Auckland. Decisions about what exactly traditional healing is has had to be made at the level of government for the purposes of signing up healers to service provision contracts so they know exactly what kinds of healing services would be funded, what categories the healers would have to report to the Directorate through, and the level of detail to which the healers would be expected to report. One contentious decision, for instance, was the omission of herbal remedies (Ministry of Health 1999). To help design the contracts the Directorate organised an extensive series of hui as part of a consultation process involving Māori healers, most of whom were associated with the national Board, and Māori elders, throughout the country. A Māori Health Directorate administrator talking with me about these consultation meetings said,

> What we [have been doing in these meetings] is talking about the range of traditional healers there are in Māori society. And they range from whare oranga[63] who ... see themselves as the real deal. They don't like taking any coin [money] for the services they provide ... these are people who just keep on working at it, everyday, generally without any health [sector support] ... [they] just provide services in a real, old, tikanga[64] way. ... they don't really want a relationship with us. They like to do their own thing and they see a relationship with people coming from um, they call it a colonial structure actually, *which is quite strange* [he said the italicised words quietly and quickly]

[62] I do not know what this healer meant by the term "La" or where she got the idea from.

[63] In this context whare oranga refers to a certain type of healer. Whare means house, oranga means to restore to health, comfort, welfare or wellbeing.

[64] Tikanga is defined by Hirini Mead as 'the set of beliefs associated with practices and procedures to be followed in conducting the affairs of a group or an individual' (2003: 12).

> ... um, they see people like us in the Ministry of Health as tainting the strength of their services.
>
> TOC: Is that not just because of money?
>
> DIRECTORATE ADMINISTRATOR: The power structure. They see it as us taking over.

The idea of funding Māori healing and entwining it within a secular, administrative structure was considered by the "most traditional" (the words of a Māori Health Directorate administrator) healers as a contravention of the ethic of healing. This is because most if not all Māori healers consider *Rongoā* to be primarily a spiritual activity. It is spiritual power that imbues the healing process with fecundity and power, so steps taken to establish a human-moderator of the healing process is seen as an anathema of *Rongoā*. My experience has shown me that most healers consider the ability to heal to be a gift from Io, or God, and that the only relationships that should come in to play during the healing process are the relationships between the healer, the patient(s) and Io, or God. From such a point of view, it may be argued that it is inappropriate for the Crown to assume not only an administrative role, but also a "protective" role, which a Treaty of Waitangi-based model of government requires since *Rongoā* has been drawn into the auspices of government. "How can healers have two masters" a healer has asked – "government and wairua?" (Lawson Te Aho 1998: 37).

Māori healers are currently required by the Māori Health Directorate to provide a range of diagnostic procedures and healing services that are based on a Māori view of health developed by a scholar and clinician trained in psychiatry, Mason Durie. His view of health is called "te whare tapa wha" (Durie 1985; Māori Health Directorate 2004), which is commonly translated as "the house with four walls". Te whare tapa wha represents the notion that each of a house's four walls contributes to the soundness of the whole; if any one wall is weak, the entire structure is weak. Each wall or dimension of te whare tapa wha corresponds to a dimension of health – the spiritual dimension, the psychological dimension, the bodily dimension and the family dimension (Durie 1985). As a whole and in its parts, the meeting house has social and historical significance and the structure of the house is symbolic of the history of a hapu or iwi and the structure of the human body – spine, heart, rib-cage, and so on (Simmons 1997; Sissons 2000). For

the healers I worked with, the human body is replete with a social and historical significance similar to that of the meeting house. For instance, the healers had to get "permission" from not only each patient but each patient's tupuna before proceeding with healing because the body was not only of the patient, it was also of the patient's ancestors. The body of the person was also the whare tupuna[65] of a whakapapa. Therefore the patient and the patient's ancestors had a right to say what happened to the body. It was at a healer's peril to engage with the body, or whare tupuna, without the tupunas' permission because the ancestors' wrath could be incurred if the healer was not welcome. I once witnessed a healer stop healing because, "it just didn't feel right, they [the patient's ancestors] didn't want me there" (David).

Durie argues his view of health emerged from narratives collected from Māori elders throughout the country. But, I contend (also see Schwimmer 2004: 251-253), he also had other influences: For instance Durie notes the similarity of his model to the World Health Organisation's model of health. But, Durie argues, "in contrast" to the WHO's model, Māori emphasise the importance of "family", which Durie notes is a specialist subfield of psychiatry (Durie 1985: 483). Durie notes that a further "contrast" to the WHO model is the significance Māori place on the spiritual aspects of health, noting that spirituality was at the time of his writing recently acknowledged as a cultural right of the Māori people by New Zealand's parliamentary and judicial authorities (ibid.: 485). To me, Durie's work is very much a product of bicultural dialogue, a long standing conversation between Māori and Pākehā[66]. The concepts of health informing the *Rongoā* development process are not a product of an autonomous, unchanging Māori culture. Instead, Durie's work drew on judicial, political and academic authorities other than Māori elders, authorities that are also, but not necessarily equally, aware of the contemporary interests, concerns and strengths of Māori.

That government-funded *Rongoā* service providers must work to the te whare tapa wha model of health raises an argument put by Van Meijl – that the te whare tapa wha model of health has become hegemonic (Van Meijl 1993). Some healers, such as some of the healers I worked with, felt shut out of securing a wage for their healing work because they would be required to work to the te whare tapa wha model of health. Given the title of his paper – A Māori Perspective of Health – that te whare tapa wha

[65] Ancestral house, a house where ancestors reside.

[66] My understanding of cross-cultural dialogue is based on the writings of Comaroff and Comaroff (1991).

has emerged as "the" Māori view of health may not have been an effect intended by Durie. Indeed, in later works he discussed a number of other Māori models of health (see, for instance, Durie 1998). And in his initial articulation of a Māori view of health he noted that "in Māori society the experts on most things are the tribal elders" (Durie 1985: 483) implying that differences exist within Māori society. Parsons noted that significant differences existed between the health concepts, needs and practices of elder and younger Māori (Parsons 1985). And in the context of an education programme for school "drop-outs", van Meijl argued that, many young Māori people considered the views of their elders to be "not their own", but "someone else's" (van Meijl 2002: 61). Furthermore, young people's personal opinions were not as highly valued as a "model for a cultural identity of Māori people" (ibid.: 47).

Heterogeneity, however, does not only exist between the older and younger generations. Speaking to me about the government of *Rongoā*, a healer, Aroha, said,

> ... our people at government have no idea of, I mean they have this traditional healing thing, this national *tohunga* and their posse [pauses, and looks as though she was looking for a name],
>
> TOC: That Nga Ringa Whaka ...[67]
>
> AROHA: [Interrupting me] Yeah, that thing. And you know they said to me, 'why don't you come over here' and I said 'No! Because Papa Delamere [the *tohunga* of her group] is the bomb! I stayed right out of that and came up to Auckland. That was because the ones that sit at the Ministry level don't have a true idea. Truly they don't. ... Now I know for a fact that [having worked] in the Ministry ... they live in the tapa wha.

As did that healer, many of the other healers I worked with felt side-lined by the *Rongoā* development process, partly because the model of health and healing funded by the Māori Health Directorate did not accommodate their own model of health and healing.

A reason why the healers I worked with, who worked according to the *Te Oo Mai Reia*[68] tradition of Māori healing, felt side-lined by the *Rongoā* contracting process was

[67] Nga Ringa Whakahaere o te Iwi Māori – the National Board of Māori healers.

[68] Te Oomai Reia is a heterogeneous healing tradition which, as far as I am aware, is primarily based on the teachings of Papa Delamere (see for example www.healing4u.biz). I do not have the space to fully describe the

that they worked with spiritual entities that act to cause illness, heal and underpin good health. However, the Directorate's *Rongoā* contracts do not acknowledge that spiritual entities act. For instance, *kehua* were considered to be a common and powerful cause of illness by the Te Oomai Reia healers, and when talking with a Māori Health Directorate administrator about the structure of the health sector within which the contracting of *Rongoā* had to fit, I suggested *kehua* may be an epistemological problem for someone in his position. In reply the administrator spoke about the challenging, ambiguous positioning of spiritual illness and spiritual healing within the bicultural model of health sector governance.

> TOC: ... I guess it might be quite hard to understand from a medical point of view important aspects of traditional Māori healing, like *kehua*. How do you get around those kinds of issues?
>
> DIRECTORATE ADMINISTRATOR: Well ... it's about discretion, and we [Māori] have the right to those things ... and, um, I better come clean. [The healers] really don't have to go into, the fringe stuff ...

Whereas the literature on Māori healing shows that the majority of Māori healers consider spiritual powers to have the capacity to cause illness, heal and underpin wellbeing (eg: Best 1905a,b; Jones 2000b; Laing 2002; Parsons 1985), the administrator's response shows that bicultural government in health does not readily allow for easy, open and frank communication of the differences between Māori healers standards and the medical standards they are expected to meet. I argue that the effort required to speak openly was a consequence of an assumption that some issues raised by medical pluralism in New Zealand are close to irresolvable. While the administrator can, to some extent, be inclusive of some marginal healers by accepting their silence about some aspects of their practice, we should ask: Why is this silence necessary? What is keeping some healers from practicing a range of Māori healings alongside specialists of biomedicine as equals within New Zealand's state funded health service? From a Treaty principles point of view, this should be possible. But it appears to not be so. So who and what process determines who gets to participate in the nation's health

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tradition here, but there are many parallels between the Te Oomai Reia healers' concepts and practices and those of other Māori healers (for example Jones 2000b, McLeod 1999) and some of the concepts of 'New Age' healers based elsewhere in the world, such as Deepak Chopra (1990).

sector as a traditional Māori healer, and what kinds of cultural property are being protected?

In my opinion, the current difficulties experienced by administrators of *Rongoā* are a reflection of the political pressure to put into policy and contracts, expectations that do not necessarily match-up with some *Rongoā* healers' conceptions of health, illness and healing. It appears that the model of Māori health to which state-funded *Rongoā* healers are expected to work needs to be seen by the political leadership as complementary to, as in not too different from, a Western medical model of health. I contend that a reason why this is so is that a lay-understanding of biomedical logic dominates the majority of health authorities and parliamentarian's thinking about health, illness and healing. Furthermore, there is a powerful expectation that the majority of the voting public expects a biomedical logic to drive the nation's health services.

During February 2006 there was an article about *Rongoā* in The New Zealand Herald, a newspaper with a high-circulation throughout the country. The health spokesmen of the largest political party in opposition to the current government said,

> 'A National-led government would be unlikely to continue funding traditional Māori therapists using unproven remedies', says the [National] party's health spokesman, Tony Ryall. Māori healers using therapies that include prayer, seawater and greenstone[69] received $1.3 million a year from the Ministry of Health, although there was no proof the remedies worked ... 'In terms of the alternative healing mentioned ... I think it's highly unlikely that would continue under National.' Mr Ryall said his party worked on the principle that medicine should be proven ... (NZPA 2006).

A major reason why much, but not all, Māori healing is said to be unproven is that most commentators, such as Tony Ryall, want it to be tested and proven from a biomedical point of view, missing the point that Māori healers do not practice biomedicine. But it must be noted that the Māori Health Directorate appears to be less concerned with proving *Rongoā* vis-à-vis biomedical standards than ensuring that its contracted healers' work is deemed safe, valuable and effective by the healers' colleagues, acquaintances and patients. Healers must be able to demonstrate safety in their quarterly reports back to the Māori Health Directorate. To do this they are required

[69] Greenstone looks like the stone 'jade'. Seawater and greenstone is considered to have spiritual properties.

to be monitored by a "Quality Board" (Māori Health Directorate n.d.) comprised of senior members of the tribe of the region in which they work. A Directorate staff member made reference to the Quality Board evaluation structure as an example of how the Directorate is not "taking over" but trying to "find a way of not controlling, but organizing the healers themselves so that they are given an accreditation by the [tribe] of their [region]". The Quality Board is considered by the Directorate to play a "moderating" role to ensure that the healers' clients remain safe and that healers respect the traditions of the local Māori people.

Heterogeneity is problematic when it comes to ensuring patient safety. The absence of an agreed-body of knowledge and governing body leaves the way open for any person to promote their self as a Māori healer, let alone *tohunga*, until experience and word-of-mouth gets the message around that such-and-such is great but so-and-so is a fraud. Because some Māori healers travel with their healing work it may take some time for healers' reputations – good and bad – to precede them. The absence of rigorous quality control measures in other healing contexts has also left patients at risk. The quality of the range of biomedical doctors' practice is large enough to occasionally attract the attention of the Medical Council and newspapers (for a recent case see Dye 2006).

The Directorate sees tribal – healer networks as the key to decentralizing authority and generating a strong network of *Rongoā* clinics nationwide. A problem the administrator sees is that, speaking with me in December 2004, "at the moment, the [healers'] links with iwi are almost non-existent". Therefore, these networks need to be regenerated and the National Board is playing a key role in this regeneration. While tribal linkages may to some extent work well for monitoring the specific practices to be followed and need to be met when healing in a local area, the linkages between tribes, healers and a central governing body will probably bring new issues to the fore. As Sissons (2000) noted, 70 years ago Apirana Ngata found irresolvable tensions when constructing a Māoritanga that simultaneously respected a pan-iwi and iwi-based Māori identity. Tensions between these levels of identification were exacerbated when respecting the individual's identity was taken into account. What will happen, for instance, when a healer and Quality Board do not see eye-to-eye? What will happen if the clinic's clients back the healer and not the Quality Board? And what will happen when the requirements of the Directorate are not met by a Quality Board?

Before colonization, there was no sense of a universal Māori identity (Durie 2005: 57; Walker 2004). But today Māori people share a sufficiently meaningful range of experiences, goals and ways of living to self-identify as a nation of Māori people. Tribal and pan-tribal identities have been made and remade as part of, and in response to, the colonial experience (Ballara 1998). In the 2001 national census, 87% of descendents of a Māori identified as Māori, and 20% of Māori did not know which tribe they affiliated to (Durie 2005: 35, 37). Moreover, knowing which tribe one affiliates to does not mean that they actively take part in tribal life (ibid: 46). For the purposes of administering *Rongoā* in the present era, though, reestablishing a tribal identity is posed as a means of helping to legitimate the distribution of public-resources to a totalized (i.e.: tribal and pan-tribal) diversity of healer practice and patient need. The era in which a tribal identity is the reference point for a sense of belonging for most Māori may be gone, but for certain purposes, such as the dispersal of governing power away from a set of structures dominated by a non-Māori majority, the tribe remains important.

The questions iwi raise as a tool of both rangatiratanga[70] and government highlight some vexed issues concerning where sovereignty, or the right to and capacity for self-determination, begins and ends for Māori as individuals, a tribal people and a nation of people within a bicultural nation (Fleras and Spoonley 1999; Melbourne 1995). While on the one hand central government has used iwi as an official demographic measure for the purposes of Treaty of Waitangi-based government, as a measure for the assessment and distribution of Treaty of Waitangi grievance settlement payments, on the other hand it has used iwi to facilitate land confiscation (Ballara 1998). John Rangihau, a prominent Māori leader and politician during the 1970s and 1980s, was of the opinion that the notion "Māori" was designed by Pākehā to facilitate the colonial process (Rangihau 1975). For Rangihau, his tribal identity was paramount.

While iwi relationships are serving as a tool for the assessment of safe and appropriate practice, safety and appropriateness is also being pursued through another mechanism operating at a pan-iwi level. The Directorate is engaging alongside Nga Ringa Whakahaere o te Iwi Māori an organization headed by Māori biomedical doctors to develop and administer a course for *Rongoā* practitioners entitled 'Studies in Māori Traditional Healing' (National Māori Workforce Development Organisation 2001: item 1). The purpose of the course is to 'improve[e] the consistency and standard of

[70] Chieftainship

[*Rongoā*] services'. The specifications for the programme state that, "trainees will be encouraged to work in a complementary and collaborative manner alongside … Māori communities, primary care and other publicly-funded health services" (National Māori Workforce Development Organisation 2001: item 2).

Conclusion

What these various levels of government practice show are the many ways a Treaty of Waitangi-based biculturalism have played out through the development of publicly-funded *Rongoā* services. The Crown, through the Māori Health Directorate, has partnered with Māori healers who could work with concepts of health, illness and healing to develop a form of *Rongoā* that was complementary to mainstream notions of health, illness and healing[71]. It will be *Rongoā* healers who are able to work in a manner that is complementary to the mainstream health sector that will able to continue participating as paid members of New Zealand's publicly-funded health sector work force. The government is not actively suppressing other forms of *Rongoā*, instead the on-going practice of "un-complementary" forms of *Rongoā* is being left to healers who are not being funded by the Crown.

It seems that for *Rongoā* to form part of New Zealand's publicly-funded health system it must be complementary to, as in different but not too different from, the kinds of health concepts that have already been validated by government process. A difficulty the government's administrators (and healers) have had to contend with when developing a publicly-fundable form of *Rongoā* is political pressure to write into health policy and service contracts conditions that some *Rongoā* healers do not agree with. Whereas Van Meijl (1993) argued that te whare tapa wha has become a hegemonic model of Māori health, I argue that biomedicine was the hegemonic model of health underpinning the bicultural process of developing *Rongoā* as a publicly-funded health service. Furthermore, there were Māori and non-Māori people working in professions other than medicine, academia and research who played a role in containing the complexity and heterogeneity of *Rongoā*, including both the difference of *Rongoā* from Western medicine and its ease of administration. While Māori health scholars played a

[71] This does not ensure that when speaking about 'an illness', however, a *Rongoā* healer and a medical doctor will be referring to the same thing.

key role in developing the *Rongoā* model of health, so too did the political majority. "Common-sense" also appeared to set limits around how *Rongoā* healers' take on the public-purse could be justified, and therefore how *Rongoā* could proceed into the future as a government funded health service. There are concepts and relationships shaping the state's government of *Rongoā* other than those articulated in the state's policy and contract documents; rationalities and relationships that show there is still some way to go before the bicultural state complex is rid of its colonial legacy. In the following chapter I explore how the *Te Oo Mai Reia* practitioners experience their membership of this state.

CHAPTER 4: MĀORI ETHNICITY AND CITIZENSHIP

In this chapter I examine Māori ethnicity within the context of *Te Oo Mai Reia* and its relationship to the bicultural, Treaty of Waitangi-based nation-state. My interest in examining how Māori have been classified as both as an ethnic group and as citizens arose from the realisation that these identities were highly important, closely related interfaces between the practioners' healing work and the bicultural governmentality of the nation-state.

There is a huge number of ways a person can identify as Māori but describing the numerous ways the practitioners identified as Māori is not a priority of my analysis. Māori identity is formed, assumed and ascribed in relation to a range of other identities, including gender, age, sexuality, nationality, socio-economic status, and so on (Aspin 1998; Grimshaw and Morton 2000; Jones: unpublished; Phillips 1996; Van Meijl 2002). Furthermore, I expect that differences exist in the experience and practice of a Māori healing tradition, including *Te Oo Mai Reia*, by age, gender, sexuality, socio-economic status and so on, but such an analysis is outside the scope of my research. Instead, my interest is in examining how bicultural governmentality operated through the practitioners' Māori identities and the significance this had to the practitioners' experience of illness and healing.

At the most abstract level, ethnic identity is primarily a means of ordering people's experience of the world (Barth 1998; Verdery 1994). Ethnic categorization sets one group of people in relation to another or others based on "boundaries", or differences. As a category of identity, ethnicity refers to an attribute, or attributes, of a people. Categorised by ethnicity, a people are bounded from other peoples according to criteria about "their" physical and behavioural differences and background (Barth 1998; Linnekin and Poyer 1990: 2).

The process of building the bicultural nation required homogenizing and differentiating values, identities and practices, processes and constructs which gave social and political significance to sameness and difference (Liu, McCreanor and McIntosh 2005). These techniques of government – instituting homogeneity and managing difference – facilitate the building of national identities and the management of populations (Verdery 1994). In New Zealand as elsewhere, states' subjects were

encouraged to have shared identities in common, including both national and ethnic identities (Comaroff and Comaroff 2003; Eriksen 2002; Liu, McCreanor and McIntosh 2005). The identity and fraternity of a nation is based on assessments of its people's similarity and complementarity, which Benedict Anderson (1991) argues, can only ever be an "imagined community" given the sheer size and diversity of a nation. Assessments are typically inhospitable to differences that threaten unity and coherence because, as Comaroff and Comaroff have argued, the nation's fictive "common purpose" or "interest" serves as the basis of the state's legitimacy as sole guarantor of the nation's members' rights and collective wellbeing (2003: 454). What I argue here is that bicultural nation building and maintenance impacted on and made use of widely-held notions about how Māori are significantly different to other state subjects. Verdery argued that nation building "… creates as significant pre-existing differences that hitherto had not been recognized as such" (1994: 46). Being "Māori", for instance, took on a particular significance once settlers arrived. This does not mean there were no continuities with the past, but awareness of "self" as an individual and as a collective in relation to another raises,

> "... difference from the realm of doxa, the assumed, into the realm of notice, where disputes can occur between the orthodox and the heterodox, the normal and the strange – that is, between the values associated with what are now *recognized* as significantly different options (cf. Bourdieu 1977: 164-171) but were not previously seen to be so" (italics and reference in Verdery, ibid.).

A "legitimate" category in relation to which differences and norms were recognized as significant was citizenship, where building the nation-state involved making and amending the rights and obligations of its members was done alongside recognizing and defining their respective identities. Hence the organization of the state played an important role in determining how individuals can and do claim citizenship (Comaroff and Comaroff 2003; Greenhouse 2002; Ong 2003).

While citizenship involves the state's regulation of the individual's identification with the state, citizenship is also figured through each individual's private needs and actions which may in fact rival or sit outside the interests and work of the state (Das and Poole 2004; Greenhouse 1999: 104; 2002: 196). "Quite apart from what citizenship means in the legal and political *organization* of the state, then, citizenship makes a

place — albeit a highly ambiguous place — for the state in the subjective and emotional lives of ordinary people, in relation to the question of who they are to themselves and to others" (Greenhouse 2002: 199 italics in the original; Trnka 2005: 355). Hence as Anthony Cohen has noted, there is a need to distinguish between the intentions and product of the producers of a collective identity and the readings and uses of that product by its bearers (Cohen 1996: 804).

In adopting this argument, I have examined both the practitioners' experience of Māori citizenship and the social order that shaped the situations in which they found themselves, including the choices made available to them (Linnekin and Poyer 1996; Verdery 1994). My awareness of this dialectic has directed my attention to how *Te Oo Mai Reia* practitioners experienced citizenship, including how their experience of being Māori and healing were significant to their experience of citizenship.

Reflecting on historical literature about how Māori have been classified as a people bounded from other peoples according to essentialised physical, social and spiritual differences will go some way toward understanding the emergence of a dominant view of Māori identity. It will also help explain why the practitioners' experience of citizenship was inflected by ethnicity. By integrating these findings with an analysis of how the practitioners identified self and other as Māori I illustrate how the governmentality of biculturalism is related to the *Te Oo Mai Reia* practitioners' experience of Māori citizenship. Earlier work in this thesis about the relationship between identity and healing and further analysis presented in this chapter helps explain how identity is tied to the experience of illness and healing.

The Treaty of Waitangi and Māori identity

Since the signing of the Treaty of Waitangi in 1840, certain ideas about who Māori are have emerged, been elaborated, popularized and legitimized by Māori in relation to the colonial administration and nascent nation-state (Levine 2004; Rata 2005; Walker 2004). It was during the week preceding the signing of the Treaty of Waitangi in February 1840 that the word "Māori"[72] was first used to refer to the indigenous people of Aotearoa as "ordinary folk" (Orange 1987; Walker 1990: 94 cited in Cheater and

[72] "Māori", spelt with a lower-case "m", was in the 19th century and is still now commonly translated into English as "normal, usual, ordinary" (Williams 2003: 179).

Hopa 1997: 209). Upon signing the Treaty the indigenous people officially became Māori, a people, with a certain set of interests and possessions and ways of life protected by the British Crown. Notwithstanding aboriginality being "a socio-legal concept in all British settler states" (Pearson 2005: 24), the Treaty of Waitangi represented an unparalleled collective agreement between a colonial state and an indigenous people.

The Treaty's text identified the "subtribes" (hapu were the dominant corporate group at the time (Ballara 1996) twofold – firstly as a group of people with similar interests and ways of life, and secondly as a group identifiable in relation to the British Crown, its representatives and subjects (Kawharu 1989: 319-321). The various subtribes had their own interests and reasons for signing, but in the context of the Treaty they were deemed to be (most) different from the "Pākehā" settlers and therefore had more in common among themselves in relation to the Crown[73]. The Treaty has three articles "agreed" by the chiefs and the British Monarch's representative. The extent to which Māori transferred sovereignty to the British in the Treaty's first article is questioned, as are the forms of chieftainship and collective membership retained by Māori in article two (Pearson 2005: 24). Article three conferred on Māori the same rights and duties of citizenship as the people of England. Much of the basis of the disagreement over the Treaty is that different chiefs signed different versions which were written in Māori and English. The Māori and English texts do not say the same thing. Furthermore, an important word – kawangatanga (governorship) – was invented by transliteration to convey an important concept the meaning of which only made sense in the context of a nation-state (Kawharu 1989; Orange 1987).

Kawharu's translation and interpretation of the Treaty is widely accepted as an authoritative translation (Kawharu 1989: especially pages 319-321). Kawharu argues that "contextualized", "literal translation" of the Treaty states that Māori were assured their "chieftainship" and "all their treasures", "material and immaterial" (Kawharu 1989: 320-321). However, Orange argues that a prominent argument amongst the iwi chiefs leading up to the signing of the Treaty in 1840 was that iwi social structures and ways of life were so eroded that it was in their own best interests to sign the Treaty so

[73] Pakeha also emerged at about this time as a term used by the indigenous peoples to refer to the settlers. It was appropriated by the settlers and their descendents and later became an official ethnicity (Goldsmith 2005). "Pakeha" did not appear as an ethnicity in New Zealand's national census 2006, however.

that they could secure for their people the protection of the British Crown (Orange 1987: 49).

Political power and identity beyond the Treaty of Waitangi

The chiefs' assumption that the Treaty would offer them security turned out to be ill-founded. The colonial government soon instituted a settler-serving superiority over Māori evidenced by the Treaty being proclaimed a "simple nullity" (Wi Parata v. the Bishop of Wellington, 1877 cited in Byrnes 2006) by a Chief Justice in 1877 and the passing of a "Constitution Act" in 1852 which claimed that the "'Laws, Customs and Usages of Māori" should be maintained only in so far as they are "not repugnant to the general Principles of Humanity'" (Brookfield 1999: 144). In 1851, Auckland's settler committee pointed to a "… total ignorance on almost every subject of knowledge which qualifies for the exercise of political rights" (cited in Nicholson 1988: 84). Furthermore, in 1869 the lawyer and politician, William Travers, stated that "… even the most sensitive philanthropist may learn to look with resignation, if not complacency, on the extinction of a people which, in the past had accomplished so imperfectly every object of Man's being" (ibid.: 87).

The extent to which such repugnant notions are representative of the mentality of people working in the field of health is difficult to determine. That such a view of Māori among Pākehā existed can not be denied, but neither should it be assumed that the settler population as a rule wished the extinction of Māori or the eradication of their "primitive" difference. For instance, Derek Dow (1999) shows that health services for Māori have been sponsored by government since the 1840s, even though in the early days of the state little money was spent on health and the Treaty of Waitangi was rarely mentioned in government discussions about health prior to 1940. He notes that the motives behind the early state's approach to Māori health needs are particularly difficult to determine, but refutes the claim that "the central tenet" of the colonial state was that given the inferiority of Māori their population would inevitability decline (see Nicholson 1988; cf Arnold 1988).

As a "challenge to prevailing assimilationist dogma", Sir Apirana Ngata established a "Māoritanga": an idealized conception of Māori "culture" (Sissons 2000: 1). Māoritanga emerged in the 1920s, which was a time when Māori were "rapidly losing

control of the resources needed for living" (Webster 1992: 41). At that time there was a growing, transient, unemployed Māori population, many of whom were involved in workers' unions and charismatic church movements. Together, migration, the emergence of churches and the engagement of Māori alongside Pākehā in workers' rights organisations amounted to an adoption of new socio-cultural forms. A generalised sense of a Māori identity developed across tribal boundaries on the basis of increased mobility, a working class consciousness, and nationalism during the world war services. These processes continued through the post-war migration to urban centres and the voicing of common grievances against the state.

Sissons suggests that Māoritanga was, "from the beginning a nationalist concept in terms of which the relationships with Pākehā might be negotiated" (Sissons 2000: 12). Ngata's establishment of Māoritanga and his mobilisation of it through his work as a government minister was apparently sufficiently threatening to leave a parliamentary Commission of Enquiry little option other than to pressure Ngata to resign from his government post (ibid.: 2).

Webster contends that at the level of class-struggle, by separating the "mind and spirit" of Māori from the "hands and feet" of a distastefully threatening working class, Māoritanga in effect furthered Pākehā's socio-economic domination of Māori. The kinds of material conditions that Webster sees Māoritanga not doing anything to address are what McIntosh has described as "conditions of deprivation" (McIntosh 2005: 48). McIntosh summarises an extensive body of research as follows:

> [the] Māori infant is more likely to die than the non-Māori infant. The Māori child is less likely to participate in early childhood education. Though there is little significant data on performance at primary school level we know that young Māori are leaving secondary school with much lower levels of qualifications than non-Māori. Māori are much more likely to be suspended and expelled from school which increases the likelihood that Māori will achieve lower educational achievement and be more significantly involved in youth offending. Māori unemployment rates are considerably higher than for non-Māori and Māori income is considerably lower. Māori are more likely to require government assistance or be totally dependent on a government benefit. Many Māori live in inadequate housing and suffer a poorer mental and physical health status than non-Māori (Te Puni Kokiri 2000: 6-7 reviewed in McIntosh 2005: 48).

At the level of identity, Māoritanga, Webster argues that aside from inverting the dominant, assimilationist position that Māori were not Pākehā enough, it also suggested that some Māori were not Māori enough (1992: 50). McIntosh's work (McIntosh 2005) is also illustrative in this regard. She speaks of the shame she feels in her inability to participate in hui (meetings) conducted in the Māori language. This she links to her "deeply felt" recognition that she does not meet the expectations of a "culturally and politically adept" Māori leadership whose work has been "vitally important" for on the one hand challenging "undesirable regimes of representation", and on the other "presenting and affirming a cultural and political agenda to a wide audience" (ibid.: 44-46).

Whakapapa

Whakapapa sets Māori apart from people of other ethnic groups and not being in touch with one's whakapapa was taken to be a sign of diminished wellbeing. When interviewing Keith, an elder and healer at the healing centre, I said,

> TOC: I often hear people talking about whakapapa. [Keith says "yeah"]. I hear people talking about it in terms of harm that has come through people's family lines
>
> KEITH: [interrupts] When we are dealing with clients, when I am dealing with clients in counseling, I am also using whakapapa. But I am using their whakapapa. I am not using mine on a client. It has to be a Māori client. But I am using their whakapapa. To recognize their whakakapa and use that as a tool for themselves to underpin their mental, physical, spiritual and family[74] performance. To better themselves. To give themselves self-esteem and confidence. You often hear a lot of old people talking about whakapapa. Tukino maho whakapapa koe, eheki – Let your whakapapa lift you. A lot of old people use that expression all the time, even today. Let your genealogy lift you. It is used to inspire people, to put confidence, self-esteem back into people. Titiro ki to whakapapa – look to your ancestors. Look to your old people and be inspired by that. That's why Māori *tohunga* doing *mirimiri* or *romiromi*, or whatever, *Rongoā* Māori and that sort of thing, use that because when we are dealing with clients we are dealing with them mentally, physically,

[74] Note the similarity between Keith's model of good health and the te whare tapa wha model of health (Durie 1985), which I discussed in chapter 3.

> spiritually, and whānau. And we call it nga tapa wha of te whare hauora o te tangata[75] – we are talking about a house and the walls and that. We have the wairua, the hinenagro, the tinana and then we have the whānau. And we take anyone of those away and we have a deficiency in our house, our well-being. Now when all four are working together, we are being empowered. We have self-esteem and we have confidence. Take anyone of those away, then, yeah, we are at risk. And yeah, you hear Papa talking about that because he has been taught like that as well. Same as me.

Keith's narrative speaks about whakapapa as a cornerstone of wellbeing. Whakapapa is a key point of difference from Pākehā. Without claiming and knowing one's whakapapa one encounters a barrier to knowing the good things about who one is, one's ancestry, where one comes from, the place one can return home to, a place to have time out. As in Mason Durie's *Mauri Ora*, "emphasis is placed on access to the Māori world, te ao Māori, as a critical factor in establishing a secure identity. In return, a secure identity is a sound investment for health" (Durie 2001: xi). In Keith's (and other practitioners narratives) and Durie's argument lies a conception that Māori who are unwell are not "Māori" enough.

Knowing one's whakapapa is a key to being Māori and being well. It is a cornerstone of what may be thought of as an "essentialist" view of identity and "functionalist" view of culture where individuals, through whakapapa, are "naturally" connected to a whole way of life which, if disrupted, leads to a weakened identity and poor health. By being drawn into or following the lead of another people's way of life, one suffers. In this view, wellbeing is substantially drawn from knowing oneself and having pride in oneself as Māori. Waldram (2004) notes a similar connection between identity and health among indigenous health workers in North America.

I spoke to a counseling student, Mo, who was doing a six week placement at the centre about his thoughts and experiences of *Te Oo Mai Reia* healing. After looking into the many counseling services throughout the Auckland region Mo considered the healing centre to have "the best holistic, Māori approach" to counseling.

> MO: I'm just studying here because I feel Māori are under-represented in the field of health. I'm doing a [tertiary institute] course. It's a general course – it does Māori as well as European. It's a degree course (in counseling), there are very few. We are given a very broad outline about

[75] The four dimensions of the health of the person.

> Māori, the whole thing about Māori counseling, their styles. It's all good in theory but I wanted to have some hands on experience - what is that? I found it very difficult. I went to several places but even then I couldn't get placement because they wouldn't take volunteers or it was individualised or it wasn't really Māori in a sense, it was privatized. But when I first came I was probably almost considered too white.
>
> TOC: What is your ethnicity?
>
> MO: I'm actually Māori, but ah, Māori as well as European. I've got a bit of French as well. Um, so they had an issue about me not knowing my tupuna, my ancestory which was very important, very important to this organization, to Māori as such, so. You have to know your whakapapa and I didn't. I came here to learn but it was kind of like hard to get a step in the door there,
>
> TOC: In what ways?
>
> [Knock on the door and interruption which broke the flow of the interview]
>
> … when I had my *mirimiri* it was (pause), full on! (laughs). Full on! It was hard, yeah, kind of almost fighting what it meant for me as being Māori and from my knowledge as well, trying to fit it in, trying to accept it, trying to understand it. … Maybe it's something that I just don't understand? But in my own philosophy, it kind of went against it.
>
> TOC: Your own philosophy about what?
>
> MO: About the body … I studied massage and I was bruised, quite bruised, the day after. They interpret that differently to what I believe. I believe that … bruising is not good. It breaks the capillaries, which I think can spiritually put blockages as well. … I think we need to make partnerships, personally, both models, which here doesn't actually promote. It's like keep Māori separate, it's very separatist in that way. In a way that's kind of good but in a way it doesn't balance up what's out there for me for instance. I've got feet in both areas. I don't know whether it, yeah, I don't know. Personally I found I wasn't very Māori in a lot of ways. But in other ways I feel like I've been blessed (laughter) because I've got to see the differences.

Mo's experience at the healing centre was shaping how he thought about his ethnicity, how Māori he was and even if he was Māori at all. He was basing his assessment of his ethnicity on ancestry, conceptions of the body and healing practices. He had experienced life as a European and as a Māori for which he felt "blessed". He felt Māori approaches to healing could benefit from drawing on European approaches to healing. He felt that people, based on their ethnicity, have certain health needs, health

needs which the system hasn't got quite right for people such as himself, people who have "feet in both areas".

Mo suggested his interest in the healing centre's work was driven by an interest in addressing the under-representation of Māori in the health sector. But a couple of weeks later I interviewed Rachel, who was one of the healers who worked on Mo. I asked her,

> You remember Mo? He was like, "Oh these guys say that you've really got to know where you come from and all that kind of thing. He was just a bit …
>
> RACHEL: Flakey (laughter)
>
> TOC: Um, he seemed to have a bit of a problem with that, I might have it a bit wrong in saying that but,
>
> RACHEL: Yeah, he did because of, because he had issues. He had family issues he couldn't deal with so that's why we only took him to a certain level and he had to walk the rest of that walk by himself … we knew what the problem was he just didn't know what the problem was. … Yeah, he's got problems. And it's family issues rather than personal. You know, deep-seated issues.
>
> TOC: So I guess from that perspective it might be working because it's got him talking to his family again. But, when you said he's got to learn where he's come from, do you mean he's got to acknowledge his family?
>
> RACHEL: He doesn't know where he comes from. So (pause)
>
> TOC: What do you mean by that?
>
> RACHEL: Well all he knows is who his parents are, he knows his father's family. He knows his mother's family. He doesn't know where his maunga[76] (mountain) is or where he comes from. He doesn't have a clue … so he has an imbalance. He doesn't have a balance of, oh, my maunga is this, I come from here. He's like, "I don't know where I have come from because I've never been told". He won't go and find out.
>
> TOC: How will that help Mo?
>
> RACHEL: … that's why he's got all these issues … he's out of balance. He doesn't know where his whenua is. Like if you know where you come from you can head back, that's what grounds you. … that's the only way you can be helped is by knowing where you come from, knowing where your people are … By him knowing that he won't have an identity crisis. … Mo doesn't take the time to go and look for that because of his,

[76] Mountain.

> um, because he's, he's um, may be a Pākehā trapped in a Māori body? You know, that's how he is. You know he wants to be a Pākehā. He doesn't want to be a Māori. Because what good is Māori? What have they done for me? They've done nothing. All the Māoris I know are on the dole, they're dole bluddgers, they are this, they are that, you know? So he's quite arrogant in some ways, some attitudes he has. So for him to get balance he needs to know who he is, *really* who he is, you know? I'm just a Māori boy from [a place name]. That's all he is. … We know his mother's brothers really well. Like his mother's brothers are close friends of my Mum and Dad and um, they've done lots of work in the community with my parents … when we were assessing him one day [he] talked to me about all these unresolved issues he had and that sort of popped out of the hat and he was just rolling off for about an hour and a half about all this stuff that he had – that he had been disowned from the Church and disowned from his family [because he's gay] … all I could do was like, "you are having an identity crisis and you need to fix it yourself. No one else can fix it but your self".

Rachel suggested that by exploring his Māori identity, Mo will feel good about who he is. Rachel suggests that Mo needs to acknowledge who he really is, which is not Pākehā. To Rachel, Mo is "just a Māori boy", but this does not mean he is a dole bludger, nor good for nothing. By Mo building a strong Māori identity for himself, which is primarily a self-reflexive work, he will acquire the resources he needs to help himself resolve his "identity crisis" which is evidenced in his "arrogance" and "flakiness". Mo needs grounding. The primary tool for doing this and exploring his identity and accessing the resources he could pin to it (rights to land) is whakapapa.

Rather than accept that *Te Oo Mai Reia* healing is a "personal" quest for a strong identity rooted in the realm of "a Māori world", an apolitical exercise of self-realisation, I suggest that Rachel's and the other healers approach to linking identity to healing was "… closely related to the technologies of power [that] determine the conduct of individuals and submit them to certain ends or domination" (Foucault 1988: 18). *Te Oo Mai Reia* healers direct people's attention to certain criteria for self-realisation through, for instance, their instruction that Mo strengthen his Māori identity so as to strengthen his wellbeing. Mo's flakiness, arrogance and alienation from his Māori roots were highlighted as aspects of his self that he needed to resolve in the interests of his wellbeing. In other words they were concerned with a certain crafting of how Mo made himself subject. Rachel prescribed norms and social relations, which through various invisible relationships of power, tie to other kinds of disciplinary practices to become a tool in the government of collectivities and the bicultural nation-state. Viewed in this way, Mo was encouraged to care for himself in a way that is like self-care regimes

Foucault observed amongst the Ancient Greeks. Foucault found that individuals would act "by their own means or with the help of others, upon their own bodies, souls, thoughts, conduct, and way of being in order to transform themselves and attain a certain state of perfection or happiness …" (Foucault 1988: 18). In the context of *Te Oo Mai Reia*, strengthening wellbeing was tied to strengthening one's identity as Māori.

Spirituality

That Māori people's spirituality sits in contrast to that of Pākehā people's spirituality emerged early in the history of the nation and serves as an example of how the homogeneity of Māori and Pākehā has emerged alongside a complementary difference.

Laing argued that the current popular and institutionalized notion that Māori are a *more* spiritual people than Pākehā has its roots in a mid 19th century book authored by Edward Shortland (Laing 2002: 153; cf Levine *et al* 1990). Shortland's work was later taken up by Apirana Ngata, a long-time Member of Parliament and Minister of Māori Affairs, to help set the healing work of *tohunga* apart from the work of biomedical practitioners. For Ngata, "where the Pākehā (or Māori for that matter) doctor and nurse fail, the patient or his relative will declare that the affliction must be *mate Māori*[77], a disease peculiar to Māori and curable only by resort to Māori means, and the doctor who has declared the case hopeless resigns the patient to their charge"(ibid. 157. Ngata and Sutherland 1940: 360-361, brackets in Ngata and Sutherland).

More recently, Mason Durie furthered the spiritual particularity of Māori people's approach to health when he established his seminal *te whare tapa wha* model of health in 1985. He wrote,

> The WHO [World Health Organisation] definition emphasized three aspects: physical, mental and social ... In contrast a Māori perspective sees health as a four-sided concept, representing four basic tenants of life. There is a spiritual component, a psychic component, a bodily component and a family component (Durie 1985: 483).

Durie "contrasted" a Māori view of health against the WHO definition of health. In places, such as the paper's abstract, Durie sets *the* Māori approach to health apart from *the* Western approach to health (ibid.). In doing so he conflated an institution's definition of health with the understandings of health found throughout the West. Secondly, he conflates the finding of his research with the understandings of health found throughout Māoridom. This may not have been Durie's intention, but has

[77] Mason Durie defines "mate Māori" as "a cause of ill health or uncharacteristic behaviour which stems from an infringement of tapu (a tribal law) or the infliction of an indirect punishment by an outsider [otherwise known as] a maakutu)" (2001: 24. Brackets in the original); and Williams defines "maakutu" as "bewitch, spell, incantation" (Williams 2004: 171).

emerged from Durie's paper is a singular, dominant model of Māori health, as I discussed in chapter three.

Durie also highlighted two principle points of difference – the social element and the spiritual element. I will briefly touch on the social element first. Whereas the Western social dimension "emphasiz[ed] personal dysfunction and socio-economic inequalities" (ibid.), the Māori social dimension was concerned with the family "moving to wider cultural factors affecting the community as a whole" (ibid.). I found that the *Te Oo Mai Reia* healers paid attention to social concerns beyond the family, including the security of Māori people's rights as citizens of the Crown: *Te Oo Mai Reia* healers were familiar with developments in Māori health policy and Māori health funding through personal contacts in the Māori Health Directorate and the national board of traditional Māori healers – Nga Ringa Whakahaere o te Iwi Māori. On one occasion I spoke with Papa about his discussion with a senior Māori Health Directorate member about how to best evaluate Māori healers for registration as a fundable Māori healer, an objective Papa said he though was worthwhile pursuing but did not know how to achieve. Furthermore, at least two of the healers personally knew and expressed their concerns and knowledge of health and healing matters with some members of the Māori Party, who were also Members of Parliament. I make clear throughout my thesis the point that the healers referred to a model of health that certainly did reach beyond the family, moving to concerns pertaining to the "shrapnel" of historical forces embedded in Māori identity and their experience of citizenship.

A further contrast was that Māori people had a spiritual outlook on health, whereas the Western view did not. Durie characterised the spiritual view as,

> the most basic and essential requirement for health. Without a spiritual awareness, the individual is considered to be lacking in wellbeing and more prone to disease or misfortune. A spiritual dimension includes religious beliefs and practices" and a "communion with the environment ... Land is a symbol of continuity with those who have passed on to the spiritual world ..." (ibid.).

At the healing centre, a *Te Oo Mai Reia* practitioner, James, told me the following:

> I come here [to the healing centre] on Monday nights under the tutelage of Peter. My own personal beliefs in it? I'm still trying to find out how it fits into um, the religious context and that kind of thing,

> parallels there. And I'm also wanting to pursue this because I study psychology as I've told you my man and so I believe, as far as I have noticed, there is only the tapa wha model that's ever been produced by Māori, by Mason Durie, and that can apply to the well-being of anybody really and I've looked at this [*Te Oo Mai Reia*] as being able to deal with the spiritual side, you know an alternative, traditional method that has been handed down by the kura wānanga via people like my granddad who gave me you know, little inklings as to what it entails, roughly, but I've never been able to understand it fully until now having never attended a formal wānanga.

The healer suggests that the relatively generic utility of the *te whare tapa wha* model of health (Durie 1985) does not adequately take into account the particularity of his and other Māori people's needs. What his grandfather introduced him to, and the wānanga explored in greater depth, said more about his spirituality and the traditional Māori approach to healing than did Mason Durie's writings about health under the *te whare tapa wha* model. Wānanga taught that the spiritual origin of Māori, as a people, was found in the cosmogony of the Ultimate Deity, Io. Teachings about Io were brought to *Te Oo Mai Reia* wānanga not only by Papa, whose whānau was Ringatu (see below), but also other kaumātua knowledgeable about the theology of other religions. One such kaumātua , Keith, told me,

> ... I guess Māori used to be a very spiritual people. They are not so much now, but they are starting to come back and look for that.
>
> TOC: Why?
>
> KEITH: Because, I think, the attrition process that took place. You know, with Europeans, the assimilation that took place and that. The old people were very spiritual people, even before they were converted to Christianity. They still believed in one God, Io. Under Io they had all these care-taker gods, like Tane[78] and all those sorts of things. But they also had Io-Matua, the One God. I mean in Christianity they have one God and they have angels under God. [pause] So that's why the Missionaries couldn't understand why Māori responded to Christianity as quickly as they did. Because it was very similar to what they already understood anyway. It was Io and atua. Except they [Māori] gave them [the minor-gods] names, they gave Tawhirimatea a name ... we are dealing with clients and patients in that context ...

[78] God of the Forests. It also means man, as in male.

Writings about Io as a Supreme Being of the Māori first entered the literature in the late 19th century. Peter, the teacher of the *Te Oo Mai Reia* wānanga I attended, recommended we read a volume of what Percy Smith (Smith 1997) argues is a translated narrative about the Io cosmogony collected from *tohunga* Te Matorohanga as supplementary material to what we learnt about the Io cosmogony in wānanga. That Smith's work is in fact a genuine account of Te Matorohanga's narrative has been questioned; it may in fact be based on an early 20th century account of material compiled about the wananga from various sources (Simpson 1997: 71-72; Sorrenson 1992). Te Matorohanga reflects on the mid 19th century as being a time of great social and cultural upheaval for Māori and states that the "Gods of old type exist no longer – their divinity has been brought down to the level of lizards, stones and trees" (cited in Schwimmer 2004: 246). This commentary on the breaking down of the traditional relationship and understanding of the body's tapu in relation to food was enforced by Te Matorohanga rhetorically asking his scribe, "do we not wash ourselves in the pots used for cooking [nowadays]?" (brackets in translation, Smith 1997: 84). Te Matorohanga noted threats to the future of a Māori collective identity and offered his own interpretation of a Māori cosmogony as a basis for Māori people's values and collective action.

Schwimmer argues that Te Matorohanga's teaching was, in part, a tacit response to colonialism and missionary activity (2004: 245). To Schwimmer's point I would add that the ways Te Matorohanga's teachings were taken up by the *Te Oo Mai Reia* healers were in part a tacit response to colonialism. The Io cosmogony imbued not only the *Te Oo Mai Reia* healers with healing power and spiritual guidance, but also some of the healers' clients.

It was the cosmogony of Io that guided much of the healing work. There were, no doubt, various routes through which an understanding of Io entered the healing work of the *Te Oo Mai Reia* practitioners. I do not claim awareness of all of them, but an important route was that which had its origins in the teachings of Te Matorohanga, via Percy Smith, and another 19th century leader, Te Kooti, who founded the Ringatu Church. Beginning in 1867, Te Kooti, inspired by Io, led a very early anti-colonialist uprising. Te Kooti was also renowned for his spiritual healing work. Healing by faith continues to occupy a prominent place in the modern Ringatu Church (Greenwood 1980; Tarei 1978). Te Kooti considered God would return Māori to the land of their

ancestors and he fought against and killed many Māori, hence Te Kooti's spiritual and political leadership can not be understood simply by tracing ethnic and state boundaries. He did not set out to fight Pākehā or the government. Instead, it seems to me that, aside from exacting justice against traitors and captors, what drove Te Kooti was spiritual inspiration (Binney 2006; Elsmore 1999, 2000). According to Robert Biddle, son of the former general secretary of the Ringatu Church, Te Kooti envisaged that his church "would encompass all people, black, white and brindle" (Greenwood 1980: 90).

Papa Delamere, taught that regardless of ethnic background, *everybody* has Io *within*. Because all mankind was created by Io, everybody embodied Io, "You don't have to go out and grab him", Aroha told me. The spiritual (and healing power) was not considered to be an external force. Instead, for the Ringatu, "Your body is the tabernacle of God … the house of God is within man at all times" (Tarei 1978: 61).

Illness, healing and Māori identity

The *Te Oo Mai Reia* healers looked to empower their clients through a reorientation of the way people connected with others and experienced themselves and the world. It was against this backdrop of discursive and material struggle that the *Te Oo Mai Reia* practitioners were seeking to improve the wellbeing of their clientele, via, Steve told me, "reconciling the Māori mind". Steve told me,

> ... because we have lost power over the last, four generations, it's manifested as all these unaddressed issues. Because the power of our structures of our society, have been lost, it's weakened us. But Māori have still kept fighting, fighting, fighting. What we do is reconcile the Māori mind so it releases a lot of that. It's getting a lot better, but I feel that its just releasing the shrapnel now, that still remains. In Matua's[79] day, the Native Schools Act was just training Māori to be labourers, waitresses, cleaners, you know, to serve Pākehās. So that's all you are good for, you're not intelligent enough. So if they were my grandparents, what am I gonna look like?

[79] Matua means father. It is worth noting that the elder Steve was referring to has achieved many great things for which he has been formally decorated by the Crown and greatly respected by Māori. That my interviewee chose to speak about him is suggestive of my interviewee's perception of how "intelligently" Māori people can "fight".

The *Te Oo Mai Reia* practitioners sought to relieve suffering deemed to stem from the ill-effects of the state through, among other things, "intelligence", "heart" and "mind". Speaking as a client of *Te Oo Mai Reia* healing, Andrew, who after his experience of healing joined the wānanga, spoke to me about how healing changed his sense of who he is in fundamental ways:

> ANDREW: I got to a point where I was very angry. And um, I came in and saw Pete, "look mate, I've been feeling really aggressive the last 3 days, very, very angry, you know, right out there". And he said you're too much in your mind. And he's right because I've been um, raised with an analytical mind, and not, nothing in the heart. He says you are too much in your mind, get more in your heart.
>
> TOC: Can you tell me, like, what this [*Te Oo Mai Reia*] has done for you or how things have changed?
>
> ANDREW: Well now I am really wanting to get in to culture, I want to speak the language. I want to immerse myself in it all and get back to my roots, as a Māori. You know, even before I came here I wouldn't say Māori, I would say Māori [pronounced incorrectly]. Um, and I just wouldn't pronounce the words properly because I felt like, um, it made me a Māori, what I call the real Māoris, the one that speak, the ones that, um, like the ones here, and I didn't like them. I didn't like those people. I liked, if I liked Māoris I liked the half-breeds like myself.

Andrew sought healing for reasons similar to those of many other Māori men. Andrew looked for help with his anger and shame. Steve, whom I quoted above, told me about a pattern he had noticed among his patients over several years. Some of his patients would tell him,

> "I hate being a Māori". Well that's a bit of a dilemma for you. He says, "Absolutely. I hate being a Māori". And he says, "If I don't get help with this issue I'm gonna kill someone, because I can. You know? I'm a trained killer and I burn inside and I'm gonna kill someone". So my question for him is not about the anger but where did this belief come from. He can't even answer that so I answer it for him. I do a white board presentation. And he goes "Exactly! Why? Yeah! Yeah! Yeah!"

Here is a list of what Steve wrote down for me as the concepts clients would typically use to explain how they felt. Steve would write these concepts on a piece of paper as the client spoke then transfer them to a whiteboard after his clients had finished explaining how they felt:

- Whaka/ma [he drew a line linking "whaka/ma" and "restrictions" and "problems"
- Restrictions
- Problems
- Ashamed [he drew a line linking "ashamed" to "Māori people"]
- Māori people
- Hate being Māori
- Causes and effects
- Shy – Shamed – Frustrated – Angry [grouped together]
- Hating
- Hurting
- Nothing
- No
- Creeps
- Done some things
- I'm gonna kill someone

Steve continued:

> ... and I say, "now sometimes your mind looks like that board here". "Yeah, my mind looks like that board". To give control we have to literally make some space in that mind. I rub a little clear circle. "You see that?" Now they are seeing this circle. Whakamā. Now to them most of the time that [means] shy and shame. ... Now because our culture has been shifted, our words, our concepts were also shifted. So too was the psychology. So the interpretation of our world from outsiders we started adopting. ... One of the things is that because they are Māori they are lesser. That's the perception. ... So now [the client] has to understand this and [then the client] can understand what the outsiders have brought, that some outsiders have come, not to enhance you, but with a perception of advancing you they have actually disadvantaged you. So in knowing that, you can take the blame and the anger out of it. They can learn from that and move on.

Steve, and other healers, sometimes helped people realise that the notion that Māori people were lesser than Pākehā was brought about by a Pākehā imperialism associated

with the building of the nation-state. Some patients felt angry about this history and its effects and needed healers' help to rid themselves of it so they could be well.

Metge's study of whakamā (Metge 1995) helps draw out some of the sensual, personal, social and historical aspects of anger, shyness and shame as they pertain to whakamā, including as it is experienced by Māori in relation to Pākehā. Metge found that a common theme that tied the many aspects of whakamā together was the concept "mana" (ibid.: 31). "Everything fell into place", she said, "when I realised that whakamā is bound up with the lack or loss of mana in relation to others" (ibid. 32). Metge notes that,

> ... the whakamā experienced in relation to Pākehā can be particularly deep and hurtful ... There is a two hundred year history of Māori – Pākehā relations in which Māori feel they have repeatedly ... come off second-best, defeated by superior force, technology and duplicity, a history containing many particular local instances of injustice and loss which continue to rankle (ibid. 137, 139).

For "the large majority" of Metge's informants, feelings of whakamā were associated with "a negation of normal activity and interaction: not moving, not using the senses of sight and hearing, not speaking, not making a return" (ibid.: 26). But for some, especially the younger generation (as of the early 1980s), whakamā was also associated with "behaviour which instead of reducing activity carries it to excess", including "boisterousness", "using violent language, even hitting out" (ibid: 26-27). For the *Te Oo Mai Reia* healers, including my interviewee Steve, anger could be an emotion, thought and behaviour associated with whakamā. And for the healers, emotions and thoughts, including those associated with shyness, shame and anger, have a presence in the body. As it did for some of Metge's informants: for instance, those informants who spoke about the "inward feelings" of whakamā in terms of "feeling hurt" said things like,

> ... deeply wounded, hurt inside, a crumpling inside, paa mamae (stricken with pain), it's just like a wound, I was filled with a terrible sadness, it really hits you right in the core, my innermost soul was hurt, sense of destroyed soul (ibid: 29).

I examine such feelings, how they were thought to have a presence in the body, and how they were healed in the following chapters.

Cultural Rights

A further case that shows how Māori identity and bicultural citizenship play out is a case concerning the contestation of a proposed course of *Te Oo Mai Reia* healing that went to court. Despite not being aware of many details of the law and court hearings concerning Manu's case, what I do know about it[80] allows a contextualized inquiry into the role of law in adjudicating over the rights of Māori alongside the rights of citizens and the state to assume sovereignty over the body.

According to law, at 15 years of age Manu was a minor; one year short of being able to make decisions about his health care independently of his parents. Manu's case was tried in an Auckland Family Court in 2004. Manu had been complaining of chronic pain in one of his hips that was at times so severe walking was difficult. His sore hip was much easier to injure than his good hip.

Manu was examined by a surgeon who determined that the sore hip was irreversibly degenerating and that it needed to be replaced. I was told the cartilage at the head of the thighbone was becoming detached. But, and this was key to Manu, his father's objection to surgery was that there could be no guarantee that hip replacement would be successful. The surgeon could not guarantee that the replacement would "take"; and if it did take, he could not guarantee that it would be trouble-free for life. These uncertainties followed by six weeks of bed-rest to recover from the operation were unsatisfactory to Manu, and because they were unsatisfactory to Manu, his father, Les, told me, they were unsatisfactory to him. Under Papa Delamere's care Manu did not require bed-rest to recover from his healing, and according to Manu and Les, Papa's treatments had markedly improved his mobility and quality of life. In sum, Manu was satisfied with Papa's care and did not want his hip replaced.

But Manu's mother wanted him to have his hip-replaced. I was told she could see no end to Manu's suffering following a *Te Oo Mai Reia* course of treatment. Manu, however, wanted to be healed by Papa Delamere.

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[80] My understanding of the details of this case are based on many hours of conversation with the father, Les, of the boy, Manu, who health care was at the centre of this case. I also spent a few hours discussing this case with both Manu and Les present. I did not speak to the mother and decided not to access the court records about the boy's healing. At the time of writing the parents were each claiming custody of Manu and therefore felt it was not right to inquire into their affairs any further.

Les told me that when Papa appeared in Court he was asked how he knew what was needed to cure Manu's condition. Papa explained that he could "see" what he needed to do by placing his hands on Manu's hip, which the surgeons dismissed as "mere superstition". Les turned this charge back on the surgeons by highlighting the point that the surgeons could not guarantee that what they proposed to do would be a success. Les told me that he suspected that the medical service had "a brown face" to present the surgical case in court as a political gesture. He told me he had never before seen this person and that he knew who the surgeon would be should Manu have surgery and "he was not brown".

After considering the evidence, which included assessing both the surgeon and Papa's evidence, the judge decided that Manu should have his hip replaced. A date was set for the surgery and Manu was instructed to be at hospital at the appointed time. Manu did not show. The surgery was re-booked for a later date. This time Manu would be picked up by workers from the state's Child, Youth and Family services for transportation to hospital. But on the morning of surgery Manu ran away from home. Les had no idea where he went and was distraught. He was also angry at what he considered to be the court's heavy-handed approach to Manu's treatment, refusal to accept that Manu knew what was best for himself, and the refusal to accept that Papa had at least an as reasonable approach to healing Manu's hip. Les appealed the court's finding. The appeal judge found that the Family Court was wrong to enforce treatment and that the court could not adjudicate in favor of surgery or a *Te Oo Mai Reia* course of treatment.

Manning's (2001) analysis of cases where "alternative" medical treatment of minors have been tried in New Zealand courts helps understand some of the legal details of this case. Manning explains that either a parent or a health professional can take a case to court for adjudication if they can not agree on what course of treatment is in a minor's "best interests" (2001: 274-278). Until 2001 it had most often been found that it was in the minors' best interests they received Western medical care. At the first hearing a *Te Oo Mai Reia* course of treatment was deemed to be unacceptable as a course of treatment that would provide for Manu's "best interests". I suggest it may have been on that basis that the court found a legitimate cause to take charge of Manu's body against the will of both himself and Les.

Foucault has noted that the modern state is constituted through the management of human life – the taking, nurturing and improvement of it – through concrete

arrangements that regulate, normalize and discipline, which includes medicine and the law (Foucault 1973, 1997, 2003). Within the New Zealand context, this is found in the New Zealand Bill of Rights Act. The Act states that "No one shall be deprived of life except on such grounds as are established by law" (New Zealand Bill of Rights 1990: Section 8).

A stipulation of the right of the state to the management of life in the field of health is that individuals have the right to refuse medical treatment (Bill of Rights Act 1990: section 11), and minorities have the right to "enjoy" their "culture" (ibid.: section 20). The Ministry of Justice guarantees Māori "the right to equality before the law" through Article 3 of the Treaty of Waitangi, which has been written into law through, among other pieces of legislation, the New Zealand Bill of Rights Act (Ministry of Justice 2005). In Manu's case, the first court's finding possibly found that the treatment of Manu's hip would not constitute the "enjoyment of culture". However, once the judicial system was drawn into Manu's health care, Manu's hip problems became painful to bear through the court's unwillingness to acknowledge the legitimacy of their preferred course of treatment – *Te Oo Mai Reia*, which Manu and Les did not only want to "enjoy", but access in Manu's "best interests".

Some traditional healers, including some *Te Oo Mai Reia* healers, prefer that Māori people who want to pursue a traditional Māori method of healing were left to do so:

> ... If we make our own mistakes then good on us, we're allowed. There's been 150-odd years of mistakes made on our behalf by other people (Māori midwife, quoted in Jones 2000: 125).

However, this midwife's assertion that Māori are allowed to make "their own mistakes",

> ... does not necessarily fit with the government's interpretation of the Treaty, or the way it has been applied to social policy. *Whaia te ora mo te iwi* (Department of Health, 1992) states that "The claim that the protection of the health of Māori has (through Article 2) a special claim on New Zealanders as a whole, over and above the responsibility of the Crown to secure the health of all citizens is, however, not one the Government accepts" (Jones 2000: 125).

In Manu's case, the Department of Health's claim that the government considers New Zealanders' nationality to be more important than their ethnicity stands in law. In

Manu's case we can see tension between the rights and obligations of Māori in relation to the state. The ground of this tension was disagreement about what constitutes an acceptable course of treatment in a context where the evidence of an efficacious outcome was questioned by each party.

Conclusion

That Māori and Pākehā are distinct peoples marked by differences of genealogy, spirituality, and rights, emerged at and following the signing of the Treaty of Waitangi. These identities were tied to contestation over the distribution of state-level decision-making power between Māori and Pākehā and the rights of citizens, people marked by ethnicity, in relation to the state. In the context of *Te Oo Mai Reia*, whakapapa and spirituality are key components of a Māori identity. Whakapapa and spirituality also have significance in the work of the state, judiciary and nationalist movements. I showed that within the context of law and in the context of private suffering, individuals bear the consequences of both official decisions and popular notions about Māori identity, through, for example, feelings of shame, anger, pride, and health care decisions. It was in these ways that I showed the relationship between the personal significance of Māori identity in the context of Māori healing, and the rights and obligations of Māori as members of the nation-state.

Through whakapapa, Māori have rights that put demands on the state, specifically that the state acknowledged Māori people's cultural rights. Alongside Māori cultural rights, citizenship ascribes obligations and a different set of rights to the same individual. Māori may experience citizenship differently to Pākehā given that the dialectic of the Māori and citizen sets of rights and obligations harnesses the potential for both complementarity and conflict. In the context of *Te Oo Mai Reia*, the ambiguity of this dialectic means that ascertaining where the rights and obligations of citizens and the state to a body begin and end, especially when what a Māori person wants and claims on the basis of their ethnicity challenges what the judiciary considers to be in a person's "best interests".

How these practitioners made sense of the impact of the state and national belonging on the body is the subject of the following chapter, where I examine the *Te Oo Mai Reia* practitioners' understandings of the body.

CHAPTER 5: THE BODY

Here I analyse what I consider to be the most fundamental conceptions of the body shared by the majority of *Te Oo Mai Reia* practitioners: in particular what constitutes the body, what imbues the body with life and, hence, what constitutes the body's capacity for wellbeing. This information helps explain what the practitioners were talking about when referring to the "the body". It also helps explain what the practitioners were referring to when they made sense of and worked with their own and other people's bodies. I situate my findings about the *Te Oo Mai Reia* practitioners' conceptions and uses of the body within the literature about the body. I also locate my findings in literature about Māori healing, which includes little analysis of Māori healers' notions of the body. I contend the body is, in-part, composed *by* and *of* social elements and that realizing the difference between "by" and "of" is crucial to understanding the philosophy and practice of *Te Oo Mai Reia* healing and how the practitioners embodied the effects of bicultural government.

The model of the body that I portray here is a composite of interview material, notes taken about wānanga teachings and discussions, wānanga handouts, and fieldnotes about my own healing experiences as a participant and as an observer. Making sense of this information challenged me in two ways. Despite repeatedly going over and over my dataset and many re-writings of this chapter I could not draw together all the data I had about "the body" until I realised I had to write about whakapapa, tapu, noa[81], mana and the body in the same chapter.

On reflection, there are two reasons and a paradox underlying the difficulty of writing this chapter. Firstly, understanding a model of the body different to one's own is an exceedingly difficult task. There is a paradox underlying use of the body to inform cross-cultural, ethnographic research. The challenge is to make use of one's own embodied experiences to inform the comprehension of a different way of being and experiencing a body (Desjarlais 1992; Stoller 1995).

Secondly, I did not, I argue, initially understand the extent to which the practitioners integrated understandings about people's spiritual and social connectedness with understandings of the body's materiality. I was cautious about exoticising Māori

[81] Not sacred. Free from restriction.

notions of the body, but also mindful of not imposing my own understandings on what others were telling and making sensible, as in perceptible, to me. Having arrived at a realization that it would make most sense to write about conceptions of matter and non-matter together suggests to me that I have challenged some of my own deeply held beliefs about the relationship between the body and the wider world. I now appreciate how profound is the comment that "a lot of people can learn about *Rongoā*, but few really understand" (Dale).

I am not claiming that there is a singular understanding of the body among the *Te Oo Mai Reia* practitioners and I have arrived at it, but I do argue that I have arrived at an accurate representation of an integrated set of themes of the practitioners' thoughts about the body, which is a model of the body quite different to what I presumed prior to learning about *Te Oo Mai Reia*. Observing eclecticism and heterogeneity among Māori healers is not uncommon (Jones 2000; Parsons 1985). McLeod (1999) notes that Māori healers affiliated with various iwi in the central North Island drew on a wide range of healing traditions to inform their thought and practice. The *Te Oo Mai Reia* healers often spoke about Reiki and Energy Healing, among a vast range of other schools of thought. What ties the *Te Oo Mai Reia* practitioners' use of the wide range of concepts and techniques together is their interest in exploring the role of spiritual energies in illness and healing, and finding ways to empower a person, especially by strengthening his or her connections with other persons, spiritual powers and ultimately the Supreme Being, Io.

The Body as a Material and Non-material Entity

The practitioners gave me reason to think carefully about whether personal experience and social convention makes the human body materially different for different people. The body, its composition, state of health, and so on, appeared just as real in terms of its matter to one person as it did another, even when there was disagreement about what the truth of the body's matter was. Sometimes these disagreements were not simply issues of interest, but issues where there was much at stake.

In the end I have rejected the notion that because people think about and experience the body differently the body is different for different people. Arguing otherwise

suggests that the body is only what we think it, or experience it, to be, which would mean the body is a "blank-slate" on which its entirety is socially constructed. I find such a notion unacceptable because it would ignore biologically driven demands of the body, and disregard the fact that injuries, illness and healing sometimes occur despite people's best intentions, understandings or interventions (Comaroff 1985, Kleinman 1988, Goodman and Leatherman 1998).

But this is not to say the socio-cultural constructs have no impact on the way the body is constructed, understood and experienced. The material body has a social life. I argue the body is a materially-limited mediator between the self and the world. The body's matter provides people with a certain range of physiological and anatomical potential for social elaboration. This is exemplified by the practitioners' physiologically grounded reactions to illness and healing affecting their social engagement with the body – their thoughts about it and their healing of it – and the world. It is impossible for the body to be part of a person's life-world without it being purposefully situated in it and inextricably materially and actively part of it. Therefore I have thought of the body as enmeshed in a "reciprocally determining relationship" (Comaroff 1985: 541); a reciprocally determining relationship between matter and non-matter. What this means is that the body-it-self does not reveal its own nature and the body's matter partially determines what we think it and sense it to be.

I am making two points. First, the material and the non-material aspects of the body are a product of, *and* productive of the other. Second, what people consider to be true about the body is only true to the extent that they have a certain manner of objectifying the body and describing it (Foucault 1973, Merleau-Ponty 1962), which means that two people arguing about what the truth of a body is may both be wrong. To a certain extent, the body has a life of its own. No social order, no matter how powerful, can control it, which is why people who are convinced of their view about the body and the source of its life force can have their life-world turned up side down when the body does not respond to healing as expected. But when it does respond as expected their view of the world may be affirmed.

Te Oo Mai Reia conceptions of the body

To me, the *Te Oo Mai Reia* practitioners' conception of the body approximated to a "monistic" conception of the body (Scheper-Hughes and Lock 1987:8-13). It was because *Te Oo Mai Reia* practitioners tended to *not* construct the body in terms of discrete entities (mind/body and spirit/knowledge/thought/matter) that the effects of people's relationships, life experiences and social orders were seen to be evident in and on people's bodies. While the healers and patients *did* categorically speak in parts, such as its "flesh", "spirit", "mind", "tupuna", and so on, they did so in the context of these parts having a relationship to other parts and/or bearing the effects of another aspect. Individual bodies were thought of as having independence and a significance of their own, but they were also thought of as entwined with other bodies and affected by historical, social and spiritual dynamics. Therefore a primary cause of an organic lesion in the body could be located outside the body and even outside a person's life time.

The material matter of a patient's body was thought of as bearing the effects of the social and spiritual realm and being *a* dimension of a person's multi-dimensional existence. The material was but one factor among other factors that needed to be taken into account when healing a body. Aroha said to me,

> ... Ora is ora. It is not segmented. It is holistic. Well, that's how it's worked for my whānau.

To me many of the practitioners, especially those who were schooled in the *Te Oo Mai Reia* wānanga also thought the material and non-material aspects of the body to be, if not one, integrated. In other words the body was considered to show in *matter* its connectedness to *non-matter* (or psychology, emotion, society and spirit).

The healers sometimes dealt with complaints such as sprained shoulders and bruised muscles picked up on the sports field. But the ailments they most commonly worked with were multi-faceted, and the spiritual aspect was of fundamental importance to such healing. The spiritual realm pervades the material and social realms and is part of all suffering and disease, healing and wellbeing.

Peter told us at wānanga to *not* "give control to the flesh" because the "flesh[82] is the vessel of the wairua". What I understand the message to be here is that the flesh, and all other matter, is a by-product of a higher order of reality. Therefore the material body should not be prioritised over the wairua when healing. But because the wairua resides in the body, a material body is a necessity for a spiritual presence in the material realm and hence for being human. The practitioners did not perceive of the body as primarily comprised of matter, nor closed off or isolated from the rest of the cosmos by its skin. Hence the relationship between spirit and flesh is fundamental to understanding the body.

While discussing Māori healing with anthropologist Tricia Laing she recommended I read Rudolf Steiner to help understand how the Māori healers made sense of the relationship between the body's matter and its spirit because Steiner writes extensively about the thought that the material body is made animate by a spiritual force, as do *Te Oo Mai Reia* and many other Māori healers.

Steiner suggests that what sets the living matter of "man" apart from inanimate matter is his "etheric-body" (1963:41). The etheric-body is the human body's substance of primary importance (ibid.: 39-40). During the life-time of a human body the etheric-body serves a higher function than the physical body because without it there would be no life - the matter of the human body would remain inanimate and prone to decay, as is a recently deceased corpse, even though the physical matter of a recently deceased corpse is essentially similar to the physical matter of a living human body. The etheric-body, argues Steiner, imbues the physical body with "life" and has the function of "organising" the physical body. Underlying each material organ there is an etheric organ. Whereas the physical body is comprised of supposedly relatively separate parts, the etheric body is in "living interflow and movement" (ibid.: 43). Steiner argues it is not just humans who have an etheric-body; everything that is alive has such a body.

The philosopher and educationalist, Māori Marsden (Marsden 2003), writes similarly to Steiner about a relationship between non-matter and matter. By drawing on the work of the early Quantum Physicists view of matter[83], Marsden argues that there is no absolute rest, size, or simultaneity, and, therefore, matter can no longer only be conceived in terms of particles or solids. The world of intangible relationships, which

[82] "Kikokiko" was used in place of flesh in this second phrase, which is defined by Williams as "flesh", "body" and "person" among other things.

[83] Principally the work of Albert Einstein and Max Planck.

Marsden contends is the spiritual world, is not limited to intangible consequence; it can have material effects. The spiritual world has material consequence. It gives the material world its vitality. "The world of spirit" is "ultimate reality" (Marsden 2003: 93-95).

Māori Marsden, like Papa Delamere, considers matter to be a product of spiritual forces that originate in an all-powerful Deity known as Io.

> Everything depends for its existence, whether in this world [the world we can perceive through the senses], or in that behind it, upon mauri (life-force) which originates in Io-taketake (Io-the-first-cause). Io, whose mauri is primary and whose mauri both unifies all things and at the same time bestows them with unique qualities, provides for unity in diversity. Man is therefore an integral part both of the natural and spiritual order, for mauri animates all things. From this conviction derives the holistic approach of the Māori to all life (Marsden 2003:95).

All objects that comprised the natural world were seen to be constituted of unified and complex series of rhythmical patterns of energy. Hence, while each object that constitutes the universe has a particular form and function, its form and function exist somehow connected with the rest of the universe. Hence the human body is not merely connected to, but is part of, a cosmos, and has its origin and continued potential for being in a flow of life force from Io. The flow of animating life forces does not stop at the skin of human beings but pervades the entire (healthy) body with life force.

The energy that formed matter was perceivable by the *Te Oo Mai Reia* practitioners. This energy was perceivable not because it had, but because it was, a "reo"[84], also termed a "vibration". Whereas reo is commonly used to refer to language or voice, the term's meaning in the context of *Te Oo Mai Reia* extends to what is inaudible to the human ear. All reo takes the form of "vibrations" or "pulses" that originate from a core. The ultimate core is the beginning of time and the cosmos itself, a time when only Io existed. Each human body (and mind and spirit) is a particular instance of reo that has always existed; a particular instance of the on-going process of creation. The human body is but one example of how reo manifests as matter. In the context of the work of healing reo could be perceived through a person's body-heat, texture of the skin, sweat and the sounds he or she made by breathing, panting, crying, screaming and yelling.

[84] Reo means both voice and language.

This conception of the energy underlying matter is similar to that of Deepak Chopra, a medically trained doctor and Ayurveda specialist who is famous in the United States for his public-speaking and best-selling books about "Mind-body" medicine, which, Chopra argues, unifies Western Medicine and Ayurvedic approaches to the body and healing. Chopra considers "information" to give "matter" its "form". Of the two – matter and information – information has a longer life span than the solid matter it is attached to. It is well documented, notes Chopra, that the matter of the human body changes at varying rates yet every "body" remains recognisable as the "same" body for long periods of time. The bit of matter changes, yet there is always the same structure waiting for the next atoms (Chopra 1990: 87). The difference between the two – matter and information – is not of a mechanical or discrete kind, but of a quantum kind, as is the difference between energy and matter, time and space. Chopra wrote,

> Einstein suggested that one underlying field exists as the background for all transformations of space-time and mass-energy (1990: :177). ... We are not onlookers peering into the unified field - we *are* the unified field. ... Every thought you are thinking creates a wave in the unified field. It ripples through all the layers of ego, intellect, mind, senses, and matter, spreading out in wider and wider circles (ibid.: 217).

The connection between thought and matter occurs through "sounds", argues Chopra, because "the fundamental level of the whole world, according to the Vedic [sages] is made of sounds" (ibid.: : 248-250). As in the thought of *Te Oo Mai Reia*, the "sound" that unifies matter and non-matter and Chopra's mind-body medicine is not an audible sound, but a "primordial sound", a vibration of energy that constitutes matter (for example, ibid.: :237).

The key point to take from these writers is that the relationship between matter and non-matter is fluid and dynamic. The basic element of both matter and non-matter is energy. Energy knows no bounds, is the primary matter of the universe, and it never ceases to exist. This was a reason why the *Te Oo Mai Reia* practitioners deemed the physical body to potentially bear the effects of a shared past and origin. While energy never ceases to exist it does change its form. Hence a healthy body could become unhealthy, but it could also be healed. Another implication of this thought was that the

spiritual energy of a person did not decay or cease to exist when the corporeal body did; it remained part of the social sphere.

It would be overstating the practitioners' conceptions of the body to say that mind and body (and spirit) were inseparable because they thought that body parts, such as the feet, and physiological processes, such as digestion, had their own particular significance. But they also thought about both the human and spiritual relationships that body parts and physiological processes signify. This is what Lock and Scheper-Hughes (1996) call the "social body". For example, healing ethically required beginning all physical manipulation of the body with the feet because the feet connected the person to the whenua: the word "whenua" means both "land" and "placenta"; these meanings are suggestive of the need for practitioners to acknowledge a person's origins. The land is what nurtures and sustains people and, futhermore, the land is both a deity – Papatuanuku – and an ancestor. Peter told us at wānanga that the torso was the "*whare tupuna*", or ancestral house, and the feet were the *whare tupuna*'s "front door". He told us that, as healers, we had to get "permission" or "the okay" from the (patient's) body's tupuna before proceeding with healing because healing would bring about change to the *whare tupuna* which should, therefore, only be done with the ancestors' permission. It was only right to approach another's whare at the front door. "Only thieves and burglars go through the back", Peter said.

Alongside the body's self, the ancestors of the body had a right to say what happened to the body and how the body would be used. Or put another way, a body's ancestors looked out for the wellbeing of their offspring. It was at our peril, as healers, to enter a *whare tupuna* without the tupunas' permission because doing so could incur the wrath of the body's ancestors if they were not happy with both our intention to bring about change to the body and the kinds of changes we brought about in the end. In a sense, healers could be disciplined by a patient's ancestors for the way they were treating "their" body. Furthermore, tupuna could also cause problems for the body's self: Peter thought he better "clean-up" his lifestyle because his tupuna were "giving [him] grief". He explained to me that according to his ancestors he had "done enough damage already".

As I was to learn, much healing was targeted at evacuating ancestors from the living body. A memorable moment from early in my fieldwork was when James, commenting on how intense was a *mirimiri* session we were observing, asked me "Did you see that's guy's tupuna come flying out his leg"? "No", I replied, "I didn't". I wondered if he was

testing me out to see how gullible I was. But within a couple of months of that conversation taking place I would be taking part in healings that rid bodies of unwanted ancestral presence.

According to the teachers of *Te Oo Mai Reia*, spiritual entities are akin to reo. But spiritual entities do not reside in the realm of existence readily apprehended by the way Pākehā typically smell, touch, taste, see and hear. According to Māori Marsden and Papa Delamere it is not because humans have an inherent lack of ability to perceive the spiritual realm; it is because people have been trained to not perceive the spiritual realm that we can not perceive it.

The healers contended that just because a person can not readily perceive the spiritual realm does not mean that it does not exist, nor that his or her existence is not supported by it. Māori Marsden's chronology of the universe (2003: 95) situates "the world of sense perception" as a realm distinct from the other realms of existence that make human life possible. His chronology should not be read as detailing calendar time – the realm of Io, the Creator and First Causes, still exists today as does the realm of potential being, and so on.

- Io, the Creator and First Cause, begat:
- Te Korekore, Te Kowhao, Te Po (void, abyss, night), *the Realm of Potential Being*, which begat:
- The *Realm of Energy and Processes* which begat latent memory, deep mind, emerging consciousness, sound – the *Realm of the Mind*, which begat word and wisdom
- Into that total milieu was infused: The Breath of the Spirit and of Life – the *Realm of Mauri*
- Then was begotten light/shape/form; begetting in turn time and space. Into this framework of the Space/Time continuum was born *the world of sense perception*

Some *Te Oo Mai Reia* practitioners claimed to be able to perceive not only the effects of the spiritual world, but the spiritual world itself. All practitioners claimed to be able to perceive the spiritual world's effects.

Knowledge in the Body

Peter, Papa Delamere and many if not most of the other healers believed that knowledge had a material presence in the body as "cellular memory". Peter told me,

> ... we view the body as not just the body, but the whare tupuna. ... our tupuna ... make up our cellular memory, molecular makeup, genetic flaws, everything are all. Are you Māori at all?
>
> TOC: No, no I'm not.
>
> PETER: Okay, so do you struggle to understand some of these concepts?

Other than querying if I was Māori, Peter was implying that if I had Māori whakapapa I would understand what he was saying by virtue of descent. If I was Māori, I would not require an explanation of the terms he was using but because I was not Māori I would probably require an explanation. He was right. I did require an explanation of some of the terms he was using. But, I contend, this had little to do with the fact that I do not have Māori ancestry. Two simple examples will suffice: my wife has Māori ancestry but she would not have understood the interviewee's terminology; and between the other students and I at wānanga we *together* built up our own understandings of the concepts presented to us by our instructor. As individuals we would have struggled to arrive at an understanding of theoretical content of the wānanga.

Cellular memory is a concept used in many different healing traditions[85]. I do not know how Papa Delamere began using the term, but prior to the *Te Oo Mai Reia* wānanga (which Papa began teaching in the early 1990s), Deepak Chopra asked,

> *What is a cell then*? It is a *memory* that has built some matter around itself, forming a specific pattern. Your body is just the place your memory calls home. ... At any point in the bodymind, two things come together – a bit of information and a bit of matter (my italics, Chopra 1990:87).

[85] e.g: D'Alberto 2005; McClaskey 1998.

For Chopra, that cells hold memory connects each and every individual through to the origins of the universe. Papa Delamere contends that all existing matter has its roots in the origins of the universe. Furthermore, he contends that all information on which life is based also has its roots in the origins of the universe. Hence the origins of the universe are somehow and in some form encoded in our bodies. For the *Te Oo Mai Reia* healers, cellular memory, like all other forms of matter and non-matter, had a vibration or reo. Information vibrated through space and time from a core and passed in every direction. It could transform from non-matter into matter, from emotion into flesh, and from flesh into thought, and so on.

I understand *Te Oo Mai Reia* teachings about cellular memory to refer to sedimentation of information about the past and present in the body. Such information can get into the body through genetic inheritance, spiritual action, socialization, or trauma. "The body" responds to the social setting as does "the mind", and as the mind takes with it memory of an event so does the body. Socialisation, trauma and learning are psycho-social and physical experiences, as is healing. Hence cellular memory is a term that refers to the encoding of experience and information within the body; information that can affect people's wellbeing and be sourced as communicable knowledge. The significance of embodied memories in the context of illness and healing has since the late 1980s been attracting increasing levels of interest amongst trauma therapists (e.g.: Bass and Davis 1988; Rothschild 2000).

It was early in my fieldwork that I became aware of the importance and centrality of cellular memory to the *Te Oo Mai Reia* healers' thinking and practice. After I noted the term being used repeatedly by many different healers I asked Peter to explain the concept to me. To illustrate its meaning he spoke about a (hypothetical) car accident victim,

> They go from having all the operations [as in biomedical surgery] and still they walk with a limp. They come here and we do exactly the same stuff [although no *Te Oo Mai Reia* healer practiced biomedical surgery] but what we undo is the cellular memory of it. What you got to remember is that when impact and trauma happens, the memory is locked into the cells. No matter what operation you do you are not going to get into this memory. So ... even though it's been fixed surgically, psychologically and spiritually it's still there.

As does Rothschild, a psychotherapist with a special interest in "somatic memory", the *Te Oo Mai Reia* school of healing holds that traumatic memory tends to be remembered unconsciously (Rothschild 2000). But whereas Rothschild writes about memory at this level residing in "implicit memory" for which "bicycle riding provides a good example" (ibid.: 30-31)[86], Peter extends embodied memory, as cellular memory, to the hard and soft tissues. During a hands-on wānanga session, a student who volunteered as a patient was asked by Peter, "have you had severe rib damage?" "On several occasions" he replied. "How could you tell? I asked Peter. "You see that?" the healer asked me, pointing out the patient's misshapen rib cage. "He's holding the cellular memory of his injuries". Cellular memory is not only memorised information in the sense that it is communicable in the form of logic (however well rationalised) it is information that describes the physiological code for the bodies form, as genetic information does for the physical form.

Cellular memory also affects the mind. Understanding the interplay between embodied memory and mind is key to understanding the *Te Oo Mai Reia* approach to healing. If grief, anger or pain is not dealt with sufficiently well, if it is not removed in its entirety from the body it will remain in the person and be evident in their thought and actions. Hence experiences of the past, including the experiences of one's ancestors, can be encoded in cellular memory and be passed in to the present and future. People can be unconsciously aware of pain, anger and grief but still be affected by it. Even though they are not consciously aware of it their bodies bear its negative affects at the level of cellular memory.

> HONE: I think what's getting in the road of a lot of our people [becoming well] is being afraid of themselves, to see what's inside.
>
> TOC: So what is it exactly that people are afraid of?
>
> HONE: Themselves, what they carry. The fear, the hurt, the pain. All the things they push down. All the things they don't want to see anymore. They are in denial, I guess.
>
> TOC: Where does that all come from?

[86] For Bourdieu, "the body is treated as a memory" where social groups "values" are "given body, *made* body ... by the persuasion of an implicit pedagogy, ... an ethic, ... a political philosophy" (Bourdieu 199: 94).

> HONE: Ah, it comes from, a lot of it is hereditary. So any unresolved stuff that we have will be passed on to our children. And their children will pass it on and so it becomes hereditary. That's one pathway. The other part is whatever I inherit I can make it worse. I can create more shit. So any shit that I create as well as the old shit becomes more shit I can pass on. So that's were it comes from. Part of it is hereditary, part of it is both, you know, both nature and nurture, sort of stuff. So some of it comes from everyone else and some it is from what we create in this lifetime. You know if its unresolved it remains locked up at a cellular level. And it's stuck there on the cellular level the body will [die?] with all this energy is stuck there. ...

Cellular memory is not all bad. For during wānanga we were told that we were not actually being taught anything "new". What were in fact getting from wānanga was help with remembering knowledge we already embodied. This certainly applied to the Māori students, if not others. When I first interviewed Peter, who became our wānanga instructor, he said his teaching was

> ... getting [students] thinking out of the box and thinking in circles, you know, yep. Cause when you've got them thinking outside of the box one truly learns. Well its not really learning, it's one truly remembers, really.
>
> TOC: It's what, sorry?
>
> PETER: One truly remembers.
>
> TOC: Remembers what?
>
> PETER: Information. Because we all carry knowledge it's just a matter of tapping into it. What we call cellular memory.

Thinking in circles is about "closing the loop", getting back in touch with one's ancestors and bringing their knowledge, their information into the present. Some practitioners did not consider this loop needing to be closed during their adolescent or adult years however, such as Papa Delamere:

> Hohepa de la Mere, ... affectionately known to many as Papa Joe, comes from the East Coast of New Zealand from the Whānau Apanui Tribe. ... The Old people knew of his healing abilities well before his

> birth and programmed the knowledge of his ancestors into his cellular memory ... (www.māorihealers.com, accessed 21 May 2006).

The cellular memory that was valued was the knowledge of Māori ancestors because it was they who had traditional Māori knowledge, knowledge that was not Pākehā knowledge, nor new knowledge.

> PETER: Papa Hohepa's family ... there were only a handful of families that held, you know, to that ancient knowledge. Everybody else joined that new thought, you know, that we must, but there were people like Papa Hohepa's family that held onto that knowledge and kept it alive.

Here a social group – the Delamere family – is seen to have inscribed Papa's body with knowledge of healing. Turning this around, knowledge was, borrowing the words of Bourdieu, "given body, *made* body" (1990: 94) by the Delamere family. This principle applies elsewhere – knowledge, and experience, including trauma, is made body.

Cellular memory was not the only source or even the most valued and potentially efficacious form of knowledge. While cellular memory referred to information embedded in the physical body that stems from life experience, genetic endowment and spiritual communion, the most valued form of embodied knowledge was that that stemmed from spiritual sources, especially Io. Such knowledge bypassed the conscious mind because Io could only be communicated with through the supraconscious, spiritual body. At wānanga, Peter instructed us to "go to your deepest experiences first so you get rid of anything that is cellular memory". By doing so, healers would remember knowledge that was what Papa Delamere called "pre-cultural". In the context of *Te Oo Mai Reia*, I understand pre-cultural knowledge to be a form of knowledge that underpins the existence of humans, which is knowledge that is free of errors created by the fallible human mind. Papa Delamere spoke of accessing knowledge held in the body which is an "infallible" form of "intuition". Intuition that was based on "thinking with the heart" as opposed to the mind and drew from a realm of existence whence "the mind" did not figure, only deities figured, and deities are infallible. Ultimately, all Māori people whakapapa to deities, and deities whakapapa to Io. All descendants of Io figure within the Māori cosmogony and all bore Māori descendents (Marsden 2003, Shirres 1997, Smith 1913-1915).

Whakapapa – a principle uniting spirit and flesh

The recent past was thought to be shared by a small group of people whereas the further back in time one went similar effects were borne by a successively larger group of people. Whakapapa was the principal means whereby the matter of the past was carried through into the present. The effects of the past and knowledge about it could be encoded in the body as reo, and all kinds of energy had their own characteristic reo.

People's genealogical and spiritual connections are what imbued people with the potential for life. If the body was disconnected from its whakapapa its life force would depart and it would die. Whakapapa was employed as a tool of analysis, helping healers negotiate the enormity of their unified model of the universe. Whakapapa, argues Mead, "help[s] define a person in time, space and position [in a kinship system]" (2003: 60); it "gives an individual the right to say, 'I am Māori'"; whakapapa "is the key" to an individual being eligible for interests in tribal lands and the assets of an iwi and be eligible for access to iwi funds and certain kinds of government support (ibid.: 42-3; Marsden 2003: 35). Moreover, Mead notes that the "well-being of the individual" is tied to "the relation of ira tangata to the cosmos and to the world of the Gods, ira atua" (Mead 2003: 42). As a conceptual framework, whakapapa also helps people understand social issues, determine the right way to respond, and search for precedents (ibid.: 343-345). Whakapapa provided the *Te Oo Mai Reia* practitioners with a means of thinking about a person's human and spiritual relationships. It was employed as an analytical tool to working from the body through to the cause of disease and the requirements for its healing by drawing links between a patient, other people, the past and atua. Practitioners would draw a lesion or moment of suffering "out" from the body into a whakapapa of kin and spirit. A "diagnosis" would generally be centrifugal, progressively moving out into the world and the cosmos, as opposed to centripetal, moving into smaller and smaller units of analysis. Other researchers have noted that it is common place for Māori to think about the body in this way as it is for Fijian (Becker 1995), Rarotongan (Mackenzie 1977), and Samoan (Drozdow-St Christian 2003, Macpherson and Macpherson 1990) healers and peoples.

Within the context of talking about how a people's tupuna relate to a person's identity, a healer and long-time student of Papa Delamere, who I will call Shane, told us at wānanga about a guy who showed "too much interest in him". Rather than be rude to

this man, Shane engaged with him dispassionately and politely, as he normally would with any other person he just met. The man asked to see Shane's hand, so Shane, thinking this was a bit odd showed him his hand, turning it over exposing his palm. The man quickly and firmly pinched at Shane's palm then popped his fingers into his mouth. Shane thought "what a freak" but a friend with Shane was "absolutely furious and wanted to kill him" because he thought he was trying to "snatch my tupuna and eat them".

Because Shane's whakapapa was threatened or disrespected so to was his "tapu" and "mana". There are many different understandings of "tapu" and "mana". The work of Shirres on tapu and mana was recommended to me by Steve, a *Te Oo Mai Reia* practitioner and manager of the healing centre. For Shirres, the tapu and mana of people are grounded in the *relationship* between "the world of the ancestors and spiritual powers and the world in which we live" (Shirres 1994: 9). For Shirres, the "material world proceeds from the spiritual, and the spiritual ... interpenetrates the material, physical world ..." (ibid.). The power of the spiritual world is the source of the very being of the person and extends to the proper ways of interacting with people. Two elements – faith and reason – comprise tapu and link tapu with noa, noa being the opposite of tapu. They also link tapu with mana (ibid: 5).

The faith element confers on tapu the meaning "mana of the spiritual powers" (ibid.). Every person has "intrinsic tapu" because they are a creation of Io. Each person's intrinsic tapu has its source in the mana of an atua, but ultimately it links back to Io. From Io emerged a pantheon of atua (spiritual powers), including Rangi and Papatuanuku from whom all humankind derives. Not all atua (or tupuna for that matter) are peaceful or have positive affects on people, but all nonetheless have spiritual power of some kind.

The capacity for people to have mana, or power, is a product of their intrinsic tapu. But in contrast to tapu being fully realised simply through existence, mana is power that is relative to ways of being. It is a power that is only fully realised over time through a person's actions and engagements with others. Even though each person is tapu in his or her own way according to mode of existence, disrespect for a person is tantamount to disrespect for the atua that imbued that person with mana. People have *full* mana when their capacity for existence is fully realised, when they are "fully alive, fully active" (ibid.: 10).

Many healers spoke about people having to take responsibility for their selves if they were to be well and have their illnesses cured. A healer, Steve, spoke about the necessity of taking practical *and* spiritual action to bolster their "protective tapu". A person's protective tapu is protective of self and all that one wants to be protected. A person could bolster his or her protective tapu by invoking the mana of the gods by using karakia of various sorts alongside taking action to the best of one's ability in the human world to make what needs to happen, happen.

The second element of tapu is the "reason" element which confers on tapu the meaning "being with potentiality for power" (ibid.: 5). Because the social world is dynamic, tapu meets tapu when person meets person and people meet people. Rules have been devised to control the meeting of tapu (ibid.: 12). These rules Shirres calls "extensions of tapu" (ibid.). Extensions of tapu are rules about how people should interact and how places should be treated and occupied. These rules are not tapu in themselves, "but are tapu because of their relationship to the primary tapu", which in the case of healing would be the tapu of people which originates in the tapu of atua. Extensions of tapu delimiting engagement between two people can be lifted when one person (or group of people) positively acknowledges the tapu of the other person (or people). When extensions of tapu are positively acknowledged it confers on two people a positive form of "noa", which is a "freedom from restriction" (ibid.13). Trusting and respectful engagements between people allows prescribed rules of engagement to be relaxed because they have already shown that they recognize and respect each others values and rights. A senior member of the *Te Oo Mai Reia* wānanga, Aroha, told me the following:

> In terms of the healing I do, I mean really, when you look at it from a Māori perspective in terms of all Māoridom, Its just that Māori in institutional places they've made the health system in terms of Mason Durie's model, he's my whānau so I can talk about him (laughter), in terms of how he uses tapu and noa, they make them so sacred you can't touch them, I mean hello! I mean the body is so beautiful you need to go there and shift things and heal them, you know, its not so tapu as people make it to be, and they just put restrictions where they shouldn't be.

Aroha is positioning herself in a healer – patient relationship of unwavering respect which is why, I suggest, she contends a freedom of restriction can be put in place. She continued,

> Like for example, if I was to go up north, some place, I would not go on to wahi tapu[87], because I don't belong there. There are processes we go through, processes where you get permission. I come from another iwi, she comes from another iwi so there are places where you are noa yourself and places you do go in terms of tapu. But in wānanga you learn what is absolute tapu and absolute noa. The rest of it is process. They put tapu on it, so for example if you don't go on a marae in terms of process, "oh, something's going to happen to them, blah, blah, blah", Well that's all shit (laughter). What you do if you've broken protocols is that you have to fix it up before you leave. Well some people are like "ooohhh, she's broken the tapu". Well it's not breaking tapu, it's breaking your own ideas.

For Shirres, "tapu is our greatest possession" (ibid.: 10). "To appreciate our own tapu", argues Shirres, "we need to know our whakapapa ... and we need to know the whole Māori vision of the universe and our place with the spiritual powers within that vision" (ibid.: 11). *Te Oo Mai Reia* healers also consider knowing one's whakapapa to be a crucial component of wellbeing because it imbues people with the protective effects of tapu. A person can not be evacuated of their intrinsic tapu, but their tapu's mana (its power), can be at least threatened if they are not fully empowered by their whakapapa. The healers contended that by knowing as much as possible about one's own whakapapa, one would know the ways in which their whakapapa could empower them.

The practitioners were cautioned, if they were not habitually cautious, about being vigilant of forces and interests that threatened their whakapapa. Because without whakapapa, and hence mana and tapu, there was no reason for a person to be respected, or in the words of Shirres, "set apart from rubbish" (1994: 14). But one's respect for one's own whakapapa would not of course ensure that one would be conferred mana and tapu by others. Rules and restrictions pertaining to tapu are not tapu in and of themselves. They are dependent upon relationships and sharing understandings.

[87] Sacred place.

Mauri and Wairua – key principles of non-matter

There is no one definitive statement about mauri and wairua, but there are common themes. *Te Oo Mai Reia* wānanga teaches that mauri originated in and stemmed from Io. Hence all animate and inanimate things were connected through space and time. Mauri is a spiritual force that makes life, and a healthy life, possible, which was why healing was primarily (but not only) a spiritual activity. Actions had a mauri, as did each individual body. Paul Moon argued that "[E]verything has a mauri. If you don't realise that, you cannot understand the *tohunga* and what he does" (Moon and Kereopa 2003: 92). Papa Delamere defined mauri as "the essence of being". Everything that exists has an essence and that essence is its mauri. Mauri is a life force which is a dynamic energy and it may in fact depart particular parts of the body, leaving them dead and in a state of decay. Healing may aide the return of mauri to those dead parts.

> Yeah, [the body] is like a river. A river is meant to flow. A river that flows goes over rocks. It's got a life energy and it's meant to be like that. But when a river stops it becomes like a swamp. Everything that's in the swamp becomes dead and starts to decay. The same happens with our bodies. When we have some problems a part of us dies and things stop flowing. ... [healers get] the mauri to go through and clear what's there (Harry).

At the point of death of the entire body mauri departs the body.

In addition to mauri, the *Te Oo Mai Reia* practitioners thought of the body as animated by another form of spiritual energy – wairua. Eldson Best, writing about people of the Tuhoe iwi in the early 20th century, said that

> ... man possesses a spiritual quality that leaves the body during dreams, and quits it for ever at the death of the physical basis (this is the wairua) ... that man also possesses a physical life-principle termed mauri - that cannot desert the living body, but does so at death ... (Best 1922:7).

I found that *Te Oo Mai Reia* wānanga and several of the senior *Te Oo Mai Reia* healers tended to think of wairua and mauri in a similar way to Best. A healer, who is Ngati Porou, said this about Papa Delamere's teachings about mauri and wairua.

> He talks to us about the mauri and the wairua. The mauri is not actually the soul but its like your character and it's the wairua that goes out there and hunts, does all the hunting, all the touring round. So like if he [my wairua?] knew that you needed to be done [healed], it would be my wairua and your wairua will have a wānanga and they will be like okay, I will send Tony to you. May be in three months time Tony will be ready to come to you. So my wairua will come back and bring a message and when you show up it's not a surprise for me. You know when you sort of meet somebody and it's "Man, I've seen that person before!" Like a de ja vu. That's what it's like when your wairua goes out and meets someone else's wairua (Rachel).

Conclusion

I argued that the body of *Te Oo Mai Reia* is, in-part, composed *by* and *of* social elements. I turned to Māori and where necessary non-Māori thinkers to understand the terms I picked up from participant observation, interview and wananga schooling and how those terms fit together. The concepts and theories used to rationalise what the practitioners perceived as happening in, on and to bodies were drawn from ancestral knowledge, *Te Oo Mai Reia* wananga and a global context of philosophies about the body, healing, spirituality and the universe. How I have come to understand the relationship between the past, energy, reo, knowledge, and the immaterial and material aspects of the body is that the healers deemed the body to bear the effects of a shared past and origin. The effects of the past and knowledge about it were encoded, as the healers would say, as reo. The healers considered thought, speech and emotions to be similarly comprised of the same basic matter of the universe – energy. Whakapapa grounded spiritual powers and human history in the body, and spiritual powers took the form of wairua and mauri. A close relationship with the spiritual world underpins the concepts tapu and mana. Tapu is fully realised simply through existing, whereas mana is power that is relative to ways of being - it is a power that is only fully realised through a person's actions and engagements with others. Respect needs to be shown for a person's tapu and hence his or her spirituality before many rules around social engagement can be relaxed. The body is permeable in the sense that social and spiritual forces pass through it, including unwanted forces that can harm bodily and personal integrity and thereby cause suffering. Each body is connected by human action and reo to other bodies and the fabric of the universe, which helps explain why social and

spiritual relationships were important when talking about disease, healing and the experience of it. In the following chapter I draw attention to engagement of the body in making sense of the body, illness and the healing process.

CHAPTER 6: MAKING SENSE THROUGH THE BODY

In this chapter I investigate how the practitioners employed the body to rationalize and perceive, for it was by engaging an embodied awareness of self and other that the practitioners determined the meaning of suffering, the reasons for it, and the requirements for healing. A further task is to analyse what rationalities and techniques of bicultural government were inflected through the sense making process and how these governmental rationalities and techniques worked.

Making sense

From the moment an object is first identified as something to be understood, even before it is elaborated with further meaning by an observer, it has social significance (Merleau-Ponty 1962). In other words, not everything is noticed; only some things are. Hence the shapes, textures, smells, tastes, sounds and feelings of the body are attributed with (or "have") significance from the moment they are posited as there to be noticed by the person perceiving them (Csordas 1993). What this means is that what it is that is recognized as having significance worthy of notice is not universally true among all persons. This was made clear to me when a healer, Peter, told me that, "… you got to remember, *rongoā* is not just medicine ah, its like taste is a *rongoā*, you know, touch is a *rongoā*. *Rongoā* in its definition is "senses"". There were two crucial lessons here: Firstly, that the senses were of profound importance for the healers, and secondly, that maybe I was using my faculties for making sense in a way different to the healers, which I soon found out, I was.

How an observer attributes significance to objects is not always obvious to the observer. An observer subconsciously and consciously attributes meaning to that which he notices, meaning that we may not be aware of all that we are taking into account as observers. While it is through a socially-situated observer that an object's meaning is generated, an object's reality does not only ever reside in the eye of the beholder. No one person ascribes all significance that can be ascribed to an object. Different

observers will ascribe different kinds of significance to an object depending on their vantage point in relation to the object, how they observed the object, the kinds of information an observer has about it, and the moment in time in which the object was viewed (Merleau-Ponty 1962).

Rather than simply describe different ways of making sense that came to mind during my fieldwork, my task is to examine how the power relations shaping the government of the bicultural nation-state shaped the process of perception. To do this I need to draw out how the regularities of the bicultural body-politic played out through the ways the practitioners made sense of their healing work.

I noted in the introduction that Lock and Scheper-Hughes's (1996) notion of bodily praxis is a useful concept for this research. To employ the notion bodily praxis, one starts with "... someone living out and reacting to his or her assigned place in the social order" (ibid.: 65). While Good and Good (1993) did not use the idea of bodily praxis, they approached the question of perception in their study of Harvard Medical School curriculum reform in a way one could through bodily praxis: They drew attention to how, through *use* of the body, people acquired a practical understanding of the regularities of social orders and how they personally respond to those orders. In other words they showed how students learnt to see the body-self in highly standardized ways, which required engaging the mind and body in concert with personal response, which was again multifaceted, having significance at the level of thought, practical action and sentiment.

Good and Good noted that "one of the critical and multifaceted changes through which [Harvard] medical students pass en route to becoming competent physicians is the reconstruction of the person who is the object of the medical gaze" (ibid.: 94). The students education "includes perceptions of its having compartments and parts, of these being defined functionally, of human similarities and differences being essentially bodily, and of the sheer physicality of the human person" (ibid.: 96). But rather than being passive in the face of having one's perceptual habits reconstructed, students spoke about struggling with the reconstruction of the human person as an object by remaining aware of their own "personal" boundaries and the emotional wellbeing and personhood of their patients (ibid.: 100-102).

Good and Good (ibid.: 97) cite a student:

> The response to coming across an accident, or somebody falls down and breaks something or is bleeding ... has more to do with the way you *react* to a cadaver, which is what do I *see* here, what could I put back, how could I put it together, how can I stop the bleeding? ... That kind of *active response* as opposed to just *emotional* or other kind of responses is a *crucial change that happens*. .... The *hands-on experience* with a dead person three times a week for three months *is really the most important* for that kind of thing I've had (my italics).

Making clinical sense of cadavers and damaged bodies requires both a schooled emotional response and a schooled sense of sight. Both academic and practical training brings about this perceptual shift. Foucault (1973) showed that trainees' educational experiences were both monitored and supported by a wide range of institutions, councils and government offices to ensure that graduate clinicians see the body correctly. By drawing on the Good and Good's (1993) work, we can add that clinicians' schooling ensures that they also feel correctly about the ailing body.

Te Oomai Reia wānanga also took student healers through a process of learning to make sense in certain ways, practically, emotionally and intellectually.

Making sense, spiritually

The practitioners attended to the body at the level of both matter and non-matter because while spirit was considered the primary substance of the universe, the substance from which matter derives, and imbued matter with life, the physical body was the vessel that housed spirit and manifested its effects. Māori healers are commonly characterized by researchers and the popular press as concerned with spirituality (Jones 2000; Laing 2002; NZPA 2006), whereas Western medical professionals are popularly characterized as concerned with materiality. Indeed, most *Te Oo Mai Reia* practitioners considered mainstream health practitioners to be at best dimly aware, at worst, unaware, of a most significant dimension of existence that impacted on the body and wellbeing.

Laing (2002: 153) argues that the popular characterization of Māori as spiritual and Pākehā as material,

> ... has its historical origins in a mid-nineteenth century [1856] account of Māori healing by Shortland, suggesting that because illness causation was attributed to spirits Māori had no physical treatments.

> While contesting accounts were published at the time Shortland's ideas became a rationalization for *tohunga* treating Māori people experiencing spiritual distress while Western doctors treat ailing Māori bodies. Furthermore, Europeans were not seen as recognizing the spiritual dimension in explanations of illness and healing.

In the early years of the colony there were a range of responses among Māori and settlers to the physical and spiritual suffering of Māori. Māori sought out local Pākehā missionaries for a range of matters, spiritual and physical, including the 'uncustomary plagues' and 'fatal epidemics' to which *tohunga* had no answer (Dow 1999: 19). But the dialogue between Māori and Pākehā was not limited to physical suffering: The missionary "[William] Williams regularly treated sick Māori while pursuing his evangelical vocation. On 29 October 1841 he wrote: 'Natives began to come for medicines and other matters'" (ibid.: 20). But "the expansion of European settlement and the introduction of subsidized medical attendants for Māori from the later 1850s rendered the medical mission virtually redundant" (ibid.: 23). As elsewhere in the colonized world (e.g.: Arnold 1988; Comaroff and Comaroff 1991), the introduction of plagues and fatal epidemics alongside the medical mission played a major role in paving the way for the acceptance of both Western medicine and Christianity and, I argue, novel ways of making sense of and with the body.

As the 19th century unfolded, Māori (and Pākehā) became increasingly engaged in dialogue that involved numerous kinds of medical and spiritual discourse and interests, the boundaries and intersections of which changed through time and throughout the country (Dow 1999; King 2004; Munro 1996). Scholars and government officials became increasingly interested in the movement of Māori into the nation-state, including how Māori healing could continue without directly competing or conflicting with Western medicine (see chapter 3). Nurturing awareness of a benign spiritual realm, if not among Māori healers themselves then among observers of Māori healers, was adopted as a strategy by Māori leaders such as Sir Apirana Ngata (Laing 2002: 156-157). But other Māori leaders, such as Maui Pomare, convinced parliament in 1907 that the spiritual aspects of *tohunga*s' attention needed to be not only actively suppressed on the ground but backed by an Act of Parliament (Voyce 1989; Dow 1999; Durie 1998).

I observed that it was spiritually inspired perception and knowledge that the *Te Oo Mai Reia* practitioners were most concerned with, but this did not mean that they were only concerned with the spiritual realm. Their awareness of the spiritual realm was a

deeply embodied one. Rather than simply being concerned with the immaterial aspects of the spiritual realm, the practitioners engaged the flesh in considering what else about the body, besides the mind, could inform their awareness of the extent of one's life and one's connections with others living and deceased. For some practitioners, this was something they always did, for others it was introduced and purposively schooled via *Te Oo Mai Reia* wānanga.

Non-matter – wairua, mauri – could best be perceived through the heart as opposed to the mind. The reason Papa gave for this was that the heart was "pre-cultural" whereas thought and the mind was "cultural". Sense could be made through the heart at a level of "infallible intuition". Cultural thought was prone to error, whereas spiritually inspired thought was not. Making sense through the heart originated in a realm of existence whence the mind does not figure. Papa spoke about a "God-sense" bringing about the "beginning of enlightenment" which should be actively sought through a "deep consciousness". My involvement with the practitioners suggests that this was sought as a consciousness deeply embedded in the body, but not only in the matter of the body, in its immaterial aspect too. This will be discussed further below in terms of making sense through the *whatumanawa*.

"God-sense" was accessed through the heart, and one's sense of God was expected to be grounded in the heart too. Early in 2005, Papa spoke angrily about the probable placement of a person to a very senior position in a New Zealand church over another candidate who, I was told, had more support among Māori[88]. Papa was dissatisfied with this probability, saying that the person had "little knowledge of the heart". The candidate's approach, he said, was "Pākehā" in the sense that he was "academic" and spoke "technical bullshit". He did not engage with the "heart". Papa, banging his fist on his chest, asked rhetorically and in anger "is this not enough?" Thinking and leading with the "heart" was preferable, more sensible than thinking and leading with the mind. A spiritual, heartfelt approach was a "Māori" approach, whereas an approach that was principally rational, or technical, was "Pākehā". The Pākehā approach was seen to be impoverished of spirit and "heart".

There was no expression of allegiance to God or Io required of the practitioners during healing rituals. Practitioners made sense of the spirit of healing for them selves free of a public expression of allegiance to a God or Io. But there was a systematised

[88] I am not certain, but I think this was a Maori branch of a church.

process for doing so, implementable at a personal level, which involved certain kinds of uses and understandings of, what may be called, a "mindful-body". A reason why Papa and senior *Te Oo Mai Reia* healers, such as Peter, set such a process in place for making sense of spiritual matters was that spiritually intervening with a body-self was a tapu activity. Therefore, following a protocol that involved beginning the work of healing with the feet first to make the body-self noa was required (see chapter five).

Furthermore, some of the practitioners felt distanced from, and uncomfortable with, the spiritual realm. Papa and Peter helped many patients and healers manage their fear of the spiritual realm. Peter, our wānanga instructor, told us one night that our wānanga had got to a stage where "fear had become an issue". Attending wānanga, people were seeing and feeling the power of spirit to cause illness, which made them afraid. We had all been confronted by fear, some were dealing with it. Some were ignoring it or repressing it which meant they were not moving on with their development, Peter said. One member of the wānanga, Kate, said she had been called a "*matakite*", or seer, by Papa, and told us that her maternal line was peopled by *matakite* although her grandmother made a point of repressing it. She said this was a time when *tohunga* and *matakite* were being "repressed. It was a time of assimilation", a time when Christianity was being "enforced" among her people, the Tuhoe. Her mother was told by her grandmother that her "visions" were "rubbish, nothing". Kate appeared quite angry and upset by this as she told her story. However, she said, times are changing. Kids "see things", kids "are neutral", meaning that they are, comparatively, uninhibited by social convention. But as we grow up we repress some things like spirituality. Peter agreed.

Another member of the wānanga, Christine, picked up a thread of Kate's narrative. With tears in her eyes, Christine said she felt "scared". Since attending wānanga she had experienced a lot of "powerful stuff being raised", or "doors reopening", but every week she made herself come back because if she didn't learn about "it", it was still there anyway. It can still damage you, your family, your kids, everyone is still vulnerable. At least if you learn about it and how to deal with it you have a chance of protecting yourself. Nevertheless, she was afraid of what she might take home from wānanga. She might pick something up and create problems for herself and her family.

A practitioner who was not a member of the wānanga I attended, Hone, grew up around people who practiced Māori healing as a matter of course when they were unwell. He grew up fearing tapu, the sacred aspect of healing. However, after a couple of years in wānanga with Papa he thought quite differently about it. Some other

practitioners expressed a similar change of opinion. They saw, tasted, felt and heard malignant spiritual forces, but they no longer necessarily feared tapu. Hone told me that tapu, as his old people framed it,

> It's all [pause] power and control [sniff] in a nutshell. Various people held that mountain, and how they maintained that mountain was to make it sacred and instilled fear to maintain that power. That's the understanding I have now. Sacred is pure. Its essence is pure, it's not about fear. So a lot of things that were sacred and tapu in the past had a lot of fear. So that's the difference. So I don't see it as fear based, etcetera.

Instead, Hone saw helping people rid themselves of the sacred aspect of disease as "an honour, a privilege". But some experienced practitioners remained afraid of the power of the spirit. Meg, speaking about working on her own, told me,

> I get a lot of people who come for *mirimiri* so I do *mirimiri* but if it ends up something more than what I can handle ... I usually tell them to come over here and I do them over here. Because sometimes it's too much for me to handle on my own. Yeah. But with my *mirimiri* that's with my higher being to get where their pains are, to get rid of it. Give them a good rub down in those areas. Yeah, I usually just tell them to come over here and get it done because I can't do it on my own sometimes.
>
> TOC: Why not?
>
> MEG: Well you see this other side of them because they don't want to let go of it, their anger. So I think you have to be quite strong, you know, spiritually and physically. So sometimes I don't feel like putting myself there so I say, "oh, come over [to the healing centre] and get it done" [chuckles] so I can do it with everyone else instead of on my own. Even you, you've probably experienced there are always two with one person if they get too much ah, so I sort of get to a level where I say "oh, that's enough" that's enough massage, enough work on them, and then I will just tell them "oh you need to go over [to the healing centre]" [laughs] and then I will just do a nice massage or something, yeah. Keep it quite simple. "Please don't come out"! [laughs]

Anger, for Meg, was not merely an emotion, it had a presence that could come out of the body, leave the patient's body and impact upon the healer physically and spiritually.

Massage could be used as an alternate way of working with the patient's body, to "remove the pains", "get where the pains are, to get rid of it" without exciting or addressing the underlying negative spiritual presence. To work with one's "higher being" is to address the anger and spiritual unrest underlying the patient's physical pain which, following *Te Oo Mai Reia* principles of safe practice, requires working in pairs so as to protect one's self from the risk of physical and spiritual attack.

Making sense with the *whatumanawa*

The *whatumanawa* is the most important means of making sense employed by the *Te Oo Mai Reia* school of healers. *Te Oo Mai Reia* healers were not alone among Māori healers in this respect - healers who ascribe to other Māori healing philosophies also employ the *whatumanawa* (pers. com. Rhys Jones, April 2006). There is little attention paid to the *whatumanawa* in the literature on Māori healing, so it is difficult to compare how Māori healers schooled in other healing traditions understand and engage the *whatumanawa* compared to *Te Oo Mai Reia* healers. A reason for this relative absence of the *whatumanawa* in the literature may be that, in the context of *Te Oo Mai Reia* at least, it is a private act, involving few words, requiring little by way of explanation or dialogue. Hence my analysis of the *whatumanawa* draws quite heavily on my own experience.

I understand the *whatumanawa* to be an embodied means of making sense inspired by the heart, emotions and spiritual inspiration. The *whatumanawa* is defined in the William's dictionary as (1) "kidney", which has little correlation with how I have come to understand the *whatumanawa*. The second entry, "seat of the affections", has slightly more resonance (Williams 2003[1844]:492). In his *Spiritual and Mental Concepts of the Māori* (Best 1922: 46-48), Best found that, for the Tuhoe people, "manawa[89]" referred to several things: "one of the seats of the emotions"; the "organic, material heart"; and "the breath of life"; "breath" as in the "breath" of breathing, and "breath" as in the life-force which originates in the Supreme Being, Io. Drawing on mid-19th century recordings and manuscripts, Salmond notes that ancestral knowledge was stored in the belly (*puku*), where the various organs of thought and emotion were

[89] Commonly used today to refer to the heart.

located (Salmond 1985). She notes that "the mind-heart (*ngakau*) received information about the phenomenal world through the senses". Salmond does not refer to *whatumanawa* in her account of body-parts and their relationship to cognition and the senses, but my understanding of the *whatumanawa* is very much like a combination of her descriptions of puku and ngakau. The *whatumanawa* is comprised of matter and non-matter, is a source of spiritually inspired, "pre-cultural" insight.

The basis from which I initially learnt about the *whatumanawa* was gut-instinct. I felt somewhat uneasy about this comparison but found it unavoidable because for me to step outside of the box of regular thought and perception meant going with my gut instinct. Indeed, a Tuhoe visitor to the healing centre said an academic frame of reference is only so useful because we need to "get into our bellies as this is where we feel things". I had also been told by some biomedical practitioners that they sometimes operate on the basis of gut-instinct, especially when they are pushed for time and resources or have to make difficult choices.

But as noted by Rhys Jones, "it's important to acknowledge that with Māori concepts such as [*whatumanawa*], there may be no way of explaining it in English which does full justice to the concept. In other words, there will always be some meaning lost in translation" (personal communication, 26 May 2007). Furthermore, using "the belly" to make sense can not be readily accepted as using "gut-instinct" to make sense, as the findings of Best (1922) and Salmond (1985) suggest. A key difference between the way I understood gut instinct as a means of making sense and the *Te Oo Mai Reia* practitioners' engaging the whatumanwa to make sense was that they employed the *whatumanawa* to go beyond intellectual reflection and privilege inspiration through communion with ancestors and the spiritual realm.

By attending wānanga, my capacity for perceiving the world through ways other than seeing, hearing, touching, smelling and tasting my environment was awakened and trained. Before wānanga gut-instinct was an implict, though highly questionable, sense. It was something that just happened, was simply felt, often without reasonable explanation. Sure I had gut-feelings in the past, and acted on them, but never *quite* like I did at wānanga. What I took for granted and what I considered to be a sensible basis on which to base experience and action was, to some extent, being deconstructed then reconstructed through the process of wānanga education. My gut-instinct was being questioned, extended, developed and added to, to bring it closer to a *whatumanawa*-like source of perceiving the morality and truth of a case at hand. Gut-instinct was becoming

a primary means of arriving at my truth about another person's state of suffering, health care needs and wellbeing. I felt that I have moved on from making a gut-instinct – *whatumanawa* comparison after spending several months at wānanga, healing and guiding other activities – such as planning my day – on the basis of it. I did not only think about my day, I rested myself into a state of neutrality before thinking and "feeling" my way through my day before planning what to do.

I found trusting knowledge arrived at through the *whatumanawa* difficult to do, and to some extent still do. I think the reason why is that making sense in a medical setting "extends beyond the body into larger problems of existence" (Obeyesekere 1992: 160). Both medical theory and practitioners are linked together with the wider community in an intersubjective network in the process of defining the nature of the body and how it should be healed. Making sense through the *whatumanawa* did not fit with the techniques and rationale for making sense that I had adopted as productive of truth.

For some practitioners, connecting with Io through the body is the most sure way of understanding what healing requires. Hone told me the following about the *whatumanawa*:

> That's [the *whatumanawa*] what connects us to the source. ... What gets in the way of all that is the head, or the hinengaro ... When we are neutral[90] we can see what we are meant to be doing.

By making sense with the *whatumanawa*, Peter told us, you "step outside the box" of "mainstream" perception and thought and become more aware of other ways of knowing. Papa wrote a poem about the *whatumanawa* in a dialect of te reo that was difficult for the *Te Oo Mai Reia* practitioners to comprehend, even those who were fluent speakers[91]. My comprehension of his poem was arrived at through my participation at wānanga and follows a principle of that wānanga – that each person must come to their own understanding, in their own time, and in their own way.

> a creation of all time
> a constellation in time
> revealing and enlightening
> amplifying and complementing

[90] At peace. I discuss this concept in detail in chapter seven

[91] Charles Royal noted that few people were able to understand the reo peculiar to *tohunga* of Māori Marsden's generation (Marsden 2003: ix). While Papa was younger than Māori Marsden, he was a *tohunga* who spoke a reo foreign to most other Māori.

implying and simplifying
dissecting and disseminating
compiling and unifying
the intended, the absolute
- that is the *whatumanawa*

Understanding arrived at through the *whatumanawa* was relevant to the present but based on timeless wisdom. This enabled healers "to see what we were meant to be doing" (Peter), which was "acknowledge the first thought and move on". The first thought was not the first thought that comes to mind, it was thought that existed in the realm of Io, the First Source, which is a realm of existence that can only be perceived through the *whatumanawa*. The thought that must be acknowledged is in the "Realm of Energy and Processes, which begat latent memory, deep mind, emerging consciousness, sound" (Marsden 2003: 95). This realm of existence underlies "the Realm of the Mind, which begat word and wisdom", which, in turn, underlies "the world of sense perception" (ibid.). By not second guessing the first thought Peter said we could "step outside the box" of schooling, socialization and critical thought and become more aware of other ways of knowing.

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 wellbeing of the case at hand. The kinds of understanding the practitioners sought were based on perception of their immediate world through sight, hearing, touch, taste and smell, but the limits of this sensorium were not limited by critical thought. In fact, conscious thought was considered to be a distraction from the deeper truth the *whatumanawa* could provide. By silencing the conscious mind and opening oneself to other ways of making sense, a heightened awareness was attained:

AROHA: ... wānanga, the Hohepa Delamere one, we talk about *romiromi*, about the Manawa, the heart, we've done te reo, the environment about listening to the grass grow, talking to the birds on another level and knowing that you are having an absolute conversation with them.

TOC: How do you do that?

AROHA: Its called reo, like r,e,o, and you need to have no inhibitions. You need to be out of the box, have no minding your, you know, no titiling [sic] in your mind, you know, come on talk to

> me bird [laughter]! You can't have that in your thoughts. You have to be absolutely clear.

To be absolutely clear, healers typically closed their eyes, sat still, usually placed their hands on or over the person(s) with whom they were engaging[92] and "listened" to what was happening around them, not only to the audible noises, but the vibrations, the reo, of the person(s) and spiritual entities and energies of the matter of their concern. Healers engaged the senses to feel the heat or cold of their environment, its anger or peace, the spectrum of the colours present, and the communications from the past to examine the grounds of the present. All these things helped comprehend an illness and what was needed to improve wellbeing.

I said to Andrew one night at wānanga that I was having trouble shutting off my mind and getting into the *whatumanawa*. I told him that the probable reason why was that I was at university all day, "living in my head". He said "we all have the same trouble, bro, that's just what life's like these days, for all of us". It was not unusual for healers at wānanga to express frustration at finding the process of getting into neutrality difficult. In such cases, the *whatumanawa* was unable to be engaged as the primary source of sensible experience.

Andrew, a client and healer talked with me about *re-learning* how to engage with "spiritual awareness" after decades of being mistrustful of it:

> On my Dad's side there were a whole lot of people, they were not *tohungas* but they were people with special *taongas* (treasures) and gifts and things like that. So, it's in the blood to be like this. It's like it's meant to be, it's in the blood so go and learn about it. Because Mum, being who she is she's fine about it. Some of the family are also gifted, in my family, um (pauses)
>
> TOC: You mean in terms of healing?
>
> ANDREW: Not in terms of healing, [but] in terms of *feeling* and *knowing* things. You know, and the rest of us, um, at one time or another shut the door to that. Blocked it out. You know, what is that stuff? Why would you want that? So a long time ago I shut the door to anything spiritual and to know, and I went a long the European track and now I'm coming back and trying again [italics my emphasis]

[92] A *Rongoā* "diagnostic" method observed by Jones (2000).

Andrew put a clear boundary between the European approach to feeling and knowing things and the Māori approach to feeling and knowing things (Andrew idenitifies himself as Māori).

Andrew was healing his wife while Papa Delamere was giving him some advice on how he may best proceed with her healing. She lay face-down on a massage table making no noise or movement, she could have even been asleep. Andrew was sitting on a chair placed at the head of the table. He was quiet, still, looked calm, and had his hands placed gently on her back. To me he looked as though he was engaging the *whatumanawa* to make sense of what was happening in his wife's body and spirit. Papa said to him,

> Do three things. One, listen. Not to me [Papa] or anyone else, but to your wife.

Andrew's wife had been silent and remained so. Clearly, "listen" was meant as a metaphor for another kind of perception. The listening was to take place not as an audial exercise but as a *whatumanawa* inspired exercise. Because *Te Oo Mai Reia* teaches that the matter and workings of the person have a "reo", he had to listen to them to hear what they were saying. In addition, each person's wairua, or spirit, sends out messages about what is happening for a person and what needs to be done to secure their good health.

> Two, see what you are and are not doing. See what you are not seeing, too, but do not see what is not there.

While using the *whatumanawa* as part of the healing toolkit, people may fly through another person's body, see a rainbow of colours, rivers flowing, spiders, ancestors, dragons and blockages. On a more mundane level, a person may be seen as part of a group enjoying her self or burdened by the problems of those around her. Such visions are clues as to the truth, clues that need deciphering according to the moral code each vision carries with it.

> ... and three, listen to your self (Papa Delamere).

As this instruction suggests, listening to your self is important. Healers must trust their self and all that they embody, acknowledge the validity of their own and their ancestors' knowledge, and seek to move beyond the "brain shattering" (Peter) confusion caused by trying to intellectualise that which can not, and should not, necessarily be put into words. The *whatumanawa* provides embodied, sensible knowledge in terms of, for example, cold, calm or peace. Making sense through the *whatumanawa* internalises the healer's role in the production of truth as opposed to setting the healer's in an oral dialogue with the patient. Therapists' visions, hearings, feelings, tastes and touch are all that is needed to move on with the diagnostic and therapeutic process of healing, in so far as the healer's role is concerned. Seeking out a second opinion or verbal information from the patient is not required, but a spiritual inspiration is.

As far as I could *see* (in the usual Pākehā sense of the word), Andrew proceeded as he had been before Papa gave his instructions, although he appeared somewhat awed by the challenges Papa put to him for his wife's healing. I did not speak to Andrew or his wife immediately following this event, but on another occasion he told me,

> I've been raised with an analytical mind, and not, nothing in the heart ... [but now] I am coming out of my mind and starting to think with my heart ...

And it was helping him think with the heart that I understand to be the purpose of Papa's instructions.

The extent of knowledge and experience the *whatumanawa* provided is difficult to assess but I expect it could only be limited by the range of human potential for embodying knowledge and experience. As far as constituting sensible knowledge goes, the *whatumanawa*, as a part of the body, does not on its own constitute meaning; knowledge inspired by the *whatumanawa* has to be interpreted if one is to know about a person's sickness or wellbeing, including one's own. For the *Te Oo Mai Reia* healers it is perfectly acceptable for knowledge inspired by the *whatumanawa* to be highly metaphorical and it does not need to be validated by another person's opinion. Thereby the *whatumanawa* facilitates moving on from the limitations of "preclassified realities" (Thomas 1993:45; Bourdieu 1990; Foucault 1977), such as the opinions, truths and value judgments validated by a nation's mainstream elite. In this sense, the *whatumanawa* is like Lock and Scheper-Hughes's concept of a "flexible metaphor", in

that it is capable of both expressing dissatisfaction of social and political origin and negotiating relations of power (1996: 65), including the hegemony of science.

Employing Csordas's concept "preobjective" helps explain the personal significance of embodied experience. By preobjective, Csordas posits a "preabstract", which can be found in the "… process of taking up and inhabiting the cultural world" (2002: 62). Arriving at a preobjective explanation requires examining how individual practitioners' employ shared understandings to make sense of embodied experience. I employ this concept here by reflecting on how ways of thinking about *and* using the body gives personal and bodily significance to the socio-cultural domain. Csordas argues that for Charismatic healers in North America, "demonology … is a mirror image of the culturally ideal self, representing the range of its negative attributes" and that "the thing expressed" at the preobjective level "is *not* the cultural object, the evil spirit". Instead, "[w] hat is expressed is the transgression or surpassing of a tolerance threshold … too much of a particular thought, behaviour or emotion" (ibid. 65, 67).

At the healing centre, James told me,

> In the course of me being able to practice it I've been witness to shapes, to animals, to dragons, snakes, insects, during the course of them being able to release their trauma.
>
> TOC: Do other people see that too?
>
> JAMES: Not everybody sees that. Like everybody has different gifts. Like today, a guy that I started with, he has a sense of smell. I don't have that gift. He has that and I said to him that's one thing I don't have that because he asked the people in the room if they could smell that. I don't have that gift. And um, my gift is the gift to see and he said he wished he could do that because all he can do is smell. So everyone has different spiritual gifts. So sometimes people see, sometimes people feel, sometimes people smell. I have had one occasion when I did smell but it was only that one time. You know it would be impossible, you know I have done part of a science degree but I don't think you could possibly scientifically explain how an odor could come from throwing water on someone. How an odor could come off someone's body that smells like Rotorua[93] and that only some people could smell that. You know I asked Matua[94] Peter, what's that smell? There was another lady who did the work with me

[93] Sulpher dioxide.

[94] Father, commonly used as a term of respect to a man senior to or a leader of oneself

> that asked the same question. Peter said that's the smell when *kehua* are around. You know, like throwing garlic water on a vampire, you know, ttttssschhh! You know, they sizzle up and materialize through the steam kind of thing. You know that was the one time I could smell. But my thing is being able to see different things come out of people. Probably the most vivid experience I have ever had was last night actually. If people were here, definitely the whānau that came, they had, their koro[95] - that was the man who stood up and did the mihi[96] to Papa Hohepa - well stuff that um, the state that these three people came in prior to the cleansing, where they couldn't even hold themselves up, the girl and the guy, there were two guys and the girl. If you came here yesterday and saw what they looked like, and after going through the *romiromi* and taking off on the, you know, I have never in my life... you know the experience of the hair standing up on the back of your neck, yeah, it was quite scary and black stuff coming out of a person, a human, in the form of a black cloud in the shape of a snake, and it was that bad that the girl wouldn't even come to the table, like there was still crap resonating in the room and then she stopped. I believe that's why she stopped because the black snake was over there and so, yeah, so Matua Peter threw some water like in her direction in the form of a pathway so she could walk through and so she came through and I tell you what her sister, both sisters I mean even we couldn't believe it, I mean it's a miracle really.

We can read here that an unpleasant smell was associated with *kehua*, the suggestion being that something about these people wasn't right. They needed cleansing, they were unclean, dirty. And that James's hair stood up on the back of his neck suggests that unwellness presents as risk. Seeing the colour black was associated with crap, a snake and badness and the girl's suffering. The work of the healer and water negates these things, as do miracles, which are of course associated with Io. Hence crossing from Io, lightness and cleanliness to evil, darkness and uncleanliness takes one from life and wellbeing to suffering and disease. Experiencing such dualities was not an everyday occurance or normal experience for James but experiencing the world through the *whatumanawa* brought these fundamental dualisms to mind.

Even though the *whatumanawa* is capable of extending people's awareness beyond the limits of the everyday and the mainstream, its communicable logic is, in part, constrained by dominant modes of discourse; modes of discourse the authority of which one takes for granted. So to help people fully realise the potential of the *whatumanawa*

[95] "Koro" is short for "koroheke", which means old man, or male elder.

[96] Introduction.

within the context of a *Te Oo Mai Reia* approach to healing, wānanga embarked people on an educative journey that liberated them from those forms of knowledge and communication that restricted desirable expression of the *whatumanawa* in speech and healing practice.

Given that the body was thought to be comprised of whakapapa, including the knowledge of whakapapa (chapter five), wānanga sought to *re*familiarise people with the healing discourse and actions of their ancestors as possibilities of perception, knowledge, empowerment and healing. The practitioners were of the opinion that everybody carried knowledge of the past with them, and rather than be taught the knowledge of their ancestors, rather than have new information about their ancestors' healing knowledge and practices be passed on to them, students of the wānanga were taught how to *remember* this ancient knowledge. The age of knowledge that could be remembered reached back to the dawning of "te Ao Marama", or era of light (Marsden 2003).

A *kaupare*, written by Papa and translated by my self describes making such a connection:

> Reach[97] and embody as far and as deep as possible
> For sustenance and support
> Free from tapu[98]
> Follow the ancestors
> Draw from the strength of Rangi[99] and Papatuanuku[100]
> A connection
> Through *mirimiri* that penetrates the surface, depth and substance of healing
> An up-welling of life force
> That ties to the spring of energy that created the Earth, the ties to your self
> and leaves behind the emotions/everything/the ghosts of the past
> Awaken from the Heavens
> Io, let it be

Making sense required reaching as far into the body as possible so as to access knowledge grounded in the depths of one's being. The *kaupare* asks for spiritually

[97] We were told by Peter to reach "backwards before forwards"

[98] In this instance we were told "tapu" was best interpreted as "restriction"

[99] The Sky Father deity

[100] The Earth Mother deity

inspired knowledge to be released from the ancestors and for a connection to be made with them through both the healer's inner reflection and the application of *mirimiri* on the patient. The forces called to the process of reflection and healing are situated within the enormity of the forces that created the Earth, yet seeks to break free of them through the awakening of the heavens. This is all asked through the Supreme Being, Io. The embodied expression of such a happening could be expressed through comment about a blockage found in the body, song, the raising of the eye brows as if in surprise, moving to another part of a patient's body, the application of deep pressure, the sweep of a hand, a state of rest, and so on.

Conclusion

The practitioners deemed Mainstream or Pākehā rules of making sense to have marginalised Māori explanations of illness and healing practices. Growing up within a social context dominated by Pākehā discursive regimes about perception and affect discouraged some practitioners from making sense in ways they knew they were capable of. But while Pākehā socialisation made some *Te Oo Mai Reia* principles for making sense less common and practicable, *Te Oo Mai Reia* instruction reawakened in some bodies, and introduced to others, Māori ways of perceiving the world. In other words, the discursive context made a difference to the perceptual capacity of the body. Spiritual inspiration was a fundamental basis of the practitioners' sense making. In a "neutral" state, embodied response to spiritual inspiration was taken to be prior to response to the social world. But nurturing a neutral state of being stood in tension with the socio-cultural sphere's potential to limit the capacity for an unrestricted embodied connection to the spiritual realm. I now turn to an analysis of how neutrality and spiritual inspiration were put in to practice in order to heal.

CHAPTER 7: HEALING SUFFERING

I have shown in the thesis thus far that the practitioners' suffering and healing took place within a larger arena of social and spiritual forces, and that these forces impacted upon the meaning the practitioners attributed to the sensations they embodied. I take these findings further in this chapter by focusing on the outcomes sought through *Te Oo Mai Reia* and the procedures the healers employed to get there. It is for two reasons that I examine the therapeutic goals the practitioners had in mind and the process for attaining those goals. Firstly, their goals and healing processes are in part derived from and respond to the rationalities and techniques of bicultural governmentality. Secondly, healing activates and gives meaningful form to physiological and psychological processes (Csordas 2002: 27). In the context of this research, this means that healing gives bodily form to the regularity of, or creative responses to, the incumbent bicultural social order.

The goals of healing

My discussion about the body shows that in the context of *Te Oo Mai Reia*, the various dimensions of health can be thought of as embodied as opposed to the body being one wall of a four walled house (Durie 1985) or one tentacle of eight (Pere 1984). The practitioners made fine-grained distinctions between body parts, human activity and the spiritual realm but the body bore the effects of all. A problem in the torso was suggestive of trouble in the whare tupuna, the past was encoded in cellular memory, and giving voice to distress was ridding the body of spiritual and social disease. The model of health I develop here is also different to te whare tapa wha and te wheke in that it brings to an analysis of the work of healing an examination of how healing managed individuals not only as patients, but as members of the Māori population and as citizens of the nation-state. The goals of healing – neutrality and connectedness – concern both individual and corporate bodies, both levels are embodied.

Connectedness

Keith was speaking to me about how important it was for people to feel empowered as part of the healing process.

> ... sometimes when we feel depressed and we just can't identify the symptoms of that depression sometimes the solution is a simple one. Sometimes you've got to take time out. How do we take time out? If they don't know their whakapapa there are obviously going to be barriers to that. So it's important that they learn their whakapapa. Because there is a transition where people know they are being brought up in a Pākehā environment but they know they are not Pākehā. They know that they are Māori and there comes a time when they look for that, look for their roots. Maybe early, maybe later, but there is a time when they ask that question – what is my whakapapa, where is my *turangawaewae*[101] [standing place], where is my *ahi kaa*[102], where is my *papakainga*[103], and that. ... I know they go through that *korero* here. They do that. Even I do with my students, all the time. You know the *mirimiri* part of a wider process of healing. You have to heal them spiritually, mentally, physically and from a whānau perspective as well ... so that you balance that whole thing out so they feel happier with themselves, more at peace with themselves. Spiritually, mentally, physically, and gathering their family around them as well to give them their moral support. Strengthening their relationships with each other. *It's so important* [Keith's emphasis].

To harness the potential to be well a person needs to cross the boundary from being fully engaged in Pākehā society to engaging in Māori society. Pākehā society distances people from their Māori roots. Being in touch with one's roots as Māori enables one to benefit from the spiritual and social resources Māori social structures provide. Hence connectedness is a very important basis of a person's potential for wellbeing, especially his or her connectedness as Māori. If a person has strong connections to their *whakapapa* they are considered to have greater potential to be spiritually and socially sound and hence more well than they may otherwise be. Potential for a person's

[101] Standing place – the place were I can stand.

[102] Home fire. The place where one belongs and one's people have occupied continually and kept the fireplace's burning.

[103] Village

wellbeing is thus set within a theory of connectedness with Māori society as having the potential to heal.

I noted earlier that Papa was a member of the Ringatu church which was founded by the prophet and healer, Te Kooti, who, following a calling from God in the 1860s, sought to deliver his people from oppression (Elsmore 1999, 2000; Greenwood 1980; Tarei 1978). Ringatu consider their suffering to be similar to that of the Jews as recorded in the Old Testament. Peter evoked this history of oppression and alienation in humour when he suggested that a group of healers take a road trip around New Zealand which we could call "Babylon by Bus". Te Kooti's actions were not only directed at the colonial government and Pākehā. He took just as strong action against his Māori oppressors. The Ringatu church of modern times is a much more peaceful religion than that which emerged in 1867.

Greenwood noted that prayers for the sick were the second most important part of Ringatu religious observances after the introductory service (1980: 44). Te Kooti taught that "the house of God is within man at all times", that "where the spirit of the Lord is there is liberty" and he valued the protection and perpetuation of "Māori culture" particularly language (Tarei 1978: 61, 64, 65). Papa and the *Te Oo Mai Reia* wananga practitioners also valued these things, which, I contend, is reflected in the schooling and practice of *Te Oo Mai Reia*.

Te Oo Mai Reia directed practitioners' attention and action to bringing about positive change to the lived experience of its practitioners within the context of their day-to-day lives. Their bodily practices were focused on reconstituting their personal and bodily space as it was negatively affected by the oppressive and alienating aspects of New Zealand's bicultural socio-cultural order, inclusive of its colonial legacy. For the practitioners of *Te Oo Mai Reia*, therapies directed at bringing about connectedness between people and spirit, and peace to people suffering. These practices took part alongside an objective of socio-cultural reform.

I thought this may be the case early in my field work so I thought I would test my thoughts. Back in September 2004 I asked if I could give a test-run of a presentation I was preparing for an upcoming Australian Anthropological Association conference. I gave my talk in the healing room while healing was taking place, which was a most invigorating, stimulating but somewhat distracting environment in which to give a talk! There were healers, patients, and friends and family sitting around, some listening to me, some not. I began with my paper's and wider study's question, which was:

> Is traditional Māori healing practice connected to contestation of Māori sovereignty, and if so, how and for whom?

I followed this question with the comment that:

> To answer my question I must consider: The relationship between the self, communal activity and governance – the ends to which healthcare practices are put, and the significance they may have in terms of reproducing and contesting wider socio-cultural orders.

Papa responded with a resounding "Kia Ora, Kia Ora!" I was stoked, because I had not before spoken in such a way about my work. It was a real test and I passed. Or so I thought. I finished up with saying that I was progressing with asking:

> How are people practicing *Rongoā* contesting sovereignty over the body-self?
>
> How is practice of *Rongoā* challenging or strengthening contemporary social orders, and what are they?

Papa was the first to respond once I finished my talk and said I should think in terms of a "soft philosophy". At that time I was not quite sure about what to make of his comment, but I later decided it was related to his desire to peacefully resolve any suffering felt by his students, patients and healers as opposed to vigorously contest how they were disconnected and connected with, and alienated from and related to, each other and others as individuals and as peoples.

Mana is at the core of sovereignty, or rangatiratanga, because it is in the expression of rangatiratanga that mana is realised. Keith told me that mana can not be claimed for one's self – it is ascribed by others on the basis of one's family history and one's achievements, especially in so far as one's achievements benefit others. Besides benefiting from the mana ascribed to one's own actions, individuals can also benefit from the mana of others who are part of the same group to which one belongs. If one does not embody mana from either self or one's associates, illness can ensue. An interviewee told Joan Metge,

> Self-hood would be one of the meanings of mana. … They definitely have the concept, for instance in the *whakatauki*, Tama tuu, tama ora; tama noho, tama māte[104] (Metge 1986: 75).

Standing up is symbolic of confidence in oneself and one's ability to act. Sitting down is symbolic of lack of confidence and unwillingness to act (Metge 1986: 75fn). An aunty of Papa Delamere, Maaka Jones, was a senior member of a wānanga which posed a question that to me bore a striking resemblance to a central concern of Papa's work – how to best reach out to the "absent young" living in the cities, particularly Auckland. Maaka's wānanga concluded that it was a vital sense of affinity, of belonging, that they must bring to urban young. "A young man at the wānanga said, "It's the sense of affinity that … makes you feel, well, your chest just goes out bigger!"" (Binney and Chapman 1990: 74).

The corporeal dimension to the connectedness concept continues through to the interior of the body. This is articulated by Hone, who told me that a healthy body was one that "flowed" (see chapter 5). I suggest that his river metaphor described a corporeal state of "connectedness" to the source of life-giving energies (spiritual and earthly resources) and a letting-go or over-coming of matter, thoughts and emotions which could otherwise remain in the body and cause ill-health. His observation that a river flows over "rocks" invokes for me an idea that life-giving energies help people overcome "inhibitions".

A body that showed signs of not being at peace – such as a body that had tense as opposed to supple muscles – was a body (and self) that was considered to be not well and therefore in need of healing. Such a body may have required "an alignment" which involved a deep tissue massage and manipulation, but it may have also been interpreted as a body that required what was interpreted as a more in-depth healing, a healing that required physical, mental and spiritual healing.

Neutrality

I asked Andrew what neutrality means and he said to me, "that's what people are doing when it looks like they're asleep". The suggestion is that while they looked like they were asleep, they were not. Hence what I gleaned from his explanation was that

[104] Son standing, son healthy; son sitting, son sickly.

neutrality was an active, but rested state. I did not at the time appreciate the extent to which neutrality was a basis from which healers could attain a heightened state of awareness and wellbeing free of discomfort, distraction and desire.

Many if not most healers struggled to maintain a state of neutrality during their healing work and most healers were not able to maintain a state of neutrality in their day-to-day life. Indeed, from a metaphysical point of view in the context of *Te Oo Mai Reia*, a state of absolute neutrality could not actually exist because it would require absolute unity with Io. Nonetheless it was still a practically useful state to aspire to for all practitioners not only when healing but in day-to-day life because absolute neutrality equated to absolute peace. Even a practical state of neutrality was a lofty goal but one that every person had the potential to attain, at least temporarily. It was both a material and an immaterial state.

A person could only be neutral in their body if they are neutral in thoughts and actions, and vice-versa.

> TOC: What is neutrality?
>
> HARRY: Neutrality is peace, a place of stillness, calmness, a place where you can be totally in touch with yourself. ... For some people its emotion that is yours. For some people it's such a big relief [because] that's something which they haven't experienced before. Unless you are calm there's no peace. ... It is the supreme source. It's zero energy. ... When you are in total neutrality there is zero energy. The kore. Nothing.

Neutrality is a state of being in which all that one's life world is, is able to simply be. A state of neutrality was not one of unbridled emotion or stoicism. It was a state in which people were very much aware of and engaged with the world and at ease with their presence and involvement in it. Such a state of being was recognized as a necessary condition for good health and a quality of a good healer.

On a corporeal level, neutrality could only be realised if the body was not strained, pained or somehow else disturbed. This was demonstrated by the case of a woman who was brought to the centre for healing. She explained that she had been suffering from chronic abdominal pain. A healer pressed around her lower abdomen, agreeing that there was indeed something not right. The healer asked if she was pregnant, to which the patient replied no and in a hushed voice explained that she had had her "tubes tied".

Papa explained that "the area" needed to be put back into "neutrality" because there was "conflict" which needed to be put right. "The ovaries are dead", suggested Papa, but "the memory of them is still there". Spiritually, he continued, "they haven't been dealt with". Where there is conflict between matter and spirit there cannot be a state of neutrality.

Similar to the Ayurveda inspired mind-body medicine of Deepak Chopra (1990), the *Te Oo Mai Reia* healers considered a rested, peaceful state of being to be healing of, and preventative of, damage to the body-self. But the *Te Oo Mai Reia* healers went further than Chopra. More like the healing philosophy of Mahatma Gandhi (Alter 2000), which was inspired by Ayurveda and a concern for decolonisation, the *Te Oo Mai Reia* healers considered the positive effects of a peaceful state of being for one's self to impact on the social body as well. That neutrality served to facilitate harmonious relationships with others was made apparent to me when I witnessed a healer being admonished, but in good-humour, by her friend for referring to a woman they were talking about as a "bitch". She acknowledged that it was a bad thing to say but qualified it with the comment "it was said in neutrality", which gave everyone a bit of a laugh. Vanessa, talking about why healers had to maintain peaceful or good relationships with others, said

> when we say something it has to be of kindness, goodness to a person, especially us healers. If we say something sharp off the tongue it can penetrate into someone else's body. If you say something very evil or kino [evil], however you want to say it, of course it can harm some body else.

Over the period of 10 months when I was attending wānanga, like every wānanga attendee, I was required to practice being neutral on a frequent and regular basis. I had to do so in class and in everyday life and I can say I felt the affects of neutrality having a positive affect on my relationships with others and I felt myself acquiring a more positive and rested demeanor.

For Gandhi, because the self is not a social isolate, the health of the self (or lack there of), was also considered to have effects beyond the self (Alter 2000). Maintaining the wellbeing of the self required engaging a social and political awareness. The *Te Oo Mai Reia* practitioners were encouraged to get in touch with their self *and* go beyond their self to be able to attain neutrality, and hence wellbeing. During a wānanga Peter

told us to write down the following information which details some of the steps required to prepare for healing and some of the principles underlying the logic of these steps (I have edited the longer passage for sake of brevity):

> Clear your experiences first ... Clear your garbage before you try to clear anybody else's garbage. In all of us is this negativity. Discard from yourself all your rubbish. ... Our *wharenui*[105] has no inhibitions. Our body is not limited to us; it's our ancestors, too; it's not limited by fear and thought ... By keeping honest we are able to honour and appreciate the essence of being (which is mauri) ...

This teaching directs healers to strive for the highest state of neutrality, which required distancing the self from the effects of socialisation. Socialisation leaves one prone to error and dysfunction, whereas the spiritual inspiration and fulfillment does not. We were told that if we shifted ourselves from a mindful- *consciousness*, which Andrew told me is the mode of being that modern life encourages, to a mindful-*embodiedness* we would be able to be more at peace and aware of our positioning in the cosmos and world[106]. No person could reach the pinnacle of well-being, or even get close to it, if they nurtured their self only on what the social and material world could provide. It was only by having a strong connection to one's embodied self, the ancestral and spiritual realm, and a neutral relationship with others in the contemporary world, that one could attain one's potential for wellbeing. Only if one could be at peace with all these things and thereby not be pre-occupied with them could one transcend them and thereby be truly neutral and ultimately with Io - the source of nothingness and everything.

Moving toward a state of wellness

Pain and suffering

My take on government is that it is comprised of modes of action that are dispersed beyond the state and more or less purposively designed to act upon the possibilities for

[105] A wharenui is a big house, especially a meeting house. It was used here as a metaphor for a concept of the body expanded from the body-self to a corporate body.

[106] I discuss this idea in more detail in chapter six.

other people's actions. This point of view has drawn my attention to a wide range of rationalities and techniques of government that relate to the state. While a *Te Oo Mai Reia* practitioner's attention was directed at the act of healing during the practice of *Te Oo Mai Reia*, the practitioner was also carrying within his body the effects of being subject to the rationalities and mechanisms of bicultural governmentality that underpin the nation-state, even in the context of a healing service not contracted to government. An embodied phenomenon inflected with both the ordering of the nation-state, the philosophy of *Te Oo Mai Reia*, and personal experience of both, was pain.

While suffering could of course be very painful, so could the healing procedure. Pain held within the body was a sign of ill health and the expression of that pain was a sign of healing taking place. Even though I learnt this view of pain early in the fieldwork period, it was not only my first encounters with pain at the healing centre that were intellectually puzzling, emotionally unsettling and morally troubling; some painful experiences towards the end of fieldwork were as well. Right from the outset I have been aware that pain, like all else of the body, has a culturally constructed element to it. But even so I am not convinced that this should mean that people's comprehension of pain should only be answerable to a moral authority of their own choosing. At times I was seriously troubled by weighing up the extent to which I as a guest at the healing centre and wānanga should respect the practitioners' own assessments of pain and not my own. At times I was seriously troubled by the questions: should I intervene? Should I take action on that patient's behalf? Should I report this to the centre's management or an independent authority? I never did take action, except for once speaking informally to the centre's manager.

Literature about pain has helped me understand but not necessarily feel comfortable about the pain expressed by the *Te Oo Mai Reia* practitioners. Trnka (forthcoming) drew from Kleinman's notion of pain as an "idiom of distress" (Kleinman 1988) and Das' (1996) suggestion that a person's communication about pain, however comprehensible, moves the sufferer from what is otherwise private suffering to communication with others, out of which shared meaning is made. Trnka noted that this points to the different kinds of meanings that pain is used to convey.

Robert Desjarlias's approach to the analysis of pain suggests "that the relationship between language and lived experience must be a central focus of study if we are to better understand how cultural discourses on suffering relate to visceral experiences of distress" (1992: 101). Consistent with my focus on embodiment I try to access not only

the words of pain but other forms of vocalisations and actions that portray its meaning. A reason for doing so was that the practitioners did not always, or only, transform their pain into words. Besides listening to words I observed their bodies, listened to the timbre of screams and groans, and paid attention to the temperature and textures of the bodies of those I touched, because this is what the healers did and had to do. The reasons why will become clearer as this chapter unfolds.

Healing pain

I recall the first few minutes observing *Te Oo Mai Reia* healers at work when the centre's manager walked me into the healing room and we sat silently watching right in front of us for a few minutes a woman of about 20 years of age groaning to what appeared to be a point of exhaustion as her healer, by sitting on the woman's buttocks and with his arms hooked under her upper arms, pulled on her back as far as he seemed able. While his technique was not exactly like that of the healer shown below, the position into which the patient was drawn was very much like that of the patient in Figure 7.1.

Figure 7.1 A healing method commonly used to evacuate spiritual entities from the body (Image taken from ww.spiritwinds.net/Māori_healers.html (accessed 19 July 2006).

He held her there, despite her discomfort and deep, though audibly strangled and breathless, groaning to the point at which she was silent. As he let her fall back to the table she appeared to be exhausted, spent. Following a moment's stillness, he asked her to roll on to her back and proceeded to press his elbow deep into the top of the woman's stomach, just beneath her sternum. So intense was the pressure that I thought his elbow

must be pressing against the woman's spine. She was moved to tears, screams and writhing until over a period of about 30 seconds she was without breath. At this point he relaxed the pressure and lay a blanket over her and suggested she rest a while.

At the time I had no comprehension whatsoever of what I had experienced. But I soon learnt that memories are embodied and because memories can be painful and the cause of poor physical health, ridding the body of embodied pain is necessary. A healer wrote about *romiromi*,

> *Romiromi* can release a life time of physical and psychological pain as well as negative energies that whānau have suffered through the generations. Often these experiences are trapped in the cellular memory of the body and cause emotional and physical blockages (Mildon 2005).

The cellular memory concept underlies why patients were, through physical manipulation, helped to "remember" the origins of their pain so that they could rid themselves of it. Peter told me "people think we cause the pain but the pain is already there". People feel that pain in their day to day life, even if it is only on a sub-conscious level, and they feel the same pain albeit differently during *romiromi*. A healthy person would not feel pain because they have no pain to bear. Explaining the significance of suffering in terms of a patient's life was the primary object of attention, not the role the healer's action played in it.

The following interview is illustrative of how pain, as a cultural form, takes on a "preobjective" significance in the context of *Te Oo Mai Reia*.

> TOC: Something that I didn't expect and knew nothing about before I came here and has really challenged me ah, is the pain that goes with the healing. Can you tell me about that?
>
> JAMES: Yes, yes, um, well I have found that in the release ah, I kind of see it like this. I was told this, basically. I was told what this was. The release of the crying, of the anguish, crying whatever, verbalizing the pain my bro, that that in itself, because voice is a frequency, that the *kehua*, is a frequency, and that is the *kehua*, the demons or the trauma inside you is a frequency my bro that the release of it, the excruciating pain is necessary for you to reach the depths of your pain, of your anguish. The deep hard and funky roots of it, the center of it bro, rip that arse! So yeah. In the crying comes the healing my bro because you are taking the crap, you know ooohhh out comes the crap! Yeah bro.

> TOC: It's amazing how it gets people thinking ah. It obviously has a physical dimension but it makes them think about how things that are going in their life is causing them pain of a different sort.
>
> JAMES: Hmmm. Its funny how you should bro. Yeah, Yeah, Yeah, Yeah, Yeah (pause) Yeah, I guess the other day when I was getting done that was what I did think of because that was pretty painful for me too bro. And yeh, I did think of um, I actually started feeling sorry for myself, the old why me. The why me thing again and I started thinking about where I am with myself and you know you just get caught up in that nasty black cloud of self-pity ah bro and that's the reason why it has to be really sore, really intense for you ah bro. Really go to the depths of the trauma. And even in the thinking of it, its like come on [his name], this is a broken record. Come on what is going on here. You know its does help me get to what is the cause of it and um I do actually psychologically go through it. There is that part of it to help me really remove myself from it.
>
> TOC: Does the *mirimiri* initiate that for you, bring it on for you?
>
> JAMES: Yes it definitely does because I am in that way of thinking. Yeah it does happen all at once my bro, because you are thinking where did this come from, you know?

The pain experienced during healing was not produced by the healing, but by Jame's self-pity. Healing helped him reach the depths of the trauma he embodied, over which he was feeling sorry for himself, which was his broken marriage.

> JAMES: It was 3 hours before I came here to the wananga. I wrote this real emotional, heart breaking, violin story to my ex-wife bro and I was carrying that and it was like the most sorest that got manipulated my man. ... You know, it just really got me back to that place. I just felt free and so I should have because I had just had that emotion and psychological trauma lifted off me. But I still needed to do something to complete it by going and speaking to my ex-wife. Yeah, just apologize to her for what I was thinking, my thoughts and what I had said about her you. You know, the basic violin story. You know, take responsibility for how I was being agro, well pretending to be really. And so yeah, you know, new creature.

James suggests that he was carrying within his body the ill-effects of his marriage break up. By releasing the sedimentation of grief from his body through the voicing of

it, he was freed from being its possession which he completed by taking responsibility for his actions.

A further case illustrates how *Te Oo Mai Reia* shifted a practitioners' attention on his pain from a medically diagnosed condition to a history of family violence. The patient, Chris, told me he had been waiting 10 years on the public waiting list to have carpel tunnelling surgery before turning to Māori healing for relief.

> TOC: Carpel tunneling?
>
> CHRIS: Yeah the fingers seize up at night. I wake up and they are all horrible and I have a very bad complaint of paralyzed fingers and someone suggested this place. I sat there for 4 or 5 sessions [in fact, he sat in the healing room observing the healers at work for about 3 hours at a time over 4 or 5 days]. There were people screaming and I said to myself I got to have a go. I found it fascinating. They bent me over backwards and they were like "let it go" and I was like "I can't fucken breath!" Because I was on such an angle and they said "Let it go, let it go". And, um, I was [indecipherable word] and I tried not to, weaken, because I am a macho pig, I don't cry. Some very strange things happened after the first week ... I came back regular. ... Some of it was extremely painful what they did to me. But some things happened. After that first time when I got up I just went in to the corner and cried. I just cried and cried and cried. I couldn't explain what had happened. I just cried solid and I was what the hell was happening to me? What they said was that I had a whole lot of shit, problems in me. Maybe it all goes back to when my father was punching the shit out of me. And, uh when I was about thirteen I thought I could take him on and I just gave him one punch and 2 hours later I woke up unconscious under the table. He knocked me out and, um, beat the hell out of me. Basically from that day on I didn't give a shit about getting in a fight. I thought that was the way you did it, you know. Then, I had a, when my boy was about 10 or 12 basically the same thing happened. I used to punch the shit out of him. If it hadn't been for my wife I would've killed him, you know. There were days when I decided I shouldn't have done it. ... But here I started getting treatment and I cried and cried and they did incredible things for me.

A primary cause of this patient's disease was perceived by Chris to be the unresolved effects of the family violence he retained in his body. The patient's attention to his suffering was considerably altered by his repositioning from a biomedically influenced nosological field to a *Te Oo Mai Reia* influenced nosological field. His troubled fingers were not all of a sudden dismissed by him, nor were they discounted by

the *Te Oo Mai Reia* healers, but their perception of what needed to be healed and the required therapeutic process occurred within a much broader field of attention – a field of historical significance that encompassed the social and spiritual realms – but one that nonetheless allowed for quite precise ontological accounts.

A reason for Chris seeking treatment for one condition, but in the end being treated for a different condition, was that the object of attention is constructed differently by each school of healing. Biomedical healers tend to interiorise the object of their attention (Foucault 1973) which is a process that formulates the "lesion" that requires treatment differently to the way *Te Oo Mai Reia* healers formulate the object of their attention. Furthermore, the patient takes a different role in the *Te Oo Mai Reia* diagnostic process which means the disease that most concerns a patient can take on a different character outside of the biomedical setting, as can what is required for healing to take place.

The breadth of the social field relevant to the experience of pain did not only link patients to intimates and whānau. The field extended through to the institutions of the nation-state. Over a couple of weeks there were a few troublingly painful healings so Steve, a healer and manager of the healing centre, and Papa Delamere, established a process the healers had to follow when introducing new patients to the *Te Oo Mai Reia* method of healing. Steve drew the healers' attention to the threat of legal action if patients were disturbed by a painful healing experience. I could not determine how many patients felt this way, but it was clear that some of patients did not agree with the healers' understandings of pain.

I was speaking with Steve in the centre's lunch room when we could hear the cries of a woman being healed. "That doesn't sound right", Steve said. "It sounds to me that she didn't know what she was in for. This is a management issue". A few days later he challenged the healers with the question "where do you think the shit's going to land when it hits the fan?" A healer contended his challenge with "healing authority doesn't lie in people", to which the Manager replied "do you think the Court's are going to buy that?" Within Steve's discourse was an acknowledgement that New Zealand's legal system is predicated on a sovereign authority and its understandings about pain, the body and healing different to those held by the healers. Presumably the *tohunga* and healers agreed with him, because the healers' process following this event was changed. If a case went to Court, Steve and healers presumed that their defense would be disadvantaged from the outset because the rationality of their logic would not be

understood by a judiciary that did not ascribe to their knowledge of pain, the body and healing. The healers and Steve presumed that a case against them would not be "easily falsified by arguments or evidence external to its (tauto)logical structure" (Comaroff and Comaroff 1991:212).

The centre's Manager considered New Zealand law to be unacceptable because of its tautology. He suggests that a Pākehā judge working within a Pākehā system cannot comprehend a Māori issue.

> STEVE: ... how can [a Pākehā] judge on a Māori issue when you don't really have any understanding of it or don't even believe in it? ... So we are saying, may be there should be a Māori Court. You know? May be there should be a Māori Court to hear these things.

Steve was assuming that a Māori system would ascribe to the *Te Oo Mai Reia* point of view, but the heterogeneity of Māori healing gives reason to question such an assumption. The events that transpired following the woman's unsettling experience of pain showed to me that the centre's process did not rest on a homogenous Māori understanding of pain. It also showed me how mechanics of governmentality shaped the practitioner's experience of pain and the healing process.

Even though the healers were not bound by a government contract, the *possibility* of needing to defend their understanding of pain to a Pākehā Court triggered "self-disciplinary" action (Foucault 1977, 1988). No longer was it only Io that the healers were responsible to. Instead they had an in-house process that was established with the needs of the state's judicial system in mind. The Manager said to me the threat of Court action

> ... is why we have to get our shit together really [laughs]. Because it will stand up in Court if you have your systems in place.

The systems put in place involved getting the clients to sign a consent to healing, a "before korero" and an "after korero". It was new-comers especially that were expected to sign-in after they were talked through what would happen (the "before korero"). Following healing, they were given an "after korero" which usually involved the suggestion of a hot-bath and quiet time to rest and recuperate.

I do not assume that this would have changed the practitioners or managements understanding of the pain of healing. But what unfolded was a strategy whereby the management moved to legitimise their understanding of pain just in case they were called to defend it in a Pākehā court. As citizens they could be required to do so, and as Māori they felt they would be starting on the back foot because Māori and Pākehā have different understandings of pain. There was assumed to be a boundary marked by different understandings of pain that set Māori apart from Pākehā, and the unequal distribution of power across this boundary meant that the Pākehā understanding of pain would underlie the position from which the legitimacy of a Māori defence would be judged.

A case of healing

Pain, like all reo, had form. It could have at least two forms as far as I am aware: it could be a spiritual entity which the practitioners commonly referred to as a *kehua*, or an inhibition/blockage. There was no one standard interpretation of the exact form pain took in the body. Pain had either of these kinds of form according to the particulars of the case and the opinion of the practitioner. Pain, while caused by a thing or an embodied experience, was also a thing in itself. Healers sought to precisely locate where pain was situated in the body and where the pathogenesis of the pain was located in the social and spiritual spheres.

The healing episode I describe here draws the various themes of this chapter together. While each case of healing was unique, common themes were apparent, as will become clear. As this vignette unfolds themes addressed above in some depth will take on the salience of this particular case. I describe this case from my perspective as a healer.

The case I discuss involved Maggie, a woman of about 30 years of age, who said to Peter, “I need to be done”. She offered no further explanation about how she felt or what she thought needed to be done and Peter did not ask for further information. This was not uncommon. What needed to be done would become clear through embodied awareness, not via a mindful reflection or discussion. After 10 or 15 minutes of consideration and quiet reflection, Peter asked four students, including myself, to help with her healing. He cautioned us, “we’re dealing with black belts”, suggesting that the

kehua we would be dealing with were dangerous. Given that, the major concern for me was to protect myself from what would unfold so I thought hard about what *kaupare* would be best to use. I thought of a *kaupare* for which I did not have a fluent te reo speaker's translation, but it was a *kaupare* that was nonetheless meaningful for me because I had just spent a few days trying to understand it. It was a poem written by Papa Delamere. The *kaupare* hadn't been translated word-for-word but we had discussed its "essence" at wānanga and how it could help keep us safe. My understanding of the *kaupare* was as follows:

All the realms
that support and sustain
reach out and across boundaries and inhibitions
of what we already know and embody
to all realms
connect through Rangi and Papatuanuku
the ties that bind and leave behind
the ghosts of the past
Io, let it be

I tried to make sense of what I would feel like if I embodied the meaning of this *kaupare*, because I was told with some humour by Peter that I was to be the "sacrificial lamb". What this meant was that I was responsible for channelling the *kehua* from our patient. To me, this meant I was responsible for supporting Maggie as she vent her grief so that she may achieve a rested state. I imagined myself as a pathway through which the *kehua* would pass into their rightful place, wherever that was, somewhere in the cosmos. By doing so I would render my self at once impervious to all the negativity emanating from Maggie, and a conduit between her and the immensity of whatever it was that lay beyond. As I settled myself into this role I could feel energy coursing through me brought about by the cries and pain of Maggie under my hands.

To begin I was directed to sit beside Maggie as she lay face-down on the massage table. I had my hands on the "small" of her back as the other healers worked on her legs. Peter sat close by quietly and occasionally giving advice to the two working her body. The two other healers had begun working her feet, kneading her toes and running their knuckles over her feet. They moved up her legs applying deep, sustained pressure

with their elbows at points on her lower leg, thigh and buttocks and ran the elbows up either side of her spine to, as Peter put it, "push the shit up through the whare tupuna" (the ancestral house – her body). Because pressure was being applied from her feet towards her mouth, there's nowhere else for it to go but out. I moved to her head as the healers worked their way up her body. To be sure enough pressure was being applied to shift the *kehua* from her body, we were told by Peter "to listen to the pitch" of her scream. Everything has a vibration: the body, *kehua*, everything. Healers have to listen to the vibrations to understand how the patient is feeling, how well the healing is going and what to do; whether to go deeper, hold the pressure for longer, or move on. Once the healers had finished with the back-side of her body she was asked to turn over. As Maggie rolled over I noticed the redness of her complexion, the tears on her face and the exhaustion in her breath. One of the healers then applied deep, sustained pressure into her *pito*, a point between the bottom of the sternum and the middle of the stomach, long enough for her to cease crying out the *kehua*. After 20 or so seconds she was silent and, I thought, the *romiromi* part of the healing was finished. Peter said to her "we've got to get it out because this kind of grief causes breast cancer". She said "I know, its happening to me". "It's still in there" the healer said, "we've got to get it. Let it go", the teacher instructed her. "Fuck off! She yelled to the *kehua*, and cried out again as the healer went deep in to her *pito*. One minute or so passed, it's hard to tell exactly, as she vented the remains of her pain and grief of the moment.

We all sat around her and laid our hands on her body and sat quietly, each of us working to move the healing on. I did so by remaining seated by her side, helping her release her pain and suffering by having my hands gently resting on her. A few minutes passed and I was beginning to feel exhausted by what had just transpired but concentrated on remaining impervious to her suffering, trying to pass the negativity into the ground beneath my feet. Peter asked me how I was feeling to which I replied "grounded". "Choice", he said.

"It's still in her", our teacher said. I really didn't know if it was or not. I couldn't make sense of the efficacy of the healing one way or another. But one of the other healers agreed. Peter asked Maggie, "What are you not letting go of? She didn't reply. "You've got to let go of the baby".

Again she started crying. She said she felt "guilty" about taking some morning after pills and that "we've got to bury my sister's baby in our urupā[107]". She said the baby was currently buried in the back yard of their home in Auckland but this wasn't right; it should be buried up north in their ancestral lands.

Peter then asked, "what is it you are you feeling angry about? There's a lot of anger in you." She cried again. "I'm angry at my Mum for not protecting me and I don't know how to get rid of it". One of the other healers told her, "Talk to your mother". She nodded. "Can you talk to her?" asked Peter. She said, "I can, but I don't think I should bother her with my problems. She's got enough of her own". Peter suggested, "get things under way, and take things from there". With that the session ended.

We were told that a poem of Papa's speaks about the effects of "psychological restriction" on the body. What Papa Delamere wrote, which I translated after discussion at wānanga, was,

Sophistication of penance
glosses over demeanour, disputes and excess
in place of what we can accept

I thought about this poem in relation to what Maggie told and expressed to us. Our attempts to help her relieve her self of these burdens centred on getting her to vocalise the events of her past and present. The more she privately punished herself for these burdens the sicker she became. The *romiromi* techniques took her to the root of this pain which was embedded in her flesh. The vocalisations, the crying and the writhing were key to the release of this, which was present in her as "blockages" that originated in her taking a morning after pill, the wrongful burial of her niece or nephew, her relationship with her mother, and her mothers own suffering.

A statement by Papa Delamere was translated for us by Peter as meaning "pain comes from guilt [but not only guilt]. Guilt is an inhibition. Never feel guilty." The message was never give your self reason to feel guilty. Should you feel guilty, resolve it as soon as possible. Guilt's resolution should never be delayed because the pain of guilt causes suffering that can last for generations. If guilt remains unresolved the socialization of younger generations will be affected by it. Some healers would contend

[107] Burial ground.

that pain, such as the pain of guilt, could be passed on in the genes. Whatever the path of transmission and type of pain, the consensus was that pain would take the form of cellular memory and could manifest as acutely or chronically diseased-emotional, psychological, social or physical states. Guilt, like all forms of pain, did not reside in the "mind" *or* the "body", but the embodied mind or put another way, in the mindful-body. If Maggie did not rid herself of the pain and guilt she embodied, she would continue to suffer from its effects throughout her life and may well pass her suffering onto future generations.

Conclusion

The goals of healing are peace and connectedness – peace with oneself and one's society, including *te ao* Māori and the nation-state, and connectedness between oneself and one's society, again including *te ao* Māori and the nation-state. The processes employed to obtain these goals are ridding negative energies (such as anger and grief) from the body, adopting a centrifugal perspective centered on the body, learning about and piquing interest in *te ao* Māori, searching for and connecting with ancient, indigenous matter in the body, and encouraging and seeking out relationships with institutions that support such endeavours.

Suffering can be caused by disrupted, imbalanced or otherwise unacceptable exchanges and relationships with others, individually or collectively, the effects of which needed to be rid from the body. Healing focused on peacefully reconstituting not only personal space but also social and spiritual relations through connectedness and neutrality. The more connected one was to Māori society and the more mana one had, the more likely one was to be well and able to make health promoting decisions and take health promoting action. Engagement with Pākehā understandings and norms fell within the scope of *Te Oo Mai Reia* healing processes, yet the centre's management felt that the validity of the *Te Oo Mai Reia* philosophy and practice of healing may not withstand the scrutiny of a Pākehā court and accordingly introduced a new step into the healers' process.

To heal, the body-self was connected to the various forces that sustained life. Spiritual and social forces were pragmatically made body in the sense that the procedure of healing involved grounding social and spiritual forces through movement

and touch. Becoming well involved, on the part of both healer and patient, working toward a state of neutrality and connectedness. The practitioners could not attain such a transformation by channeling into the body the force of life alone; this needed to be grounded in personal action for communion with spiritual powers and the evacuation of disease from the body if healing was to be effective.

CHAPTER 8: CONCLUSION

Throughout this thesis I have set two questions in dialogue: what kinds of approaches to healing and the Māori body-self does the work of bicultural governmentality encourage, and what kind of body-self and bicultural society do the *Te Oo Mai Reia* practitioners want? Thinking about the answers to these questions has helped identify rationalities and techniques of governmentality that align the needs and desires of the body-self and the ends sought by the body-politic. Furthermore, it has helped identify the relationship between the positions of body-self and body politic. I have thought about biculturalism as a complex of techniques of government related to the formation of the embodied experience of healing and the nation-state. I argue that it was in how sense was made of the body and it's healing during the establishment of *both* New Zealand's social order and the philosophy and practice of *Te Oo Mai Reia* that saw biculturalism play out through the practitioners' healing work. The practitioners employed personally adjusted notions of Māori identity and how Māori connected to each other and the spiritual realm to structure the way they employed the body to understand the reasons for illness and make healing decisions. These notions emerged within the context of the governing of New Zealand's bicultural social order.

What I have begun here opens a huge field for enquiry, partly because I drew together theories about embodiment and governmentality, and partly because the *Te Oo Mai Reia* model of healing addresses the impact of spirituality, materiality, alienation and connectedness on the wellbeing of the individual and the collective. I showed correlations and discontinuities between the practice of *Te Oo Mai Reia* and historical and contemporary, corporate and individual work that has gone into establishing and adjusting the criteria on which the indigenous people of New Zealand have emerged as both Māori and citizens of the contemporary bicultural nation-state. To further understand a discursive complex such as this, further research needs to focus on the work that goes into establishing the positions on which, or categories through which, subjective experience of the membership of a nation-state is based, and how this relates to persons' orientation toward certain healing needs and processes. This will help understand the role governmentality plays in the linkage between identity and healing (Csordas 1997; Foucault 1973, 1982, 1991a).

My enquiry has revealed a dialogue of inequality, struggle and hope. At the most basic level the dynamic playing out is that the national body is categorised as a collective of citizens with a contested set of rights and obligations in relation to the state. In the context of biculturalism, the citizenry is defined as comprised of two peoples – Māori and Pākehā. The relationship between Māori and the state is different to that of Pākehā. The practitioners' sentiment was that Māori have not fared as well as Pākehā as citizens of the state. I argued that there was a *dialogue* between the state and Māori where the state made use of and contributed to widely-held notions about how Māori are significantly different to other state subjects, including within the realm of how the health of Māori and their needs for healing are in some ways different to other peoples, particularly Pākehā.

It was at the signing of the Treaty of Waitangi in 1840 that Māori as a population was introduced as a rationale of state government – the indigenous population of New Zealand was now to be managed (by Māori and the Crown's representatives) as a people. Māori now had sets of rights and obligations as subjects of the Crown, and as a population with its own ways of life (Kawharu 1989), both of which officially set boundaries between the state's subjects. Boundaries were marked by and rights and obligations ascribed and claimed on the basis of, different ways of life and whakapapa. As a technique of government, both Māori and the nascent state's officials drew on the authority of the Treaty to claim additional legitimacy for their position.

The vast majority of the *Te Oo Mai Reia* practitioners identified as Māori. On the one hand, the practitioners' sentiments about Māori identity, their experience of membership in the nation-state, and their healing philosophy and practice, are related. What it meant for individual practitioners to be Māori and hence themselves was to an extent taken out of their hands. Notions of Māori identity and citizenship emerged in part from history and were experienced within the national collective. But on the other hand, persons can only ever be implicitly or explicitly encouraged to have common or shared identities – the personal experience of one's (or another's) identity can not be determined by others (Greenhouse 2002; Cohen 1996). Personal experience of belonging to the nation-state encompasses a subjective dimension. Who oneself is in relation to the state can not be captured by generalised accounts of "citizenship" and "Māori", even though what these subjectivities encompass has been based on rigorous work to ensure there are strong continuities between the requirements of government and the lives of Māori citizens.

The state's obligation to address the particularity of Māori people's health needs and recognise Māori people's rights to certain healing practices has drawn Māori health and healing to the attention of government. By drawing on theories of governmentality, I have argued that since the mid-19th century there has been a network of relationships between state officials, social scientists, public health experts, legal experts, and so on, both Māori and Pākehā, that has shaped the state's adoption of certain ways of thinking about Māori health and healing. Furthermore, this network of relations has shaped the practice of Māori healers who are not contracted to the state to provide services according to a prescribed model of traditional Māori healing services.

I noted Waldram's argument that distinguishing an aboriginal healing tradition is a response to colonialism (Waldram 2004: 281). He argues that work undertaken to address aboriginal forms of sickness and promote aboriginal forms of healing can be a counterpoint to the Other (ibid.: 282). Within the New Zealand context, such work ties Māori sickness and healing to broader concerns over identity and the administration of the nation state. That a Māori person's identity can be compromised and that this leads to health problems through poor self-esteem, links identity to a need for a model of healing that nurtures an identity that is both meaningful to that person and relevant to the exigencies of the person's life (Durie 2001). Much of Durie's writings have been favourably received by government (for example Durie et al 1993). Durie (2001) argues that a culturally sound healing process must be supported by the broader socio-cultural context within which that process sits. Officially the state's Treaty of Waitangi-based approach to government supports such a model of identity and healing. For instance, state funded *Rongoā* services are monitored by Quality Boards, the briefs of which include the assessment and monitoring of the appropriateness of the tikanga of the *Rongoā* services provided in each of their regions (Māori Health Directorate 2004).

The government of *Rongoā* services occurs within the context of a struggle between Māori and the state over what rights and obligations both Māori and the state have in relation to each other. I showed that there was strategic positioning by agents involved in the development process directed at securing the interests of those they were aligned with. What ended up as representative of a Māori tradition of healing was a selective representation of knowledge and techniques drawn from the past and fashioned in response to the needs and interests of people in the present. This is not to discount the efficacy of some state-funded *Rongoā* practice, but it is to argue that the politics of bicultural government have shaped how *Rongoā* could be drawn into the state funded

health service. Practices that were not politically acceptable, such as the healing of *kehua* related disease, were removed from the public notice in the realm of the state, such as from *Rongoā* healing contracts and policy.

I showed that while the *Te Oo Mai Reia* model of healing had some differences to the state-funded model of Māori healing, it also had some points in common. For both state-funded Māori healing and *Te Oo Mai Reia*, Māori were a people with certain health needs and practices. According to both models, Māori took a more spiritual approach to healing than Pakeha. Furthermore, by engaging with Māori culture and society, Māori people could enhance their wellbeing. I showed that the *Te Oo Mai Reia* approach to healing set people apart on the basis of whakapapa. Whakapapa brings certain health concerns to bear through the transmission of, for example, unresolved grief or anger at breaches of the Treaty of Waitangi and the marginalisation of Māori from judicial and political power. Wānanga taught that alienation from one's whakapapa was harmful and that in the case where a person was distanced from his or her Māori roots reconnection would increase a person's wellbeing. Strengthening one's connections with living and deceased relatives, Māori knowledge (for example kaupapa, *whakatauki*, tikanga), and corporate groups (for example wānanga, whānau, iwi) were health promoting forces.

The *Te Oo Mai Reia* practitioners adopted their own personal style of practice by drawing on these shared understandings. The *Te Oo Mai Reia* practitioners developed their individual approaches to healing based on wānanga instruction, schooling in non-Māori healing traditions (such as physiotherapy and naturopathy), their experience of healing as a child and experiences since. At the centre and wānanga, practitioners learnt new ideas about and ways of examining the body by watching and listening to what was going on around them and getting involved. They also discussed with each other ideas about healing in general or what they thought was the best approach to take in a particular case. Hence, the practitioners drew on a wide range of ways of making sense of the body and healing to find ways that felt right for themselves as individuals. All healers claimed they had much to learn about the capacity of Māori approaches to healing, including *Te Oo Mai Reia*. No one person had all the qualities of the group, be it proficiency in the Māori language, the capacity to heal through song, prayer, philosophy and discussion, competency in the use and preparation of herbal medicines, knowledge about the body, spirit, a talent for massage and physical manipulation, and so on. Papa Delamere reasoned the greatest healer of all to therefore be the collective as

opposed to any one individual. This sentiment reinforced the theme of connectedness as a key resource for healing. Alignment within the group was strengthening of healing practice. This set the individuation of practice in tension with collectivisation of practice.

Te Oo Mai Reia was disciplined in that Papa and the senior healers set a process for making sense of the person and his or her relative state of wellbeing. Material, social, spiritual, genealogical and personal aspects of the patient were all taken into account during the diagnostic and therapeutic process of healing. Knowing how to understand what was required of healing required knowing what to look for and how to interpret what was noticed. Healing could be painful, and pain in the body could stand as a sign of unresolved issues concerning social relations. People who were possessed by unresolved emotional, psychological or spiritual pain carried the sedimentation of it in their bodies. The audible expression of pain removed the cellular memory of such pain from the body. Hence the *Te Oo Mai Reia* healers encouraged their patients to express any pain they felt during a healing episode. As Trnka (forthcoming) has noted in a literature review of pain, the communication of what would otherwise be private suffering shifts its interpretation from the private domain into the interpersonal domain. In the context of *Te Oo Mai Reia*, making pain audible and visual (as in words, screams, tears, movement) did not always initiate a dialogue about the meaning of a patient's pain. But the *Te Oo Mai Reia* model of healing, which was explained to newcomers prior to the act of healing, drew the practitioners' attention to the broader socio-cultural and spiritual domain beyond the engagement of healer and patient to find explanations for the origins of the pain felt during the act of healing.

Learning the traditional approach to healing was considered to be more an exercise in remembering than a taking-on of new information. To remember embodied knowledge, the conscious mind had to be silenced; the more silent it was the better. Ancestral knowledge, or in other words knowledge that was handed down through whakapapa, had stood the test of time and was therefore trustworthy as useful knowledge. The healers were schooled to employ the *whatumanawa* to access such knowledge. This process of reflection linked Māori people to Māori knowledge, resources, healing and identity. Hence Māori culture and identity and a person's connection to it were taken to *emerge from* the body. To whakapapa was attached knowledge and perceptual repertoires that, while malleable by social forces, could be accessed in its immutable form by remaining "neutral" (as in unaffected by convention

and desire). What emerged from the body was considered to be immutable substances that made people Māori, substances that were spiritual, material and experiential. The social sphere could both weaken and strengthen esteem, and hence wellbeing, as Māori.

Interpreting what was perceived to be the effects of the relationship between Māori and Pākehā, which of course the state has played a major role in patterning, was not always done at the level of words. Other means of expressing, understanding and /or communicating what a practitioner – patient or healer – perceived were used, such as silence, stillness, moving, crying, touching and humming a tune, and so on. But this does not mean that discourse did not have a role in how the practitioners made sense of the world. For example, some of the practitioners considered embodied knowledge to be ancient "Māori" knowledge. Andrew, for instance, prior to his healing and wānanga schooling, rejected what he considered to be "Māori" knowledge and "Māori" ways of knowing and perceiving the world because he did not like Māoris, even though he always felt he, and some other living and late members of his family had an extraordinary ability to know and feel. I showed that Andrew's labeling of certain ways of his own and his family's knowing and feeling as Māori ways of knowing and feeling sits within a discursive field that has positioned Māori ways of knowing as worth less than non-Māori ways of knowing. I argue that here we can see a relationship between diminished standing at the level of the nation and diminished standing at the level of the body-self.

By the time some of the practitioners I came to know arrived at the healing centre they had tried other healing methods to relieve a health concern. The body itself could give reason to people who had little respect for Māori approaches to healing to come to the healing centre. Because preferred alternatives had not worked, the validity of the Māori approach to healing was considered worthy of testing. That *Te Oo Mai Reia* healing turned out to be efficacious for these people challenged their assumptions that Māori healing was worth less as an approach to healing than Western medicine. In such instances, reassessments of the worth and efficacy of healing were driven by an unexpected bodily response to healing. When *Te Oo Mai Reia* did not provide what an ailing body required to heal, alternate understandings of the nature of a particular condition may be brought to mind. A wholesale adoption of "the general theory" (Obeyesekere 1992) of the *Te Oo Mai Reia* school of healing would constitute an adoption of all conceptual linkages made between the spiritual underpinnings of life and

the body-self. This could possibly have far-reaching ramifications on the life-worlds of the *Te Oo Mai Reia* practitioners.

The *Te Oo Mai Reia* approach to making sense allowed for habitual thinking and orthodox opinions to be challenged and to some degree circumvented. A technique for making sense that enabled people to challenge what they took for granted at the level of consciousness was engagement of the *whatumanawa*. Perceiving and interpreting the world through the *whatumanawa* was deemed to be spiritually inspired by the Ultimate Deity, Io, and meant that such knowledge was infallible and therefore unquestionable. Such knowledge could serve as a basis for challenging discourse that diminished the standing of Māori knowledge about and ways of perceiving the body. Ferzacca has argued that medical pluralism in Suharto's Indonesia enabled "political struggle and contestation" (2002: 36). In New Zealand, medical pluralism also enables political contestation, the character of which changes according to practitioners' positioning within social space. Treaty of Waitangi-based discourse ascribes to Māori the right to realise the benefits of "their" knowledge on the basis of ethnicity. This means that, to an extent, the bicultural nation-space legitimises ways of making sense that can challenge the dominance of scientific, materially grounded discourse about the body, illness and healing and the theories associated with them.

Steve once told me that "as a healer you are in the here and the now, not in the past and structures of society. You zone in on the healing". I do not doubt this. Based on my experience of healing, I agree. But, like Steve, I also understand that the connections between one's emotions and one's sense of the world are not always immediately apparent, such as how the ways that the society within which a person is situated shapes personal experience of self and the world, including the experience of healing and being healed. The realms of the social and the body are not discrete; each affects the other. The patterning of the social realm – its hierarchies and regularities – is considerably influenced by the state, as are the actions and understandings of the individual persons who comprise the social group. I draw on one further piece of ethnographic data to make this point. It demonstrates how the individual can embody a sense of wellbeing that is equally grounded in the person and the socio-cultural realms. Andrew told me about what he observed as happening for Māori at present:

> There is a lot happening. A lot of change in the air, with all Māori. There's a lot happening in places like this. There's not only Māori

> coming here, there's Europeans coming here too. It's like this is time for Māoris, kind of thing. *Matariki*[108], I've only heard about it in the last couple of years. A Māori [television] channel, that's gonna be good for us. More Māori [healers] going overseas and doing stuff, like Papa, and people going, "oh that's interesting". Good for us. Something in the air, ah. Something in the air, mate. I don't know what it is. Maybe its time Māoris are gonna be recognised for a lot of other things they brought to New Zealand, other than just the crap.

Affirmative action on Māori culture and identity across many fields of governance – in scholarship, educational programmes, media, health services, human rights, law, and so on – are impacting on the way people dispersed throughout the nation are perceiving the world, not only in the way they think about the body, but in the way they make sense with the body. For many generations, Māori have been part of a nation and subject to a state which left some of the practitioners with feelings of anger and shame, feelings they embodied and saw, touched, emoted, heard, smelt and tasted the effects of. Their anger and shame stemmed from a history of dispossession, violence, oppression and racism. Those emotions, and the acts concerned with the here and now healing of those emotions at least partially originate in the workings of a nation-state that has privileged Pākehā more so than Māori. That dispersed collectivities and the state were demonstrating some willingness to move on from colonial repression and dispossession reached through to the promise some of the *Te Oo Mai Reia* practitioners felt for healing and peace.

[108] Māori New Year, which falls in late June.

GLOSSARY OF MAORI WORDS

This glossary provides a context-specific interpretation of the meaning of Māori words used in the thesis. The definitions I provide here are brief because further explanations of the terms are provided in the thesis text. My interpretation is based on field notes, wānanga notes, interview material, the Williams (2003) dictionary of the Māori language (which is widely acknowledged as the most authoritative Māori dictionary), and literature.

Ahi kaa – Fire. The place where one belongs and one's people have occupied continually and kept the fireplace's burning.

Atua – God.

Hapu – Extended whānau or sub-tribe.

Hinengaro – Seat of the thoughts and emotions, heart.

Hongi – Greeting by a touching of noses.

Hui – Meeting

Io – The Ultimate Deity

Ira atua – World of the Gods

Ira tangata – World of people

Iwi – Iwi

Karakia – Prayer.

Kaumatua – Elder.

Kaupapa – Philosophy.

Kaupare – A form of prayer or *takutaku* that provided protection from spiritual attack.

Kawangatanga – Governorship.

Kehua – Ghost.

Kete – A bag woven out of flax.

Kia ora – A greeting or thanks.

Kikokiko – Flesh.

Kino – Evil.

Koha – Present, gift, donation.

Kore – Nothing.

Korero – Talk.

Koro/Koroheke – Koro is short for koroheke, which means old man, or male elder.

Kuia – Elder woman.

Mahi – Work.

Mana – Authority, influence, esteem, power.

Manawa – One of the seats of the emotions; the organic, material heart; and the breath of life; breath as in the breath of breathing, and breath as in the life-force which originates in the Supreme Being, Io (Best 1922: 46-48). Commonly used today to refer to the heart.

Māori – The indigenous people of New Zealand.

Māoritanga – An idealized conception of Māori culture.

Matakite – Seer.

Matariki – Māori New Year, which falls in late June.

Māte Māori – A cause of ill health or uncharacteristic behaviour which stems from an infringement of tapu (a tribal law) or the infliction of an indirect punishment by an outsider [otherwise known as] a maakutu (Durie 2001: 24).

Matua – Father.

Maunga – Mountain.

Mauri – A unique living force. A life force.

Mauri Ora – A force that generates life, vitality, and health (Durie 2001: x).

Mihi – Introduction.

Mirimiri – Deep tissue massage

Nga - plural

Nga Ringa Whakahaere o Te Iwi Māori – The national board of Māori healers.

Ngakau – Mind heart. Commonly used today to refer to the heart.

Noa – Not sacred. Free from restriction.

Ora – Wellbeing or health, or just being alive.

Oranga – Restore to health, comfort, welfare or wellbeing.

Paa mamae – Stricken with pain.

Pākehā – Foreigner, especially New Zealanders of European descent.

Papakainga – Village.

Papatuanuku – The Earth mother deity.

Pito – a point between the stomach and solar-plexus

Tapu – sacred.

Rangatiratanga – Chieftainship.

Rangi – The Sky Father deity.

Reo – Voice, language.

Ringatu – A Māori religion.

Romiromi – A variety of deep tissue massage.

Rongoā – *Rongoā* is commonly used to refer to traditional Māori healing. *Rongoā* in the narrow sense of the word means Māori herbal medicines. When I use *Rongoā* to refer to Māori healing in general I use an upper case R and when I use *rongoā* to refer to Māori herbal medicines I use a lower case r.

Taha – side.

Takutaku – An invocation of spiritual power.

Tane – God of the Forests. Man, as in male.

Tangata – Person, or people.

Taonga – Treasure.

Tapu – Sacred.

Te ao Māori – The world of Māori.

Te ao Marama – The world, or era, of light.

Te korekore – The void.

Te kowhao – The abyss.

Te Po – The night.

Te Puni Kokiri – The Ministry of government concerned with Māori Affairs.

Te Wananga o Raukawa – A tertiary education institution.

Te whare tapa wha – A Māori model of health (Durie 1985).

Te wheke – A Māori model of health (Pere 1991)

Tikanga - The set of beliefs associated with practices and procedures to be followed in conducting the affairs of a group or an individual (Mead 2003: 12).

Tinana – The human body.

Tohunga – Spiritual leader and expert healer.

Tipuna – Ancestors

Turangawaewae – Standing place.

Urupā – Burial ground.

Wahi tapu – Sacred place.

Waiata – Song.

Wairua – Spirit

Waitangi – The place where the Treaty of Waitangi was signed.

Wānanga – Māori education institution for higher education

Whakamā – Deeply felt shyness and/or shame (Metge 1995).

Whakapapa – Genealogy.

Whakatauki – Proverb.

Whānau – Family group.

Whare – House.

Whare wananga – House of learning.

Wharenui – A barge house, usually a meeting house.

Whatumanawa – An embodied means of making sense inspired by the heart, emotions and spiritual inspiration.

Whenua – Land, and placenta.

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