The Past, Present and Future of Traditional Indigenous Healing: What was, is, and will be, Rongoā Māori

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Ngāpuhi, Ngāti Hine

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ABSTRACT

Aim

In pre-colonial Aotearoa/New Zealand, traditional Māori health systems (rongoā Māori) maintained the health and well-being of Māori communities. However, colonisation marginalised the practice of rongoā Māori and forcibly imposed reliance on Western health systems. Māori and Indigenous peoples suffer widespread ongoing health inequities, and maintain a preference for rongoā, and there is potential for the revitalisation of rongoā to contribute to improving Māori health outcomes. This project aims to investigate ways to renormalise whānau access to and use of rongoā Māori in everyday life. Based within Ngāti Whātua ō Ōrākei (in central Auckland), the research takes into account broad structural, political and historical mechanisms of influence. Project objectives include:

1. Describe whānau (family) attitudes and behaviours towards rongoā Māori
    a. Describe past, present and future aspirations for use of rongoā
    b. Identify barriers to and facilitators of Māori use of rongoā in everyday life
2. Explore the potential for innovative solutions to renormalise rongoā Māori.

Methods

This is a qualitative Kaupapa Māori research project. Marae-based whānau workshops and focus groups were held with Ngāti Whātua ō Ōrākei whānau, Māori health providers and Māori whānau. Eighteen Key Informants, with expertise in rongoā, Māori health, Mātauranga Māori (Māori knowledge), and/or Ngāti Whātua ō Ōrākei were interviewed. Thematic analysis using critical discourse analysis foregrounded Māori world views and realities.

Findings

Rongoā Māori is fundamentally underpinned by Māori world views, Mātauranga Māori and whakapapa (relational) connections to Te Ao Māori. A lack of systemic support for rongoā, coupled with prioritisation of Western medicine, is detrimental to rongoā survival. Multiple challenges to rongoā revitalisation include: unsustainable whānau realities; disconnection from Te Ao Māori; threats to rongoā credibility; risk of mātauranga appropriation, preventing knowledge transfer; lack of systemic support; and health system denial of wairua experiences. Whānau aspirations for rongoā embrace new technologies supporting creative potential. Rongoā renormalisation requires decolonising our understanding of what rongoā 'was' and 'is' so that we can realise what we want it to 'be'.

Conclusions

Rongoā Māori was what it was, is what it is, and will be what whānau self-determine it will be.

KARAKIA

E kau ki te tai e, e kau ki te tai e,

E kau rā, e Tāne.

Wāhia atu rā te ngaru hukahuka ō Marereiao

Pikitia atu te aurere kura ō Taotao-rangi.

Tapatapa ruru ana te kakau ō te hoe,

E auheke ana, e tara tutu ana te huka ō Tangaroa

I te puhi whatukura, i te puhi mareikura ō taku waka.

Ka titiro iho au ki te pae o uta, ki te pae ō waho.

Piki tū rangi ana te kakau ō te hoe;

Kumea te uru ō taku waka

Ki runga ki te kiri waiwai ō Papatūānuku E takoto mai nei;

Ki runga ki te uru tapu nui ō Tāne E tū mai nei.

Whatiwhati rua ana te hoe a Pou-poto,

Tau ake ki te hoe nā Kura, he ariki whatu manawa.

Tō manawa, e Kura, ki taku manawa;

Ka irihia, ka irihia ki Wai-ō-nuku,

Ka irihia, ka irihia ki Wai-ō-rangi,

Ka whiti au ki te wheiao, ki te ao mārama.

Tupu kerekere, tupu wanawana

Ka hara mai te toki

Haumi ē, Hui ē, Tāiki ē!

HE MIHI

Tuatahi me mihi ki ngā tūpuna, ki ngā Atua katoa. Ki ā Ranginui rāua ko Papatūānuku me ō kōrua tamariki mokopuna ō Te Ao Māori, tēnā koutou. Ki ngā hunga mate, ki āku tūpuna, ki ngā rangatira ō tēnei kaupapa, Ko Melissa rāua ko Mary-Shan, haere, haere, haere atu rā. Haere ki te kāinga tūturu mō tātau te tangata. Ka tae atu ki e taumata, whakatau mai rā e. Mau ana taku aroha, whai atu ki ngā whetu. Rere tō tika, rere pai, rere runga rawa rā e. Huri noa ki ngā hunga ora, ki ngā iwi ō ngā hau e whā, tēnā koutou, tēnā koutou, tēnā tātou katoa.

I te taha o tōku matua tūpuna
Ko Ngātokimatawhaorua te waka
Ko Nukutawhiti te Kaihautu
Ko Hokianga nui a Kupe te moana
Ko Te Ramaroa te maunga
Ko Tūwhātero te wairere
Ko Whirinaki te awa
Ko Whirinaki te whenua
Ko Te Hikutu te Hapū
Ko Mātai Aranui te marae
Nō te whānau Wikaira ahau

I te taha o tōku tūpuna whaea
Ko Ngāpuhi te Iwi
Ko Mōtatau te Maunga
Ko Taumarere te Awa
Ko Hineāmaru te tupuna
Ko Ngāti Hine te Hapū
Ko Mōtatau te Marae
Nō te whānau Hoterene ahau
Ko Erena Wikaire ahau
Tihei Mauri ora!

Kupe

Matiu

Mākaro

Maeawaaro

Māhu

Nukutawhiti

Ngarunui

Ngaruroa

Ngarupaewhenua

Te Hikuiti

Taura

Taura i te pō

Tauramoko

Rahiri

Rahiri = Whakaruru

Kaharau = Houtaringa

Taurapoho = Ihenga paraoa

Tupoto = Tawake iti

Kairewa = Waimirirangi

Waetahi = Kauae

Ngina = Ngā motu

Te Hauangiangi = Karearikí

Pehiriri = Parangia

Haimana Tui = Merepeka Wairuaiti

Wikaira Tui = Maraea Irimana

Pera Wikaira = Ani Retimana

Rahiri = Ahuaiti

Uenuku = Karearikí

Hauhaua = Torongare

Hineāmaru = Koperu

Whe = Kete Ngako

Wharerua = Moeahu

Te Tawai - Hunara

Kawiti = Te Tiwha (2nd wife)

Tuahine = Moriki Shortland (Capt Thomas)

Hoterene = Tepara Ereatara

Takiwa Hoterene = Ngaronoa Mete Kake

Lu Taiwhanga Hoterene = Te Kiritapu Wynyard

Hohepa Wikaire (Poppa Bart) = Arihi (Alice) Hoterene

Stephen Wikaire = Margaret Wikaire

Erena Wikaire = Hugh Toni Mackey

Kayla Wikaire-Mackey

DEDICATION

Melissa Wikaire

Mere Paea (Mary-Shan) Tipene

Two wāhine pūrotu who kickstarted the aim to bring back the gift that is rongoā

Hinemoko Maria Wikaire

Mum (Margaret) and Dad (Stephen) Wikaire

Ngā wai e rua

My big baby Kayla Kiritapu Wikaire-Mackey

This thesis is dedicated to our tūpuna (ancestors) of past, present and future. The work carried out within this PhD aims to both contribute to fulfilling the aspirations of our tūpuna, and to ensuring the protection and survival of our mokopuna (next generations). My vision is to see our mokopuna and their mokopunas' mokopuna healthy and well as Māori, as Ngāti Whātua, as Ngāti Hine, as living descendants of our tūpuna who did the same for us – with all the power and privilege we, as tangata whenua, have always had. Freedom to be.

Kua tawhiti kē tō haerenga mai, kia kore e haere tonu.

He tino nui rawa ōū mahi, kia kore e mahi nui tonu.

(You have come too far not to go further.

You have done too much not to do more.)

Tā Himi Hemare, 1989.

PREFACE

The challenge faced by Māori PhD students lies in the act of completing a PhD itself. Kaupapa Māori and tertiary education operate in their own space of contention amidst the complex broad context that is a Māori PhD student completing the set requirements to gain a tohu (qualification). In particular, contention lies in the action of sourcing knowledge and information and synthesising this information in a clear argument, and then writing and presenting this back through a PhD thesis. Whilst acknowledgement of references and sources used happens through citation, the presentation of the name of the PhD student on the Title Page of the thesis itself lays claim to somewhat be presenting one's own ideas and knowledge as a product of the PhD and research process – as planned. However, the listing of one's individual name on the manuscript inevitably implies an element of 'claim' by that individual. Hence, writers often outline and describe how the research process is driven by Kaupapa Māori, and that an essential element of the complex nature of Kaupapa Māori is to operate as a collective, to pursue activities as, and for, the collective. Acknowledgement of those who contributed to such works is commonly made and generally includes the supervisors, research participants, friends, and family who have supported the student throughout their PhD journey. In addition, university requirements stipulate that the work presented must be that of the student.

In the context of this thesis, the completion and production of this Kaupapa Māori work has, by definition, necessitated the contribution and consciousness not of me (the PhD student) as an individual, but us as a collective. And by 'us', I mean the collective contribution made by those referenced as well as those not referenced; those who guided and supported this process, but also those who were open to discussion and not only encouraged my thinking but also shared their own ideas, theories and experiences, whether through ethically approved interviews or chats over cups of tea in random places. And in particular, those who have paved the way for people like us – our tūpuna of generations past, all the way back to our beginnings. And so, as the PhD student with my individual name on the front of this thesis, I wish to state that this work is not of my own individual creation but is simply the product of the collective consciousness of us.

ACKNOWLEDGEMENTS

Firstly, I want to acknowledge Aunty Atawhai Teneti, the Atawhai Ora ki Ōrākei rongoā Steering Committee of past and present. To Aunty, for opening your doors and your heart to our Melissa and sharing your knowledge and love with her. For inspiring her to establish Atawhai Orā ki Ōrākei and set plans in motion to bring back the gift of rongoā. To Steering Group members: Pene Paraone; Lindy Lely; Marion Wikaire; Neil James; Nadia Cooper; Te Whiu Isaac; Raelene and Nick; Rene Hawke; Tarati Blair; Tūpara Morrison; Jamie Sinclair; Dean Kelly; Whai Maia Ltd and other Ngāti Whātua whānau who have supported this kaupapa – nei rā te mihi maioha ki a koutou kia whawhai tōnu i raro i te maru ō tēnei kaupapa. To those who participated in this research through Key Informant interviews, Ōrākei whānau marae-based workshops, and MAI and NHC focus groups. You have gifted your time, knowledge, insights and aspirations to me, and to your whānau, hapū, iwi, through this research. You have provided the sustenance of this thesis and brought life to the next stage of rongoā revitalisation. In appreciation, I only hope that I have shared your thoughts and told your stories as you imagined.

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To the real MVPs – my Māori and Indigenous PhD and postdoctoral network peers, who come in the form of the MAI student Doctoral Support Network, Te Fale Pouāwhina, MAPAS and the Tōmaiora New and Emerging Researcher Group. In particular, Hana Burgess, Ash Gillon, Julie Winter, Dr Hinekura Smith, Tia Reihana, Jodi Porter, Aimee Matiu, Joni Gordon, Cadence Kaumoana, Josh Cubillo, Todd Fernando, Warwick Pagdham, Kiri McGruer, Lorraine Hetaraka-Stevens, Sonia Te Pani, and Jamie-Lee Rihari. Thank you for holding it down and sharing the journey with me. Thank you for asking for advice, and being endless sources of encouragement, wisdom, insight, realism, laughter and inspiration. To Dr Rachel Brown – thank you for gifting me your friendship,

for I have never known someone so loyal, so caring, so generous and insightful. Thank you for making sure we both reached the end of our PhD journeys in one piece. Thank you for bringing me coffee and food and checking in. Thank you for listening, talking, theorising, and Mana-Maxing my wairua.

To the many advisors and Māori and Indigenous peers who have supported me throughout this project. In particular Dr Bridgette Masters-Awatere, Dr Mohi Rua, Dr Jordan Waiti, Emeritus Professor Khyla Russell, Dr Mihi Ratima, Dr Emma Wyeth, Ngaropi Cameron, Cherie Waititi, Donna Kerridge, Prof. Shaun Ewen, Teresa Wall, Dr Helen Lenihan, Dr Amohia Boulton, Annabel Ahuriri-Driscoll, AP Maui Hudson and Dr Glenis Mark – I want to thank you for giving of your ongoing support, wisdom and insights. To Graham Tipene – thank you for being both a pillar of strength and the sounding board of doom. To Professor Meihana Durie – thank you for your support and encouragement at every turn, in particular regarding mātauranga Māori. Thanks also to Papatuanuku Nahi and Ken Kerehoma for your advice in the early stages of this research. Thank you to Adrienne Charlton from AM Publishing NZ for Third Party editing in the final stages.

My thanks and acknowledgement for support received from the Health Research Council of New Zealand, Rose Hellaby Scholarships Board, The University of Auckland, Te Rūnanga ā Iwi ō Ngāpuhi, and other support organisations. Special mention to all my friends, in particular from Touch and Crossfit, who have supported me throughout this PhD journey. To Willy Mo, for showing me that the struggle really is real. To the Cook whānau, Boyd Broughton and Rawiri Bhana, for your endless encouragement and belief in me. Ngā mihi. To Neil James, thank you for asking me to help and helping me to help. I never thought we would end up here, but I wouldn't change a thing. To my Wikaire and Blundell whānau, thank you for believing in me and providing me with all of the tools and support I needed. To my mum Margaret and dad Stephen – thank you for the gift of life. Thank you for working all your lives to be the best parents you could be. Thank you for teaching us to be open to the opportunities and gifts that life has to offer. Thank you for making the decision to raise us 'up home' and teaching us who we are and where we come from. To my sisters Raumati and Maraia, and my brother Riki – thank you for always being there. To my daughter Kayla – thank you for understanding me and giving up your time with me so that I can do what I need to do. I am prouder of you than you will ever know. Ki ā koutou ngā kaitiaki, ngā rangatira, ngā kaimahi, nei rā te mihi atu ki a koutou.

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GLOSSARY[1]

Atua	Domain protectors/ancestors (often representing the natural environment)
Hapū	Sub-tribe
Hauora	Holistic health and well-being
Hinengaro	Psychological/emotional
Iwi	Large tribal grouping
Kaitiakitanga	Role of protection/caregiving
Karakia	Incantation
Kāranga	Female 'high-pitched call' that weaves together past, present and future
Kaupapa	Ground rules/principles. Central purpose, initiative, issue
Kawa	Strict customary protocol/process of ritual/ceremony
Kūmarahou	Type of native plant used for treating respiratory problems
Mana	Spiritual authority/power
Mana whenua	Those with territorial rights/authority over land
Matakite	Psychic abilities or person (e.g. clairvoyance)
Mātauranga Māori	Body of knowledge originating from Māori ancestors including the Māori world view/perspectives, Māori creativity and cultural practices
Mauri	Life force/energy which generates, regenerates and upholds creation. Holds the fabric of the universe together
Mokopuna	Grandchildren, generational descendants
Ngāhere	Forest
Pākehā	European/Western/non-Māori
Papakāinga	Homestead/place of belonging/ancestral geographical place
Papatūānuku	Earth mother and primordial female parent/element
Rangatiratanga	Chieftainship, authority, right to exercise authority, chiefly autonomy, chiefly authority
Ranginui	'Sky father', primordial male parent/element
Rongoā	Customary Māori health system (Indigenous medicine and treatment)
Tamariki	Children
Tangata whenua	People of the land/Indigenous peoples/local people
Tapu	Sacred/dedicated to a particular deity/purpose
Taonga	Valuable tangible and intangible treasures/possessions/artefacts/knowledge
Tikanga/Tika (Pono)	Custom/method/plan/protocol, right way of doing based on customary values

[1] (Hibbs, 2006; Marsden, 2003; Ministry of Justice, 2001)

Tino rangatiratanga	the fullest expression of rangatiratanga, autonomy, self-determination, sovereignty, self-government
Tohu	Sign, manifestation (usually in the natural world)
Tohunga	One with expert wisdom in reading 'tohu'. Representative agent of atua operations
Tūpuna	Ancestors
Tūrangawaewae	Ancestral lands
Ūkaipō	Spiritual, emotional and physical nourishment given through the comfort and intimate relationship between land and people (mother and child)
Wai	Water. The medium by which emotions of our ancient parents (Rangi/Papa) is shared
Waiata	Songs/music/vibration
Wairua	Two waters, two lines of descent. Spiritual energy/tūpuna/human ancestors
Wānanga	To meet/discuss/deliberate
Whakapapa	Relational connection between all things
Whānau	Extended family
Whenua	Land
World view	Central systematisation/cultural patterns and perceptions of reality

Research topic

This thesis presents research focused on renormalising, revitalising and sustaining traditional Indigenous (Māori) healing practices in Aotearoa/New Zealand. A Kaupapa Māori qualitative exploration of factors that impact on Māori whānau (family) participation in traditional Māori healing practices (rongoā Māori) in everyday life is presented. A focus on whānau understandings of rongoā in the past and present is taken in order to inform our aspirations for the future of rongoā. Grounded within the local context of Ngāti Whātua ō Ōrākei (iwi of central Auckland, New Zealand), the research takes into account broad regional, national and international structural, political and historical mechanisms of influence.

Researcher perspective

I was raised in the Bay of Islands, Northland, New Zealand. In the 1950s, my grandparents had moved to Auckland city in the hopes of providing a 'better future' for our whānau. When I was three, my parents moved our whānau back up north. The rest of our wider whānau stayed in Auckland and we travelled up and down regularly. My dad worked for the Department of Conservation and exposed me to the protection of the natural environment as well as iwi liaison. Bush walks and boat rides were our normal. My dad was raised to look after the whānau, the hapū, the iwi, the marae. He instilled in me the values of generosity, of kindness, love and laughter. He taught me to explore and take care of Papatūānuku and to live off the land. My dad is a great storyteller; he has fought for what is right and searched for knowledge and information to pass on to us. He has voiced the value of wairua, of whakapapa, of histories ugly and beautiful. He has taught us that wairua, tūpuna and atua are a part of our everyday every day. My mum is Pākehā (New Zealand European) and loves to learn about all things Māori. She is well known for not returning library books, and she was the only female in her time studying engineering and Māori studies at Auckland University. She was born and raised in Nelson, New Zealand. Her parents Doreen Blundell (née Tait) and Douglas Rawiri Blundell brought their kids to Auckland for 'better' education and opportunities. Their parents and grandparents migrated to New Zealand from the Shetland Islands, Scotland, and England. They were entrepreneurs and business people. My mum was raised to ensure that the family always strived for success educationally and economically. She has devoted her life to raising her children and providing every opportunity she could afford for them. My mum instilled in us the values of hard work, making the most out of what you have, creativity, laughter, learning and motivation for achievement.

Inherited from my great-grandfather Pera Wikaire, Kahu Kupara, our whānau land in Waikare, Northland, is a special place. Relatively untouched for 40 years, the 75-acre block is covered with native bush and backs onto the Russell State Forest. The rivers that run through it are crystal clear and cold, and we are the first to have access to that water. Part of Kahu Kupara is tapu (sacred) and two kaitiaki dogs (spiritual guardians) live there.

My nan was always in the garden, she bathed her arthritis in rongoā and told stories of those who had passed on coming to visit her in her dreams. Those dogs came to visit her in her dreams, too. She carried around this bottle of brown liquid. My dad warned me not to drink it. She called it kūmarahou, and my dad said it tasted disgusting! In 2008, that my nan passed away. Her passing changed our whānau. She had lung cancer. We had to learn what that was, what chemo was, how we deal with that, how to look after her at home and what morphine does. Our whānau struggled at the end, in that time. We didn't know what to do and what not to do. I witnessed first-hand the impacts of Māori health statistics on my whānau through health concerns such as cancer, cardiovascular disease, diabetes, mental illness and suicide. I studied physiotherapy at Auckland University of Technology and within the entire four-year programme, we received three hours of Māori curriculum. As a Māori physiotherapist, I was forced to negotiate conflicts between physiotherapy practice and tikanga Māori. Being asked to work as a physiotherapist (with patients and their physical bodies) within a tapu (kitchen – area reserved for food) environment was not good for me. Physiotherapy training does not prepare you for providing 'treatment' to Māori patients, particularly when spiritual elements start to present themselves. These experiences provided a number of learnings for me: understanding the importance of protecting the environment; normalising Māori healing and spiritual experiences ('tohu'); the unfair and unjust health inequities and experiences of Māori families; and frustration with the failure of the New Zealand health system to provide culturally safe and appropriate healthcare.

This research and the researcher are clearly positioned from a Kaupapa Māori perspective. This is partly about taking up a responsibility to older and past Māori generations, to continue their aspirations of resisting colonisation and reclaim Māori sovereignty. It is also about looking forward, building on past aspirations to create new Māori aspirations and move towards realising our creative potential. Kaupapa Māori is an important theoretical position from which to carry out research and practice. Since 2005, I have worked in Māori and Indigenous health research as a pathway to contribute to addressing Māori health needs and Indigenous health inequities. A key focus of this research has been Indigenous Health Workforce development (recruitment and retention of Indigenous health professionals) as a key element in achieving health equity. Whilst this work is important, a critical analysis shows that the current institution for increasing Māori and Indigenous health professionals (e.g. medical doctors, nurses) remains overwhelmingly entrenched in Western European theoretical frameworks of health (Wikaire & Ratima, 2011). This is problematic, given that Māori students wishing to pursue careers through which they can contribute to whānau well-being are funnelled into Western medical professions, with minimal options to pursue careers in traditional Indigenous healing. This research project acknowledges that traditional Indigenous healing practices (rongoā Māori) are underpinned by uniquely Indigenous theoretical perspectives, and hence, seeks to explore the potential of rongoā Māori as an Indigenous healing system in meeting current and future Māori health needs.

Melissa's story

Melissa Anne Wikaire was the oldest of my generation, the first mokopuna. She held our whānau together, she was Nan's hui hopper, and she was our rock of support and advice. What we didn't realise was that Melissa helped to pave the way for Māori film and television in Aotearoa. She played a key role in the establishment of Ngā Aho Whakaari (Māori in Screen Production) and in later years worked as a commissioner at Māori Television. In 2011, Melissa was diagnosed with ovarian cancer, and, alongside chemotherapy, Melissa sought the help of Atawhai Teneti (a traditional Māori rongoā healer from Ngāti Whātua ō Ōrākei).

> "As a whānau, we had wanted to approach Atawhai from the start, but understood she had 'retired'. But when my first tōhunga moved with whānau to Australia halfway through my treatment, we decided to knock on Atawhai's door and talk with her. It was an enlightening experience for us all. Now I truly know things happen when they are meant to. It is the whole journey of rongoā that is healing, from the karakia, kōrero, gathering, harvesting, preparing and understanding. The drinking of it is another matter. My dream is for Atawhai Ora ki Ōrākei to become a reality so that sick people and their whānau can have access to the gift that is rongoā. I understand completely now how in a day everything can change, and that it is needed now. For those who are well, it is also a gift of knowledge to be preserved and carried into the future. Everyone, young and old, can benefit and learn from rongoā in some way. It is our connection to the whenua, our connection to the past and the future" (Melissa Wikaire, 2013).

Atawhai Teneti is a tōhunga rongoā (Māori healer), from Ngāti Whātua ō Ōrākei (central Auckland), where Melissa lived with her husband Neil. Melissa also saw Atawhai's struggles to offer healing without funding or resources. As was her nature, Melissa set about organising the whānau, hapū and iwi to re-establish a rongoā clinic for Ngāti Whātua ki Ōrākei. Alongside Atawhai, Pene Paraone (rongoā harvester) and Lindy Leli, Melissa set up a steering committee (*Atawhai Ora ki Ōrākei*), organised planning hui, and developed a PATH (Planning Alternative Tomorrows with Hope) plan (Appendix A) and a business plan for a rongoā clinic in Ōrākei. Having built her home in Ōrākei, Melissa worked tirelessly promoting and revitalising rongoā Māori for Ngāti Whātua. In 2013, Melissa's health deteriorated again, and on 7 May 2013 she passed away aged 42, leaving behind two beautiful boys. Moe mai rā e te tuāhine. Moe mai, moe mai, moe mai rā.

In her last few months with us, Melissa worked with Aunty Atawhai most days. Aunty Marion, of course, was there every step of the way, Neil did everything he could, and Manaia and Waka … well … they are her sons. Of course, there was a LOT of food, and laughter, and tears. We knew it was coming. Our two kaitiaki dogs appeared in our dreams. Depending on which dog you see and their behaviour when you see them, there is an interpretation around what is about to happen. To me, it is a preparation, a 'tohu', a sign of something to come.

About a week before Melissa passed away, I dreamt of that black dog. I called Dad and told him. He knew what it meant. My younger sister told us the tīrairaka (fantail birds) had been coming inside a lot lately. We knew what that meant, too. When she passed away, we agreed to gift our girl to Ōrākei, to Ngāti Whātua, to those who had given her (and us) a home. After Melissa's passing, I was asked to see if she could contribute to realising the Atawhai Ora ki Ōrākei plans, and have been a part of the Atawhai Ora ki Ōrākei rongoā steering committee for Ngāti Whātua since 2013.

Figure 1: Tumutumuwhenua. Ngāti Whātua ō Ōrākei ancestral meeting house

Research rationale

This section provides a broad rationale for this research project. The importance of Indigenous peoples' health internationally is introduced. A brief overview of inequities in health between Māori and non-Māori is presented, that foregrounds priority health areas of Māori. Information about Māori engagement with the health system is provided, that shows high levels of unmet need and avoidable hospitalisation and mortality. Māori and Indigenous health inequities are a breach of Indigenous peoples' rights and, in this context, a review of relevant policy documentation is presented that prioritises Māori health equity. A discussion of reasons for health inequities will be introduced and linked to health initiatives. Rationale for exploration of the potential of traditional Indigenous healing systems to contribute to health equity goals is discussed. Note that references to Māori throughout this thesis will use inclusive terms such as 'our', 'ours', 'we', and 'us' in acknowledgment of the researcher belonging to this group. Use of inclusive terms when referring to Māori (or Indigenous peoples)

is a deliberate resistance to the majority of Western literature that uses 'othering' terms such as 'they', 'them', which further marginalises Indigenous peoples and positions non-Indigenous peoples at the centre of inquiry.

The state of Māori health

Indigenous peoples around the world experience the highest health need, mortality and morbidity of all peoples (Anderson et al., 2016). The World Health Organisation report, *World Health Statistics 2017: Monitoring health for the SDGs* for its 194 member states, presents global health data for approximately 7.3 billion people worldwide. Data from 23 countries was collated to describe the health and social status of Indigenous and tribal peoples relative to benchmark populations from a sample of countries. Poorer health outcomes were documented for Indigenous peoples for life expectancy at birth, infant mortality rate, maternal mortality, child malnutrition, child obesity, adult obesity, educational attainment and economic status (Anderson et al., 2016). In New Zealand, Māori (the Indigenous people) experience significant ongoing health inequities when compared to non-Māori (Ministry of Health, 2015; Robson & Harris, 2007; Waitangi Tribunal, 2019) and experience higher mortality and morbidity rates than non-Māori across most major health problems (Robson & Harris, 2007; Waitangi Tribunal, 2019). For example, in 2013, Māori male life expectancy (73.0 years) was 7.3 years less than that of non-Māori males (80.3 years), and Māori female life expectancy (77.1 years) was 6.8 years less than that of non-Māori females (83.9 years) (Ministry of Health, 2015). In 2002, after standardisation for age and sex, mortality rates for Māori were twice that of non-Māori overall, and death rates from disease were higher for Māori for the top six leading causes of death (Cormack, 2007). Health inequities between Māori and non-Māori populations, as with Indigenous and non-Indigenous peoples, are widespread, multilevel and are demonstrated across a wide range of health conditions (Blakely, Ajwani, Robson, Tobias, & Bonne, 2004; Waitangi Tribunal, 2019).

Inequities between Māori and non-Māori are also seen in broad social, cultural, political and economic determinants on health (Marmot, 2005; Ministry of Health, 2018). We know Indigenous groups internationally experience disproportionately higher rates of poverty, lower socioeconomic status and low rates of education and employment (Anderson et al., 2016). What information is available for Māori shows that Māori have: higher rates of unemployment (13.7% for Māori compared to 4.7% for non-Māori in 2011); lower rates of school completion at Level 2 NCEA or higher (43.4% for Māori compared to 63.7% for non-Māori); higher rates of exposure to experiences of racial discrimination (Harris et al., 2012); are five times more likely to be homeless compared to Europeans (Amore, 2013); and are more likely to live in areas of high deprivation (e.g. 24% Māori compared to 7% non-Māori living in New Zealand Index of Deprivation decile 10 (most deprived areas) in 2006) (Ministry of Health, 2015). Mental health and addiction are particularly concerning areas of priority for Māori. New Zealand suicide rates are the highest in the OECD, with 20,000 suicide attempts annually and 545 people dying by suicide in 2015 (Paterson et al., 2018). The Māori suicide rate of 23.72 per 100,000 (compared to 13.94 per 100,000 for European) for 2018 was the highest since records began (Ministry of Justice, 2018). Of note are

the significantly higher rates of mental health indicators such as: higher rates of 'poor self-rated health' for Māori females vs non-Māori females (RR = 2.47, 1.79 – 3.4); bipolar disorder rates 3.51 times higher for Māori males vs non-Māori males (1.89 – 6.52); autism spectrum disorder rates for Māori girls twice as high as non-Māori girls (RR = 2.17, 1.16 – 5.59); and Māori boys 2.31 times more likely to present with ADHD compared to non-Māori boys (0.29 – 18.5) (Ministry of Health, 2017).

Linked to a high prevalence of ischaemic heart disease, cancer, obesity and diabetes, a key focus for some time has been on reducing Māori rates of 'health risk behaviours' such as smoking (17.3% for Māori, 4.4% non-Māori), and having a less nutritious diet compared to non-Māori (Ministry of Social Development, 2010) (Ministry of Health, 2010b, 2012a). However, prioritisation of recent health trends shows that high rates of Māori substance use, including drugs and alcohol is alarming. The 2016 New Zealand Health Survey included measures of 'health risk behaviours' and revealed further disparities between Māori and non-Māori. The most significant difference between Māori and non-Māori adult females (of all health indicators) was the use of (meth) amphetamines, with Māori females being nearly six times more likely to report amphetamine use when compared to non-Māori females (RR = 5.92, 2.77 – 12.67). Similarly, Māori female substance use was nearly four times higher for daily smoking (RR = 3.7, 3.2 – 4.27), over three times higher for current smokers (RR = 3.43, 3.01 – 3.91) and cannabis use (RR = 3.01, 0.41 – 21.92) and more than two times higher for hazardous drinking (RR = 2.32, 1.94 – 2.76). Similarly, Māori males reported higher rates of amphetamine use when compared to non-Māori males (RR = 2.31, 1.27 – 4.18) and were twice as likely as non-Māori to be daily smokers (RR = 2.1, 1.84 – 2.44) (Ministry of Health, 2017). The health data presented here demonstrates widespread inequities in health outcomes, health risk factors and the broader determinants of health for Māori and Indigenous peoples (Blakely et al., 2004; Gracey & King, 2009; Waitangi Tribunal, 2019). Data trends over the past few decades show that health inequities between Indigenous and non-Indigenous peoples are ongoing and in some instances increasing (Anderson et al., 2016; Robson & Harris, 2007; Waitangi Tribunal, 2019). However, Māori and Indigenous peoples have not always experienced the significant health needs demonstrated here (Durie, 2004b).

Throughout history, generations of Indigenous peoples internationally developed complex Indigenous knowledge systems that provide the theoretical world views and belief systems through which Indigenous peoples understand reality (Walters et al., 2018). Indigenous knowledge provides the framework for Indigenous ways of knowing, being and doing, including informing ways of life that ensure health and well-being (Martin & Mirraboopa, 2003; Walters et al., 2018). In Aotearoa/New Zealand, prior to European arrival, Māori had developed traditional healing systems (rongoā Māori) that promoted and maintained the health and well-being of Māori communities (Durie, 2004b; O'Connor, 2007; Reinfeld, Pihama, & Cameron, 2015). Traditional Indigenous healing has been described as: "The sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses" (World Health Organisation, 2019).

Traditional Māori health systems were developed using a distinctly Indigenous world view and were understood via Indigenous knowledge systems (e.g. Mātauranga Māori) (Johnson-Jennings, Walters, & Little, 2018; Mark, 2012). These health systems were complex, informed by traditional methods of research and development and passed on through generations (Anderson, Binney, & Harris, 2014). In 1769, Cook concluded that Māori were a healthy 'race' (Durie, 2004b). Early European explorers recorded Māori general good health, lack of disease and illness, physical strength and well-being, and ways of living that were mutually beneficial to sustaining and enhancing the natural environment (Anderson et al., 2014).

Colonisation

In the 1700s and early 1800s, foreign settlers from Europe and other parts of the world began arriving in Aotearoa. Internationally, many Indigenous peoples and their ancestral lands were colonised by European/British settlers. Colonisation by Europe includes an ongoing process of the imposition of Western idealism, epistemicide (eradication of Indigenous knowledge systems) and the marginalisation and destruction of Indigenous ways of knowing, being and doing (Zambas & Wright, 2016). In 1835 and 1840, *He Whakapūtanga ō te Rangatiratanga ō Nu Tireni* (the Declaration of Independence of the United Tribes of New Zealand) and *Te Tiriti o Waitangi* (the Treaty of Waitangi) were signed, respectively, affirming a partnership between Māori chiefs and the Crown (Queen Victoria, the Queen of England) (Anderson et al., 2014; Healy, Huygens, & Murphy, 2012). Te Tiriti guarantees Māori all the rights and privileges of British subjects (including the right to equitable health) and tino rangatiratanga (chieftainship) over all of our whenua, kāinga and taonga (lands, homes and treasures) (Maguire, 1985; Network Waitangi, 2008). Despite Treaty promises of a co-governance partnership, subsequent British-led governments assumed sovereignty in New Zealand and enforced colonial authority over Māori (Consedine & Consedine, 2005). The Crown used the agreement as a means to establish a government and legal system that dispossessed Māori of our lands, rights and taonga (including Māori knowledges) (Anderson et al., 2014). The ensuing colonisation process has systematically imposed forced assimilation to European culture (Consedine & Consedine, 2005).

Historical accounts outlining Te Tiriti, and the impacts of colonisation on Māori, are detailed elsewhere (Waitangi Tribunal, 2019). Despite well-established traditional Māori ways of knowing, being and doing (Pihama, 2001), the arrival of British imperialism brought colonisation that forcefully imposed Western world views and ways of being, privileged 'white' 'races' and marginalised and oppressed Māori knowledge (Borell, Gregory, McCreanor, & Jensen, 2009; Consedine & Consedine, 2005; Pihama, Smith, Taki, & Lee, 2004; Smith, 1996). Racially motivated research 'on' Māori 'by' non-Māori brought overwhelmingly negative impacts for Māori by re-presenting us as the 'savage native', the uncivilised inferior warrior, and the 'other' (McCreanor, 2008; Smith, 1999). Colonialist acts of racism located Māori at the margins of society, forcefully oppressed Māori cultural values and beliefs, and discriminated against Māori knowledge and language (McCreanor, 2008). For example, corporal punishment was enforced on Māori children in schools for speaking Te Reo Māori (Māori language) (Consedine & Consedine,

2005). Colonisation imposed widespread damage on Māori health. As Durie (2004b) describes: British settlers introduced disease epidemics through which Māori suffered large-scale mortalities; Pākehā (European peoples) considered tikanga (Māori custom) to be irrelevant and inappropriate (Consedine & Consedine, 2005); and the ensuing destruction of Māori social structures and public health laws resulted in widespread disease and infection. Perhaps most devastating of all was the continuing Māori mortality and morbidity suffered as a consequence of Māori dislocation and dispossession of land and identity. The broad health consequences of colonisation resulted in mass Māori mortality, near extinction, with depopulation reducing Māori numbers to 43,143 by 1901 (Durie, 2004b; Wikaire, 2015).

> "It seems to me a matter of the deepest regret that the wonderful health laws of this ancient [Māori] race – the laws which enabled it to live happily and improve itself vastly during so many thousands of years – should have been so little understood in the past and so thoughtlessly brushed aside as valueless and even harmful" (Rout & Te Rake, 1926).

Devastatingly, with colonisation came the destruction of Māori belief systems that maintained the well-being of Māori communities. Rongoā Māori is one of many core 'traditional' Māori knowledge elements that suffered a huge decline in knowledge retention, translation and use, through Treaty of Waitangi breaches such as the Tohunga Suppression Act (1907) (Durie, 2004b; Network Waitangi, 2008). In addition to historical accounts, the current New Zealand context continues to perpetuate the process of colonisation through its systems and structures that were founded on Western imperialism (Consedine & Consedine, 2005). Ongoing colonial domination in Aotearoa has created social infrastructure that privileges white imperialism and produces overwhelmingly negative outcomes for Māori (Borell et al., 2009; Durie, 2004b). Education systems are failing Māori; Māori are overrepresented in justice systems; have higher rates of unemployment, poverty, disability, morbidity and mortality (Ajwani, Blakely, Robson, Tobias, & Bonne, 2003; Education Counts, 2010; Network Waitangi, 2008; Robson & Harris, 2007). In addition, reliance on and use of Western medical practices have been increasingly forced upon Māori and have now become a first (and at times only) resort for addressing health concerns. Essentially, through colonisation, there has been a loss of traditional Māori health practices and knowledge, with a subsequent reliance on Western medicines as the 'first point of contact' for healthcare (Durie, 2004b). What once were socially 'normal' prevention and primary care Māori health practices (rongoā) have now become almost the 'last resort' healthcare options. The production and continuance of inequities in health outcomes, health 'risk factors' and broad determinants of health between Māori and non-Māori are unfair, unjust, and are a breach of Te Tiriti o Waitangi (Māori and the Crown partnership agreement) and of the rights of Māori as Indigenous peoples. They require urgent attention (Waitangi Tribunal, 2019).

Addressing health inequities

Addressing inequities in mortality and morbidity between ethnic groups has been an area of increasing focus in recent decades. Achieving health equity aligns internationally with the United Nations Declaration on the Rights of Indigenous Peoples that supports Indigenous rights to health equity and names governments as accountable to these rights. Specifically, that Indigenous peoples have the right to: "the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security" (United Nations, 2008). The Ministry of Health is responsible for ensuring equitable health outcomes for all New Zealanders. At the policy level, the New Zealand Government's overarching health policy frameworks – *The New Zealand Health Strategy* (Minister of Health, 2016) and the *Māori Health Strategy* 'He Korowai Oranga' (Ministry of Health, 2014a) – identified Māori health development and addressing Māori health disparities as a high priority, and aligns with Indigenous rights for Māori as tangata whenua and Treaty partners in New Zealand (Eketone, 2008; Reid & Robson, 2007). The New Zealand Health Strategy (2016) acknowledges the special relationship between Māori and the Crown under the Treaty of Waitangi; seeks timely and equitable access for all New Zealanders to healthcare; expands narrow definitions of health and well-being; and aims to improve the health status of those currently disadvantaged (Minister of Health, 2016).

Historically, dominant non-Māori discourse around Māori health and health inequity has adopted a victim–blame analysis citing Māori 'cultural' and 'behavioural' factors as possible determinants of disparities between Indigenous and non-Indigenous populations (McCreanor, 2008; McCreanor & Nairn, 2002). However, this type of analysis fails to acknowledge, and avoids consideration of, the influences of colonisation and its Pākehā (European) systems and imperialist notions on Indigenous health outcomes (Cram, McCreanor, Smith, Nairn, & Johnstone, 2006; Reid, Cormack, & Paine, 2019). Drawing on the work of Jones (2001), Reid and Robson (2007) provide an understanding of how colonisation operates via institutionalised ("differential access to opportunities of society by race"), interpersonal ("prejudice and discrimination according to 'race'") and internalised ("acceptance of negative messages about one's own stigmatised race") racism that contributes to health outcomes by determining: differential access to the determinants of health (e.g. education, housing, deprivation); differential access to healthcare; and differences in the quality of care received (p. 6) (Reid & Robson, 2007). Multiple efforts to address Indigenous health inequities have included, for example: 'Closing the gaps' (strategic policy commitment to health equity); social determinants of health (e.g. education, employment); behaviour change (e.g. smoking cessation); epidemiology (exposing health inequities); Indigenous health workforce development; addressing racism; mitigating barriers to accessing healthcare; cultural competence; and implementing Indigenous health and healthcare models (by Indigenous, for Indigenous peoples) (Health Quality & Safety Commission, 2019).

In 2017, the New Zealand Government recorded $99,812 million in total expenses with Health making up the second largest expense ($15,645 million) representing 15.7% of the total crown expenditure (New Zealand Treasury, 2018). Despite overwhelmingly high health need Māori access to and utilisation of healthcare services at primary, secondary and tertiary care levels remains lower than non-Māori. Māori use of primary healthcare providers is lower than non-Māori, with Māori being less likely to have seen a GP in the last 12 months compared to non-Māori (Ministry of Health, 2015). As well, the 2016 New Zealand health survey revealed significantly higher rates of unmet need for healthcare for Māori. For example, Māori female rates of unmet need for GP visits due to lack of transport were 2.74 times higher than non-Māori females (RR = 2.04 – 3.66). Māori males also reported higher unmet need for GPs (RR = 3.04, 1.98 – 4.67) and after-hours care due to lack of transport (RR = 2.49, 1.14 – 5.45), and unfilled prescriptions due to cost (RR = 2.38, 1.76 – 3.21) when compared to non-Māori males (Ministry of Health, 2017). There is also overrepresentation of Māori people's avoidable use of secondary and tertiary healthcare providers. For example, Māori avoidable hospitalisation rates 2012–2014 were over one and a half times higher than non-Māori (RR 1.64, CI 1.63 – 1.66) and avoidable mortality rates[2] for Māori 2004–2006 were 2.4 times higher than for non-Māori (RR 2.39, CI 2.29 – 2.48) (Ministry of Health, 2015).

Māori-led research has aimed to better understand barriers experienced by Māori to accessing and utilising healthcare services, such as experiences of racism, culturally unsafe practices, financial, transport and accommodation barriers, and a lack of cultural concordance (Brown, 2018; Cormack, Robson, Purdie, Ratima, & Brown, 2005; Harris, Cormack, & Stanley, 2013; Harwood, 2012; Ratima, Waetford, & Wikaire, 2006; Reid et al., 2019; Wikaire, 2015; Wikaire & Ratima, 2011). The Ministry of Health have implemented a number of strategies as part of their commitment to addressing Māori health inequities including: Māori health providers (Māori-centred community healthcare providers that are contracted to deliver ministry funded services such as cardiovascular and breast cancer screening, immunisation, mother and baby checks); Whānau Ora (a collective family-driven approach to healthcare and other government support such as 'welfare' assistance, housing and education support); and Māori health workforce development (Māori-specific recruitment and retention initiatives aimed at growing the Māori health professional workforce (e.g. medical doctors, dentists, allied health professionals). Many strategic health interventions aim to ensure health service delivery is targeted towards Māori in culturally appropriate, competent and safe ways (Bevan-Brown, 1998; Brown, 2018; Davis et al., 2006; Papps & Ramsden, 1996; Rigby et al., 2010). Some interventions also aim to increase cultural responsiveness and appropriateness including use of Te Reo Māori, correct pronunciation of Māori names, increasing Māori health workforce capacity, identifying racial bias in health professionals, providing additional funding and subsidies to low-income families, and teaching of culturally safe practices to health professional staff (Health Quality & Safety Commission, 2019; Ministry of Health, 2018; 2014a). Efforts have also been widened to address inequities in the broader determinants of health, such as investment in improving Māori educational attainment, and support for

[2] Amenable/avoidable mortality: Premature deaths (deaths under age 75) that could potentially be avoided, given effective and timely healthcare, Ministry of Health, 2016.

housing, employment, and transport (Brown, 2018; Cormack et al., 2005; Harris, Cormack, et al., 2013; Harwood, 2012). Whilst some improvements have been made (e.g. increasing immunisation rates for Māori) (Ministry of Health, 2018), by and large, inequities experienced by Māori persist, whilst non-Māori health outcomes continue to improve (Waitangi Tribunal, 2019), and Māori remain the population with the highest health need of all ethnic groups.

> "At the 2018 hearings … Director-General Dr Bloomfield stated: … Māori have on average the poorest health status of any ethnic group in New Zealand … This is not acceptable, and the government and the Ministry of Health have made it a key priority to reduce the health inequalities that affect Māori. Despite this 'key priority', set in 2006, the Crown has confirmed … that this situation has not measurably improved" (p. 25) (Waitangi Tribunal, 2019).

The health statistics above demonstrate that the current New Zealand health system (including interventions specifically targeting Māori health) fails to deliver necessary and realistic health outcomes for Māori. Political strategies and interventions, although promising, do not mask an overall lack of urgency, adequate funding and accountable implementation of equity policies by the government and New Zealand health sector (Waitangi Tribunal, 2019). Efforts to address health inequities and Māori health needs predominantly seek to improve access to and through Western healthcare treatments in more culturally appropriate ways (Cormack et al., 2005; Cram, 2014; Ellison-Loschmann & Pearce, 2006; Lee & North, 2013). Whilst somewhat beneficial in enabling Māori access to and use of healthcare services, the majority of healthcare services provided through primary, secondary and tertiary level healthcare in New Zealand remain dominated by Western medical treatments founded on Western biomedical models of health and European world-view paradigms (Kopua, Kopua, & Bracken, 2019). Critical analysis of inequities in health outcomes and the drivers of those health outcomes, from a population health perspective, explain that 'upstream'/*basic causes* (e.g. underpinning philosophies, racism, colonisation) have determining influences on 'downstream'/*social status* and subsequently *surface-level factors* (e.g. access to healthcare, health risk behaviours) that produce health outcomes. A clear lack of strategic intervention has been made at the 'basic causes' level (Bharmal, Derose, Felician, & Weden, 2015; World Health Organisation, 2008). Further upstream than 'social determinants', at the level of 'basic causes', there is a requirement to acknowledge and simultaneously relinquish control over the fundamental theoretical beliefs and institutional systems that underpin health (and institutional-level) systems themselves (Williams & Mohammed, 2013).

> "I think there's a lot of well-meaning, well-intentioned people, but that doesn't always translate because you're right, it comes down to those values. You know if you and I are sitting down having a kōrero and you know, manuhiri [guests] turn up at the gate, we know instinctively what to do and we make decisions based on those value sets that we've been raised in. And I met a lot of really good

> people who have been raised differently and they make decisions based on different sets of values and so therefore we end up with that rubbing of knuckles at the point of implementation" (p. 88) (Hector Matthews) (Waitangi Tribunal, 2019).

Critical analysis of New Zealand health system structures shows that Western philosophical beliefs overwhelmingly dominate decision-making and development. Western beliefs clearly perpetuate 'white imperialism' and therefore will inevitably continue to produce health outcomes that privilege 'white' people and disadvantage 'Indigenous' groups (Borell et al., 2009; Consedine & Consedine, 2005). What remains rather invisible is the stark lack of exploration of the potential of Eastern (non-Western)/esoteric (or complementary and alternative) healing systems that are derived from Eastern and Indigenous knowledge, including traditional Māori healing (rongoā Māori) (Levin, 2008). Rather than supporting traditional/customary Māori forms of healing (i.e. rongoā Māori), to date 'by Māori, for Māori' health system efforts to address inequities remain focused on increasing Māori access to and utilisation of Western medicine. Whilst this remains the case, inequities will continue to persist, regardless of support for 'downstream' health interventions.

Elimination of health inequities between Māori and non-Māori requires serious commitment to the Indigenous and Treaty of Waitangi rights of Māori as tangata whenua in Aotearoa (Reid & Robson, 2007). In order for real and meaningful changes to be made in Māori health status, the New Zealand health sector needs to look to uniquely Māori concepts of health, healing, health systems and healthcare. This includes: access to and the revitalisation of our traditional ways of healing; driving health systems from a uniquely Māori world view and removing Western medicine from the centre of enquiry; and accepting and promoting Māori world views, pedagogies, philosophies, theories, beliefs and processes. Māori and Indigenous peoples have a right to access their traditional healing systems (United Nations, 2008). Rongoā Māori is an Indigenous health system that has been routinely outlawed and yet it offers potential ways to address Māori health inequities that are grounded in Mātauranga Māori (Institute of Environmental Science and Research, 2009; Reinfeld & Pihama, 2007). Given the effectiveness of rongoā in precolonial Aotearoa and the health problems experienced by Māori largely reliant on Western medical systems, there is potential for traditional Māori healing (rongoā) to contribute to Māori health gains. In addition, traditional Māori health practice incorporates protection and sustainability of whenua, biodiversity and natural resources (Ministry of Health, 2014b). Exploring the potential of rongoā Māori to contribute to Māori health outcomes is both warranted and necessary, and will provide new information that informs Māori health development.

What information is available indicates: high Māori health need; persistent health inequities; barriers to accessing mainstream healthcare; and preference for 'alternative' and traditional medicines. There are calls for the revitalisation of traditional Māori and Indigenous ways of knowing, being and doing (e.g. Te Reo Māori, whakairo, moko, rāranga) (Smith, 1997), and it is anticipated that rongoā Māori has significant potential to

contribute to Indigenous sovereignty and Māori health gains by reframing healthcare delivery from a traditional Māori health perspective; specifically, reaffirming Māori control over our own health and well-being (Ahuriri-Driscoll, Hudson, Bishara, Milne, & Stewart, 2012; Institute of Environmental Science and Research, 2009; Jones, 2000b; Ministry of Health, 2014b). Revitalising traditional Māori health practices (rongoā) therefore reflects both high health need and an Indigenous rights imperative (Robson & Harris, 2007). The overarching aim of this research seeks to explore how traditional Indigenous healing might be harnessed, revitalised, renormalised, and utilised in innovative ways to empower Indigenous peoples to regain control over their own well-being and thereby improve Indigenous health outcomes. Specifically, this research investigates the potential of traditional Māori healing (rongoā Māori) to contribute to improving Māori health outcomes and meeting current and future Māori health needs.

Aims and objectives

This project aims to investigate ways to renormalise whānau access to and use of rongoā Māori in everyday life. Based within Ngāti Whātua ki Ōrākei (central Auckland), the research takes into account broad structural, political, and historical mechanisms of influence. Project objectives include:

1. Describe whānau attitudes and behaviours towards rongoā Māori
    a. Describe past, present and future aspirations for use of rongoā
    b. Identify barriers to and facilitators of Māori use of rongoā in everyday life
2. Explore the potential for innovative solutions to renormalise rongoā Māori.

Thesis outline

With a broad focus on Indigenous peoples internationally, and Māori as the Indigenous people of New Zealand, Chapter One reveals the extent to which Māori and Indigenous peoples experience widespread health inequities when compared to non-Māori and non-Indigenous peoples. Specifically, Chapter One describes the state of Māori health, Māori utilisation of health services, and Māori health priorities in New Zealand. Relevant broad background information that contextualises the research topic is provided. The impact of colonisation on Māori and Indigenous peoples is explained, and political responsibilities and priorities to address inequities and Māori health needs are discussed. Rationale for exploration of the potential of traditional Indigenous (Māori) healing to contribute to Indigenous health needs is presented that aligns with Treaty of Waitangi obligations, Indigenous rights, and iwi aspirations.

Chapter Two presents the Kaupapa Māori methodological approach taken when conducting this research. This research (and the researcher) is clearly positioned from a Kaupapa Māori perspective. Kaupapa Māori is now a well-established Indigenous research paradigm that affirms Māori rights to conduct research in Māori ways by Māori people for the benefit of Māori. An overview of the development of Kaupapa Māori in institutional spaces

is presented and related to its application within this research. Common Kaupapa Māori principles and their implications in this research context are discussed. The methodological approach to this research is then described as operating via three conceptual interrelated pathways – Māori ways of 1) knowing (mātauranga), 2) being (whakapapa) and, 3) doing (tikanga). Māori ways of knowing, or mātauranga, refer to ancestral Māori knowledge or data/information that stipulates what entities exist in the world (Te Ao Māori) and that constitute Māori realities. Māori ways of being, or whakapapa, refer to the interrelationship, matrix or web of connection of all such entities, as well as location within this matrix. In addition, whakapapa positioning denotes the roles and responsibilities of each entity as defined by matrix location and interrelation. Māori ways of doing, or tikanga, refers to the practical application of roles and responsibilities (what you do and how you do it) as informed by mātauranga and whakapapa.

Chapter Three describes the research methods used throughout this research project. Relevant information was sought from multiple sources to understand the current context for researching the potential of traditional Māori healing (rongoā Māori) in New Zealand, and developing an appropriate research plan that aligned with iwi aspirations. Project development involved a review of available literature, scoping and critique of Māori health data and government structural arrangements for Māori health equity and traditional Māori healing, and planning workshops with iwi elders (kaumātua and steering committee members). As part of an overarching long-term plan for rongoā in Ngāti Whātua Ōrākei, this research project was refined to address a significant gap in available literature and focuses on renormalising whānau access to and use of rongoā in everyday life. A past–present–future approach was undertaken that considered the impacts of colonisation on current and future rongoā aspirations. Based in Ngāti Whātua Ōrākei, the project aimed to identify barriers to and facilitators of whānau use of rongoā as impacted by local, national, historical and systemic factors. Qualitative Key Informant interviews, whānau marae-based workshops, and focus groups were completed that investigated whānau understandings and perceptions of rongoā Māori in the past, present and future. Kaupapa Māori thematic analysis was used to collate the qualitative research findings into four overarching themes. Data analysis and interpretation prioritised Māori world views, implemented a critical discourse analysis, located Māori at the centre of enquiry and adopted a decolonial, non-victim-blame, non-deficit approach.

Chapter Four provides an important historical overview of Māori as an Indigenous people, Māori world views, sources of knowledge development, the story of creation and an overview of customary Māori health systems. This project was originally framed from a health sector perspective and, as such, was focused largely on health inequities, health outcomes, and ensuring Indigenous people's access to traditional healing. However, project development identified that traditional Indigenous healing is fundamentally underpinned by and derived from traditional Indigenous knowledge. Further, that deep understandings of Indigenous knowledge are required in order to comprehend the concepts of Indigenous healing. Although not new, comprehensive articulations of Māori world views, creation stories, and direct links between this knowledge and health is rare. Chapter Four

therefore presents an overview of relevant Māori (Indigenous) knowledge that fundamentally underpins Māori views of the world, of health, of life hierarchies, and of healing.

Chapter Five presents learnings from a review of current literature, national and international policies, and iwi aspirations and experiences pertaining to the current context of rongoā Māori in New Zealand, with a view of exploring the potential of rongoā Māori to contribute to Māori health gains. A brief overview of the use of rongoā Māori in New Zealand is provided. An overview of structural arrangements for rongoā Māori is briefly discussed. Areas of research focus are highlighted that identify the impact of colonisation on past, present and future plans for rongoā in a New Zealand context. Key issues are highlighted that outline the contentious space within which rongoā Māori sits. The need to critically analyse traditional Māori healing in order to inform future planning is presented. The impact of national and international contexts are considered within the local Ngāti Whātua ō Ōrākei context, whereby barriers to whānau access to, use of, and provision of rongoā to whānau are experienced.

Chapters Six to Nine present the results of the data analysis which explored whānau past, present and future aspirations for rongoā Māori. An overview of the four overarching themes: What was rongoā? What happened? What is happening now? and What will be? Themes are presented overall and via sub-themes that demonstrate the in-depth issues, challenges, factors and facilitators operating within this context. Each of the four results chapters includes a discussion of the research findings for that overarching theme.

Chapter Ten brings together the four research findings chapters within the context of known literature and national and international contexts. Similarities and differences between the research findings are discussed, and the significance of the research findings for key parties is highlighted. Implications of the research findings within the context of Māori and Indigenous health are discussed.

Chapter Eleven presents recommendations based on the research findings and an overall conclusion.

Introduction

This chapter presents the methodological approach taken when conducting this research. This research (and the researcher) is clearly positioned from a Kaupapa Māori perspective. Kaupapa Māori is now a well-established Indigenous research paradigm that affirms Māori rights to conduct research in Māori ways by Māori people for the benefit of Māori. An overview of the development of Kaupapa Māori in institutional spaces is presented and related to its application within this research. Common Kaupapa Māori principles of: Taonga tuku iho (cultural aspirations); Ako Māori (culturally preferred pedagogy); Tino rangatiratanga (self-determination); Kia piki ake I ngā raruraru o te kainga (socio-economic mediation); Te Tiriti o Waitangi; whānau (extended family); Kaupapa (collective philosophy); Te reo me ōna tikanga; āta (growing respectful relationships); and Whakapapa (relational framework to Te Ao Māori), and their implications in this research context are discussed. The methodological approach to this research is then described as operating via three conceptual interrelated pathways – Māori ways of: 1) knowing (mātauranga); 2) being (whakapapa) and 3) doing (tikanga). Māori ways of knowing, or mātauranga, refer to ancestral Māori knowledge or data/information that stipulates what entities exist in the world (Te Ao Māori) and that constitute Māori realities. Māori ways of being, or whakapapa, refer to the interrelationship, matrix or web of connection of all such entities, as well as location within this matrix. In addition, whakapapa positioning denotes the roles and responsibilities of each entity as defined by matrix location and interrelation. Māori ways of doing, or tikanga, refers to the practical application of roles and responsibilities (what you do and how you do it) as informed by mātauranga and whakapapa.

Kaupapa Māori research

Māori and Indigenous peoples descend from long lines of explorers, researchers and scientists. Indeed, Indigenous people's survival, community processes, laws and lores, hierarchies of social groups, philosophies, knowledge of seasonal weather patterns, and food sources and familiarity with animal characteristics all point to traditions of both research and development (Aichele, 2016; Aikenhead & Ogawa, 2007; Harris, Matamua, Smith, Kerr, & Waaka, 2013; Rout & Te Rake, 1926). Historically, research carried out 'on Māori' by 'non-Māori' has not served the best interests of Māori. Through colonial research, Māori have been re-presented, dehumanised and removed from our lands, natural resources, culture, knowledge, relationships, power, voice, beliefs, language and children (Curtis, Reid, & Jones, 2014; Reid et al., 2019; Smith, 1999). Regardless of the imposition of 'formal' European research processes, structures and institutions, Māori have continued to research and develop in our own ways, for our own purposes, using our own processes (Royal, 1999, 2012). A significant site of research contention has been the Western education system, namely higher education institutions, that boast about determining what knowledge is valuable, how knowledge might be fragmented (through faculties and schools), and who might deserve to have access to such knowledge (Curtis, Reid, et al.,

2014; Pihama, 2001; Reid et al., 2019). At the postgraduate level, tertiary institutions embrace Western ideals of research power, ultimately determining what research might be carried out, by whom, and subsequently attempting to inform social change (or control) using 'scientific' evidence, predominantly dominated by Western research based on Western ideals, philosophies, priorities and agendas (Curtis, Reid, et al., 2014; Henry & Pene, 2001; Ratima, 2008; Reid et al., 2019).

In the 1990s and early 2000s, Māori scholars such as Tuakana Nepe, Graham Smith, Linda Smith, Leonie Pihama, and Sheilagh Walker (Nepe, 1991; Pihama, 2001; Smith, 1997; Walker, 1996) sought to decolonise the higher education research space through 'Kaupapa Māori'. Namely, Kaupapa Māori as an institution of knowledge, education and research was developed as a uniquely Māori way of knowing, being and doing (originally within Western institutions) (Bishop, 2003; Nepe, 1991; Pihama, 2001; Smith, 1997; Smith, 1999; Smith & Reid, 2000). As noted by Royal (2012), Kaupapa Māori was developed within the academic space and in the context of negative experiences of research by Māori, and positions Kaupapa Māori as a means of conducting research in ways that are of benefit to Māori, whilst also explicitly challenging non-Māori ways of researching (Pihama, Cram, & Walker, 2002; Smith, 1997; Smith, 1999; Walker, 1996). Kaupapa Māori identifies that all research is underpinned by theoretical perspectives. The terms 'kau', to 'come into view', and 'papa' in relation to Papatūānuku the 'earth mother' or foundation, loosely translate Kaupapa Māori as a Māori foundational view, founding theory or philosophy or Māori underlying principles. Hence, Kaupapa Māori provides the theoretical foundations, 'themes', values, assumptions and beliefs of the Māori world view (Pihama, 2001; Smith, 1999; Walker, 1996; Wikaire, 2015).

Kaupapa Māori provides the theoretical framework on which to build Kaupapa Māori research methodologies, and these in turn inform the research methods and processes (Wikaire, 2015). The key difference, then, is that Kaupapa Māori research is underpinned by Māori world views, is built on Mātauranga Māori (ancestral Māori knowledge passed down through multiple generations) and was developed through Māori community aspirations (Pihama, 2001; Wikaire, 2015). In contrast, other research approaches are predominantly underpinned by Western concepts of reality, philosophy and belief systems. The differences between these approaches have been articulated elsewhere. However, the major successes of Kaupapa Māori have been to explicitly challenge Western research paradigms and simultaneously create space for Māori research 'by Māori, for Māori' in a way that aligns with Māori knowing, being and doing (Bishop, 2003; Smith, 1997) . Hence Kaupapa Māori is located within the wider Māori 'renaissance' that politically resists colonisation, dominance of white imperialism, reclaims Māori rights and sovereignty, and moves towards achieving restorative justice for Māori (Hooks, 1992; Institute of Indigenous Research & Te Rōpū Rangahau Hauora a Eru Pōmare, 2000; Pihama, 2001; Smith, 1999). Whilst the academy remains a site of contention, this project remains located within this space, albeit within a Māori health department headed by leaders in Māori health research. This context continues to be one that requires constant negotiation between institutional expectations and structures and Māori ways of

doing. Support in navigating this context has been provided by research supervisors and Māori academic and support staff as appropriate.

At the time of Kaupapa Māori development, key principles and elements were articulated that provided clear standpoints from which Māori research could be undertaken (Moewaka Barnes, 2000; Pihama, 2001; Pihama et al., 2002; Smith, 1997). Many of these articulations were in explicit contrast to the predominant Western research norms. For example, the principle of tino rangatiratanga located research control with Māori (as opposed to non-Māori); Te reo me ōna tikanga prioritised Māori language and customary protocols (rather than English), and whakapapa/whānau asserted the importance of the collective (as opposed to the individual). With the publication of key documents such as *Decolonising Methodologies* (Smith, 1999) and other Indigenous research methodology literature (Chilisa, 2012; Denzin, Lincoln, & Smith, 2008; Kovach, 2009; Walter & Andersen, 2013), Indigenous researchers have increasingly embraced Indigenous research methodologies. Now a well-established research paradigm, Kaupapa Māori, has been used to carry out a range of research projects using both qualitative and quantitative methods (Ahuriri-Driscoll et al., 2012; Brown, 2018; Curtis et al., 2010; Curtis & Wikaire, 2012; Edwards, McManus, McCreanor, & Whariki Research Group, 2005; Harris et al., 2012; Jones, Crengle, & McCreanor, 2006; Jones et al., 2010; Robson & Harris, 2007; Waiti, 2014).

Multiple intentions of Kaupapa Māori include both explicit challenge and resistance to Western research on Māori and attainment of social justice for Māori (through addressing inequity and racism). Royal (2012) explains that Kaupapa Māori and Mātauranga Māori, despite having similarities, are not the same. Royal aligns Mātauranga Māori with traditional Māori knowledge and, indeed, intentions for the advancement of this knowledge. Importantly, he explains that Mātauranga Māori is what it is, and does not necessarily hold agendas or the need for action. Kaupapa Māori, on the other hand, is a term commonly used within the tertiary institutional space as a predominantly research-focused term. Royal, therefore, further notes that the space of Māori research additionally 3) engages a research agenda that develops Māori creative potential. Not necessarily located within higher mainstream education institutions, this, for example, includes research that focuses on the advancement of Mātauranga Māori (Royal, 2012).

At the Native American and Indigenous Studies Association (NAISA) conference in Vancouver, Canada in 2017, Graham and Linda Smith and Leonie Pihama presented as a panel about Kaupapa Māori research. They posed a question to a full house, asking how we (as Indigenous researchers) might build on how they had articulated Kaupapa Māori over the past three decades. The message, as I understood it, was that Kaupapa Māori had provided the platform on which to further develop and build Māori research in ways that empowered us, as researchers, to explore our own creative potential. Further, that Kaupapa Māori was not provided as a prescription to Indigenous research, rather, a theoretical gateway of empowerment whereby Māori researchers

are able to self-define their own research approach specific to researcher positioning, the research topic and context. In the space of this project, I have sought to provide my answers to this question.

Rongoā Māori is to health as Kaupapa Māori is to research

Just as Kaupapa Māori has, on a broad scale, sought to decolonise the methodological research space, the research approach employed throughout this project seeks to decolonise rongoā Māori. By that, I mean that the research approach deliberately aims to decolonise ways of researching about Māori health, including how we think about health, healing and ill health. In similar ways, traditional Māori health systems have been colonised, and so this research aims to articulate distinctly Māori ways of healing. By necessity (although not the priority), this research challenges Western ideals of health, ill health and healing, and creates space for Māori healing systems to be articulated by Māori for Māori benefit using Māori traditions of healing. Again, fundamental underpinnings of health in a rongoā Māori space are built on Mātauranga Māori and positioned from a Māori world view. Not only does this research seek to 1) decolonise, it also seeks to both 2) revitalise rongoā Māori, and 3) empower Māori to explore the creative potential of rongoā Māori.

This research utilises Kaupapa Māori Research (KMR) methodology, a valid approach that contributes to scientific knowledge that does not require justification by Western scientific standards (Smith, 1999; Wikaire, 2015). This methodology aligns with a Māori enquiry paradigm and provides the theoretical foundations on which to develop and design methods, data analysis and outcomes (Ratima et al., 2008). Kaupapa Māori does not and should not exist as one succinctly clear paradigm into which all Kaupapa Māori research must be contained and defined by. The sheer nature of Kaupapa Māori acknowledges and celebrates complexity and diversity in knowledge and theory. Hence, while common themes exist across the literature, wide views of Kaupapa Māori that explore realms of critical theory, indigeneity, traditional world views and Māori development are rightfully presented by Kaupapa Māori authors (Bishop, 1999; Cunningham, 2000; Durie, 2004b; Mahuika, 2008; Pihama et al., 2002; Reid & Robson, 2007; Smith, 2005). Kaupapa Māori is also not static and aims to be organic and evolving such that "*Kaupapa Māori was what it was, is what it is, and will be what it will be" (Smith, 2011).*

It is important to understand the fluidity of Kaupapa Māori Research in that there are no set rules or guidelines to follow and that, in alignment with diversity within Māoridom, different Māori academics, leaders, and communities hold varying and ever-evolving views of what Kaupapa Māori is (Bishop, 1999; Cunningham, 2000; Durie, 2004b; Pihama et al., 2002; Reid & Robson, 2007; Smith, 2005). Pihama (2001) 'removes' Kaupapa Māori from being mapped and compared to other Western research paradigms, firstly quoting Walker (1996), who notes that Kaupapa Māori does not privilege one theory over another, does not seek to compete with other theories, and is not wholly located within the context of other theories (Pihama, 2001). Sheilagh Walker (1996) removes KMR from comparison or relation to 'other' dominant European theoretical paradigms, since KMR is

derived from Mātauranga Māori and is located far from the 'competitive privileging and challenging' arena of the European *'struggle'* for 'superiority' of theoretical perspectives (Walker, 1996). This aligns with Anaru Eketone's argument that describes Kaupapa Māori as something significantly larger than a resistance to colonisation (Eketone, 2008). Walker (1996) also states that "Kaupapa Māori is not a theory in the Western sense; it does not subsume itself within European philosophical endeavours which construct and privilege one theory over another" (Walker, 1996). Kaupapa Māori does, however, allow the borrowing of potentially mutually beneficial ideas and tools from other theories that can be used in a way that is both safe and of benefit to Māori and controlled by Māori. Kaupapa Māori research methodology is appropriate in the context of this project given that the research topic is:

- focuses on improving health outcomes for Māori in Aotearoa
- is driven by whānau aspirations for the revitalisation of traditional Māori health practices
- is underpinned by Mātauranga Māori
- explicitly challenges Western and colonial ways of thinking, researching, analysing and theorising
- aims to empower Māori to have control over our own well-being
- takes for granted the validity of traditional (and contemporary) Māori knowledge
- promotes sharing and revitalisation of knowledge through sustainable means
- foregrounds the Māori voice
- supports traditional Māori knowledge translation (Health Research Council of New Zealand, 2010; Pihama, 2010; Smith, 1997; Walker, 1996).

Despite variation in ideas, Kaupapa Māori research is grounded by research principles that are presented similarly across most of the available literature (Kaupapamāori.com, 2012; Pihama et al., 2002; Rangahau website, 2011; Smith, 1997). The present study acknowledges and operates by Kaupapa Māori principles and essential elements including: Taonga tuku iho (cultural aspirations); Ako Māori (culturally preferred pedagogy); Tino rangatiratanga (self-determination); Kia piki ake i ngā raruraru o te kainga (socio-economic mediation); Te Tiriti ō Waitangi; Whānau (extended family); Kaupapa (collective philosophy); Te Reo me ōna Tikanga (Māori language and protocols); Āta (growing respectful relationships) and Whakapapa (relational framework to Te Ao Māori) (Kaupapamāori.com, 2012; Smith, 1996). The methodological approach to this research and the application of Kaupapa Māori principles summarised in Tables 1 – 4 are described as operating via three conceptual interrelated pathways – Māori ways of: 1) knowing (mātauranga); 2) being (whakapapa); and 3) doing (tikanga). Māori ways of knowing, or mātauranga, refers to ancestral Māori knowledge or data/information that stipulates what entities exist in the world (Te Ao Māori) and that constitute Māori reality. Māori ways of being, or whakapapa, refers to the interrelationship, matrix or web of connection of all such entities, and your location within this matrix. In addition, whakapapa positioning denotes the roles and responsibilities of each entity as defined by matrix location. Māori ways of doing, or tikanga, refers to the practical application of roles and

responsibilities (what you do and how you do it) as informed by mātauranga and whakapapa. Conceptually, Indigenous ways of knowing inform our ways of being and subsequently guide our ways of doing. Tables 1 – 4 present a summary of each Kaupapa Māori Research principle within the three overarching conceptual contexts of knowing, being and doing. Within each Table (1 – 4), Kaupapa Māori principles are described both in general, and in their specific application (Kaupapa Rongoā) in this research. Identification of the impact of colonisation in specific relation to each Kaupapa Māori principle is also included within each Table.

Māori ways of knowing –Mātauranga

Ways of knowing "are specific to ontology" (p. 209) (Martin & Mirraboopa, 2003) and hence to the specific land and natural resources to which Indigenous peoples are connected through whakapapa. Knowledge about ontology (the nature of the world) is learned and reproduced through traditional methods of teaching and learning, is context specific, "is more than just information or facts, and is taught and learned in certain contexts, in certain ways, at certain times" (p. 209) (Martin & Mirraboopa, 2003). Traditional Māori ways of knowledge translation have been described. In addition, traditional knowledge was always context specific, given that knowledge of the natural environment and phenomena is specific to regions and locations. This also includes knowledge of histories, or relationships and decisions made previously. As Martin and Mirraboopa (Martin & Mirraboopa, 2003) describe,

> "There are varying types of knowledges, having different levels that have to be operational for group function. This keeps the 'Entities' known to and in a network of relationships. Without this knowing we are unable to 'be', hence our Ways of Knowing inform our Ways of Being" (p. 209) (Martin & Mirraboopa, 2003).

Māori ways of knowing operate through the principles of Taonga tuku iho (cultural aspiration), and Ako Māori (culturally preferred pedagogy) that validate and legitimise Māori knowledge, and Māori methods of intergenerational knowledge transfer (Table 1). From a Māori world view, understanding what is part of our reality and how this operates provides the essential data that is foundational to informing our being, and doing. Taonga tuku iho acknowledges Māori ownership, control of and right to the tangible and intangible taonga (treasures) handed down from our ancestors. This includes validating and legitimising Māori values, language, culture and knowledge, the right to reclaim and revitalise, and rejection of deliberate colonial acts of denial to such taonga (Pihama, 2001). Kaupapa Māori validates ancestral Māori knowledge, theory and philosophy by using Māori research practices to inform a new way of theorising, researching and knowing (Pihama, 2001; Smith, 1997; Smith, 1999). The principle of Taonga tuku iho takes for granted the validity and legitimacy of Mātauranga Māori, Te Reo and Tikanga Māori. That is, traditional Māori knowledge, ways of communicating and associated processes and protocols are positioned as the 'normal'. Māori realities describe Tāne as the deity who ascended the 'heavens' and brought to 'Earth' all knowledge. Mātauranga was divided into Kauae Runga (celestial knowledge) and Kauae Raro (terrestrial knowledge). These divisions align somewhat to esoteric and exoteric

knowledge. Māori realities acknowledge things such as all aspects of the natural environment, the existence of a life force (mauri), processes of life, death and, after death, spiritual interaction and interrelation of all entities through time and space. Positioning Mātauranga Māori as both valid and central to the research both foregrounds Māori ways of knowing and explicitly rejects notions of European imperialism. In the specific context of this research, the principle of Taonga tuku iho acknowledges that traditional Māori healing is built on Mātauranga Māori, that being Māori world views and realities. The research approach therefore takes for granted and prioritises Māori perspectives of health, ill health and healing. Explicitly, this research takes for granted the validity and efficacy of traditional Māori healing practices.

Table 1: Māori ways of knowing – Mātauranga

Kaupapa Māori principles	Description	Kaupapa rongoā	Colonisation
Taonga tuku iho (cultural aspirations)	Take for granted validity and legitimacy of Te Reo, Tikanga and Mātauranga Māori (Māori world views)	Take for granted validity/efficacy of traditional Māori healing Old knowledge, wairua, kauae runga, kauae raro Quality of information/rigorous processes Multiple forms of validation (taonga, wānanga, Te Reo, tikanga)	European imperialism, marginalisation of Māori knowledge
Ako Māori (culturally preferred pedagogy)	Centralise traditional Māori ways of intergenerational knowledge translation (Teaching and learning)	Māori world view as fundamental frames of reference Uniquely Māori ways of teaching and learning Whakapapa specific – connected to Ātua and whenua, whānau, tūpuna and rangatahi. Learn by doing – practice, mahi, toi Māori Teach ways of life, priorities. Knowledge taonga passed down/acquisition of knowledge Share, sustain and revitalise knowledge Preferred by Māori	Educational institutions, assimilation, dictatory, dislocated, abstract

The principle of Ako Māori (culturally preferred pedagogy) centralises traditional Māori ways of teaching and learning that are uniquely Māori. Fundamental to traditional Māori knowledge translation is the incorporation of Māori pedagogy that links learning and knowledge with Māori world views, concepts of reality, positioning within Te Ao Māori, and practical application of knowledge. Clear processes of traditional Māori knowledge translation include use of oral rote learning, wānanga, and presentation of traditional stories (e.g. Ranginui and Papatūānuku). In the context of this research, the principle of Ako Māori means exploring traditional ways by which the continuation of rongoā Māori intergenerational knowledge translation can occur, particularly in ways that sit outside colonial education institutions. Some key elements of traditional Māori knowledge translation include use of Te Reo Māori (including relational use of language), use of tikanga (activity) and use of Te Ao Māori as the frame of reference. For example, learning about plant properties in forests, observing weather patterns and moon phases, and learning waiata (songs) of local areas.

Māori ways of being – Whakapapa

Māori ways of being are demonstrated through the principle of whakapapa (relational framework to Te Ao Māori), essentially a web or matrix of all physical and non-physical entities that exist within the 'woven universe' (Table 2). Similar to the Native American Indian notion of Grandmother Spider and her creation of the world, Māori concepts of whakapapa note the creation of the world from Te Kore, to Te Pō and into Te Ao Mārama. Within Te Pō exist Ranginui and Papatūānuku and from these primordial parents are born their children, who subsequently embody and produce all the entities of the natural world including humans, animals, plants, rocks, stars and celestial beings. Pidgeon (2018) notes that Indigenous knowledge is distinctly relational, in that emphasis and importance is placed on the relationship between and to all parts of the whakapapa matrix. She eludes to the idea that in a distinctly different way to non-Indigenous knowledge, the relational context of the entities within the whakapapa matrix can be somewhat more important than the entity itself. She notes that Indigenous language is the key to embedding relational information in knowledge, given that the language itself denotes the relationship.

> "We are a part of the world as much as it is a part of us, existing within a network of relations amongst entities that are reciprocal and occur in certain contexts. This determines and defines for us rights to be earned and bestowed as we carry out rites to country, self and others – our Ways of Being. These are indelibly driven by our ontology through our Ways of Knowing and serve as guides for establishing relations amongst the entities. Our Ways of Being are about the rights we earn by fulfilling relations to Entities of country and self" (p. 209) (Martin & Mirraboopa, 2003).

As described above, ways of being or, rather, who we are, are informed by locating us and our place in the world. This directly describes whakapapa, specifically, the whakapapa of humans in relation to Te Ao Māori, and to ourselves as individuals, whānau, hapū and iwi in relation to others, to land, and to all physical and metaphysical things. This includes location and relation in terms of time, place and space. For example, humans have roles as kaitiaki (guardians) of natural elements including lands, plants, animals, birds and oceans. As mokopuna, we are also kaitiaki of traditions and knowledges, and as tūpuna (ancestors) of future mokopuna, we are kaitiaki of that which our descendants will be a part of. Importantly, as tangata whenua and mana whenua, we are directly responsible for the caretaking of our traditional lands and homes. By establishing identities, interests and connections (whakawhanaungatanga) we are able to determine our relatedness. Our experience is informed by our relation to others, learnt through reciprocity, obligation, shared experiences, coexistence, cooperation and social memory (Martin & Mirraboopa, 2003). Martin and Mirraboopa (2003) further explain that "We draw upon what we know and have been taught from our elders and family members as proper forms of conduct. Through this, our ways of being shape our ways of doing" (p. 210) (Martin & Mirraboopa, 2003). The concept of whakapapa foregrounds the importance of Māori histories and generations of knowledge. Walker and Pihama emphasise the traditional links between whakapapa, wāhine, Papatūānuku, mana whenua and tangata (Pihama,

2001; Walker, 1996). Whakapapa validates multiple diverse links within and between people, Māori knowledge and Te Ao Māori, and the multiple obligations, responsibilities and accountabilities that exist across generations (Smith, 1997). Pihama (2001) identifies that the "complexity [of whakapapa] is often denied in the Eurocentric, anthropologically driven inclination to reduce whakapapa to a one-dimensional genealogical table" (Pihama, 2001). Hence whakapapa acknowledges complex systems of relationships and knowledge conveyed through stories, events, people, histories, relationships and whenua (Pihama, 2001).

Table 2: Māori ways of being – Whakapapa

Kaupapa Māori principles	Description	Kaupapa rongoā	Colonisation
Whakapapa (relational framework to Te Ao Māori)	Relational nature of all entities within Te Ao Māori, whakapapa matrix/web of life Links past, present and future Links ecological hierarchy, physical and metaphysical Reinforces the interconnection of all things in Te Ao Māori	Acknowledges that human health is directly influenced by what happens within our whakapapa Adopts a whakapapa view of rongoā Rejects Western fragmentation of knowledge Rejects Western compartmentalisation of rongoā systems	Fragmentation Compartmentalisation
Āta (growing respectful relationships)	Building, nurturing, transforming relationships – whanaungatanga Values tapu o te tangata, aroha, accountability, manaaki, koha, kaitiakitanga. Evolves	Koha/reciprocity Acknowledges the healing properties of the natural environment and the reciprocal relationship between human and environment	Hierarchy of power Consumerism
Whānau	Positioning within the whakapapa framework denotes roles and responsibilities – mana Whanaungatanga, responsibilities, obligations	Empower whānau/whānau-driven	Individual focus, victim blame, deficit analysis
Wairua	Takes for granted the existence of wairua	Wairua is a valid data source and research participant	Denies spiritual existence

The concept of whakapapa also reinforces the spiritual connections evident within and across knowledge structures and generations. In whaikōrero, repeated recognition and acknowledgement of the earth's natural elements reinforces Māori indigeneity (Royal, 2011). As well, location of power and mana in relation to such elements is reaffirmed, such that importance and value is again shared and hierarchy diminished. In research contexts, whakapapa ensures acknowledgement of spiritual and generational influences in research knowledge and processes (Ahuriri-Driscoll et al., 2012). In the context of this project, the principle of whakapapa acknowledges that the health of people, lands and the environment is directly determined by the interrelationship of these entities. The Māori story of creation of the human (female) form and subsequent descent lines shows humans as direct descendants of Tāne and Hineahuone (formed from earth/clay). As Tāne was also the progenitor of native plants, animals and insects, whakapapa demonstrates human positioning as tēina (younger relations) to the natural environment. Whakapapa, in this context, also supports the prioritisation of the health of the Māori population (rather than individual focus) and acknowledges Māori as an Indigenous

people and the alignment of this project with the health of Indigenous peoples globally. As a concept of collectiveness, in the context of colonisation, whakapapa explicitly rejects the fragmentation and compartmentalisation of Indigenous knowledge. Specifically, whakapapa rejects the compartmentalisation and deconstruction of rongoā Māori. Linked directly to whakapapa, the principle of Āta (growing respectful relationships) through whakawhanaungatanga reflects the importance of nurturing, strengthening and at times transforming such relationships. The principle of Āta denotes the nature of interaction within and between entities. Given that Māori and Indigenous world views acknowledge the important role each entity plays in the whakapapa matrix (e.g. natural ecological cycle), regardless of position, the principle of āta includes Māori values of kaitiakitanga (caregiving), manaakitanga (hospitality), koha (reciprocity and generosity), aroha (care and nurturing) and mana (respect) (Jones et al., 2006; Smith, 1997). In the context of this research, āta informs the collaborative relationships between the researcher, the researched and the research, as well as the relationships between whānau, healers and (re)sources of healing.

The principle of Whānau links with Whakapapa and Āta in that it locates units of importance as collective groups rather than individuals. Whānau acknowledges the wider family, collective responsibility, but also the connections and relationships held and developed within and between individuals and groups in many different ways. Again, the process of whakawhanaungatanga, or relationship building, is critical to the success of any Kaupapa Māori research project. With whānau, not only come connections with others, but also responsibility and obligation. Hence, in developing relationships with Māori communities, researchers have an obligation and responsibility to ensure that the research is of benefit to the Māori community. Through these processes, the skills and status of certain people are also acknowledged (e.g., Kaumātua do whaikōrero, mihi, karakia). Simple examples in research also include establishing an advisory committee, whose members are made up of knowledgeable Māori kaumātua/rangatahi (Pihama et al., 2004), and using focus groups to capture and share the collective voice of whānau. The concept of whānau, collectivism and relationships can also be applied to valuing collective realms of knowledge. For example, acknowledgement of both the physical and metaphysical world; acknowledgement of both tangible and intangible; and acknowledgement of ‘past, present and future’ knowledge. With this collective whānau world view, value and importance is therefore located at the collective level, as opposed to an individual level, and it is also difficult to separate, allocate knowledge into categories and then allocate value differences to each component. This is an acknowledgement that, although structurally, for operational purposes, knowledge may be viewed as hierarchical, value, worth and importance at each level is equally sacred. For example, Kaupapa Māori and the whānau concept reject notions that value men above women; reject notions that Western knowledge is valued over Māori knowledge; and appreciate and value both younger and older generations. In relation to other theories, Kaupapa Māori rejects Western neocolonial notions of hierarchy between life forms. Western theory locates humans above animals above plants above the earth, therefore devaluing lower ‘levels’ and privileging higher levels. Kaupapa Māori locates value collectively and hence holds, for example, maunga (mountains) in the highest regard.

The notion of Whānau as a collective also influences motivations and intentions of actions. By foregrounding whānau as the priority, any actions aim to be of benefit to the whānau first, as opposed to the individual. Hence, Māori lives aimed to benefit the community as a whole; community gardens, fishing and sharing of food and living space was prioritised. In the research context, this means prioritising public and population health. Instilled within this element is the concept of selflessness, reciprocal obligation and responsibility, and service to the community as a whole; of generosity, 'koha', giving and sharing and being inclusive. Hence, with equal value comes equal power sharing and therefore success, health and education is shared, and benefits occur at the whānau level, not individual level. This aligns with the aims of this research to empower whānau control over well-being as opposed to Western medical models that locate power and control with health practitioners. Conversely, western neocolonial 'science' tends to separate, categorise and apply value judgements to knowledge, people and processes for the benefit of individuals that profit from higher levels of hierarchy. As well, Western white perspectives deny the existence and validity of Māori spirituality (wairua) as important elements of knowledge. This research acknowledges and includes wairua, tūpuna and atua as valid participants. Wairua in this context refers to 'spiritual' or non-physical entities such as ancestors, tūpuna and atua. Wairua has already been discussed as an essential element of Māori models of health. Similarly, wairua also refers to interactions with, and perceptions of, information from spiritual entities. In other words, some might refer to wairua as spiritual guidance. In the context of this research, there is acknowledgement that the research process, the project development, the researcher and project outcomes are influenced by wairua. This is an important aspect of research in the space of rongoā, particularly given that the majority of rongoā practice includes karakia (engagement of atua/tūpuna). As a research approach, acknowledgement of wairua means being open to unforeseen impacts on the research, to receiving and interpreting tohu (environmental cues), and to allowing such entities to influence research decisions, thinking and perspectives. One example includes allowing flexibility in timing of interviews (often delayed by tangihanga or other unforeseen events).

Māori ways of being – Tino rangatiratanga

The principles of tino rangatiratanga and Te Tiriti o Waitangi (TToW) are linked to whakapapa in that they acknowledge the positioning (and therefore roles and responsibilities) of Māori as Indigenous peoples within the context of a colonised society (Table 3). This context locates Māori as tangata whenua, partners within Te Tiriti o Waitangi, and Indigenous peoples (in a global context). In a sociocultural context, Māori are (unfairly and unjustly) positioned as underprivileged and disadvantaged within society, representing the lowest socioeconomic brackets and highest unmet needs. As tangata whenua, as described previously, Māori have a deep and intimate connection to the land, are tasked as kaitiaki (caretakers) and hold authority as mana whenua (specifically Ngāti Whātua in this project). Māori affirmations of rangatiratanga (self-determination) via whānau and hapū groups exercise our sovereignty, power and control over our peoples, lands and taonga. In the context of this research, tino rangatiratanga takes for granted Māori leadership and control of research, positions Māori

as expert knowledge-holders and seeks to empower Māori control over our own health and well-being (Smith, 1997). As Tiriti partners, the research holds the government to account in terms of its obligations to ensure Māori rights to health, and rights to Indigenous knowledges, customs and practices. The research acknowledges the negative historical impacts that colonisation has had on Māori and Indigenous peoples and explicitly seeks to decolonise and resist against further colonial enforcements.

Table 3: Māori ways of being – Tino rangatiratanga

Kaupapa Māori principles	Description	Kaupapa rongoā	Colonisation
Tino rangatiratanga (Self-determination)	Sovereignty, autonomy, power, control, self-determination, By Māori for Māori	Support Māori leadership development Empower whānau control over well-being Māori led and controlled Māori voice/experts	Crown dominated
Te Tiriti o Waitangi	Tangata whenua status, rights, critical analysis, challenge status quo	Critique institutional power imbalances	Assumed sovereignty
Kia piki ake i ngā raruraru o te kainga (socio-economic mediation)	Positive benefit to Māori, alleviate disadvantages Acknowledge broad determinants of health, historical trauma	Critique structural determinants	Victim blaming Cultural deficit analysis
Kaupapa (collective philosophy)	Collective priorities, agendas, visions Intergenerational aspirations. Roles/responsibilities continue from tūpuna and provide for mokopuna	Māori health Mātauranga Māori Rongoā Kaitiakitanga	Colonial agendas/ commodification/ exploitation

As a theoretical tool, TToW can interrogate processes with regard to power relations, decision-making power and Māori rights (Pihama, 2001). Specific to this research, tino rangatiratanga takes a critical analysis of structural power imbalances that perpetuate health inequities (Mahuika, 2008; Pihama, 2001; Smith, 1997; Smith, 1999). In addition, the research acknowledges broad (socio-economic, political) and basic (racism, colonisation, imperialism) determinants of health that impact negatively on Māori. With these realities in mind, Kaupapa Māori ensures that the research creates positive benefits for Māori. The principle of kaupapa (collective philosophy) allows Māori to shape our own research processes, agendas and aspirations. Researchers must not only ensure that the research is of benefit to Māori but should encourage Māori research leadership and ensure that the research aligns with the aspirations, directions and intentions of the whānau, hapū, and iwi, including the generational obligations to ancestors (tūpuna and atua) in continuing their agendas, whilst also providing for future generations. Pihama (2001) describes how "whakapapa brings assertion that we are accountable to our tūpuna, our mokopuna and all past and future generations" (Pihama, 2001). The motivation of responsibility, giving and working for others, predominates over motivations for tangible and intangible individual gain. Therefore, the the research outputs should aim to be beneficial in future, not just current, contexts. In the context of this project, collective priorities for Māori include: attaining Māori well-being; revitalising and

developing Mātauranga Māori; ensuring rongoā is sustainable, accessible and available; achieving tino rangatiratanga over our well-being; decolonising our health systems; and enacting kaitiakitanga over our taonga.

Māori ways of doing – Te reo me ōna tikanga

Indigenous ways of doing (tikanga/kawa) are an expression and articulation of our identities and our roles and responsibilities in relation to our whakapapa (ways of being) and mātauranga (ways of knowing). For example, we express our mātauranga and whakapapa through our tikanga and kawa in our processes and practices (i.e. in our reo (language), whakairo (carvings), waiata (songs), pōwhiri (welcoming ceremonies), tangi (funerals), kaitiakitanga (care-taking), whanaungatanga (relational connectedness), and how we go about our way in the world). Through our 'ways of doing', we recreate and practise tangible reaffirmations of our world views, knowledge and whakapapa.

> "Our peoples did not cut down trees for paper, nor did they mine metals for pencils, typewriters, computers, printouts, phones, facsimiles, photocopiers etc. They successfully sustained our people and environment as they talked, sang and danced the knowledge on to the young, while others used bark, branches, sticks, stones, ochres, fire and smoke for communication. To many, these methods are preferable for the environment … These methods were shared amongst the many nations through clan gatherings, family gatherings, message stick carriers, storytellers, songs, dance and paintings" (p. 10) (Oodgeroo in Martin and Mirraboopa, 2003).

Martin and Mirraboopa (2003) acknowledge that despite historical, social and political impacts of Western world views, Indigenous ways of knowing and being have never been lost. They note that:

> "To represent our worlds is ultimately something we can only do for ourselves using our own processes to articulate our experiences, realities and understandings. Anything else is an imposed view that excludes the existence of our ontology and the interrelationship between our ways of knowing, ways of being and ways of doing" (p. 211) (Martin & Mirraboopa, 2003).

The principle of Te Reo Māori (Māori language) lies at the heart of the essence of being Māori (Table 4). Acknowledgement of this importance is reflected in the loss of language as a result of colonisation and the struggle to reinvigorate and ensure the survival of Te Reo Māori and associated Māori world views.

> "We are the children of those who were a part of a beaten generation. Those who were physically, emotionally and psychologically denied Te Reo Māori through the formal system of education and the strength of the ideological assertions that marginalised and devalued Te Reo Māori. Those who

were constantly fed the ideology that in order for their children to survive in the world, all they needed was English" (Pihama, 2001).

Table 4: Māori ways of doing – Te reo me ōna tikanga

Kaupapa Māori principles	Description	Kaupapa rongoā	Colonisation
Te Reo (Māori language)	Way we communicate – insight to Māori world view – way to do Te Reo Māori	Te Reo Māori holds integral rongoā Māori knowledge	English
Taonga	Taonga, Toi Māori	Research data is considered taonga Research outputs are positioned as taonga to be used for the benefit of Māori	Exploit and commodify
Tikanga (Māori protocols)	Customary practices, ethics, behaviours, obligations. Navigate, processes, decision-making	Adhere to Māori protocols and processes	Western processes
Māramatanga	Emancipate, liberate, evolve Supports research and development	Research decolonises	Social control

The 'āhua', or the nature, of Te Reo Māori is such that much of the essence of the conversation, speech or song is lost when translated into English. As well, the way in which the language is constructed allows insight into the ways in which Māori see the world: "Te Reo Māori is the only language that can access, conceptualise and internalise in spiritual terms this body of knowledge" (Institute of Indigenous Research & Te Rōpū Rangahau Hauora a Eru Pōmare, 2000). In the context of this research, the principle of Te Reo Māori means valuing the use of Te Reo in the research context including deep and traditional meanings and concepts conveyed through Te Reo. In the research context this means using Te Reo Māori as and when appropriate and seeking support and guidance to wānanga (discuss and develop) deeper understandings of words and concepts. As a key 'knowledge' holder and 'transmitter', Te Reo Māori holds important status in terms of Kaupapa Māori theory and research pathways. Much more than a simple translation of English language, Te Reo Māori holds scientific knowledge, explanations, and whakapapa that provide insight into Māori ways of life (Institute of Indigenous Research & Te Rōpū Rangahau Hauora a Eru Pōmare, 2000; Pihama, 2001). A key defining feature of Te Reo Māori is the spiritual connection it allows. Royal (2011) articulates the difference between Te Reo Māori (language) and karakia (incantation), essentially confirming spiritual sources as divine knowledge-holders and reaffirming pathways of communication that are held within the limits of Te Reo Māori (Ahuriri-Driscoll et al., 2012; Royal, 2011). In addition to the use of Te Reo Māori, the principle of taonga locates physical entities (e.g. pounamu, mokopuna, awa, taiaha, waiata) as knowledge resources that inform ways of knowing, being and doing. The concept of taonga describes a sacredness, a preciousness, of things, places and knowledge of immense value. Taonga are created for distinctly Māori purposes using ways of doing that both teach and enact mātauranga and whakapapa in practice. Hence taonga can be used as tools of knowledge conveyance. In a research context, it is therefore

important to consider all taonga as potential knowledge sources and to acknowledge limitations in research that explores only English-language literature sources.

The concept of Māramatanga denotes progressing from information / knowledge to understandings and then to enlightenment. Māori scientific knowledge, research and development is evident. Māori social systems were not static but developed over time in response to scientific research, refinement and adaption to contextual challenges (Durie, 2004b; Rout & Te Rake, 1926). A key concept of Māori world views speaks to high standards, perfection and competition. These concepts are evident in Māori art pieces such as whakairo, rāranga and kapa haka. It seems that performance of tasks sought perfection, efficiency and quality. For example, there is evidence of weaving with minute detail and yet there is an absence of mistakes. This speaks to Māori focus on research and development that informed community well-being and high levels of consciousness and theory. In research contexts, this not only affirms Māori research capability and autonomy, it also necessitates research of the highest quality. As such, Kaupapa Māori continues to evolve through an ongoing process of critique and reflection (Pihama, 2001; Walker, 1996). Kaupapa Māori promotes action that is emancipatory, empowering and liberatory (Walker, 1996). Kaupapa Māori research allows the Māori voice to be heard and is a basis for change from the 'status quo' to one of transformation through gathering of new knowledge through decolonisation. As noted by Walker (1996), Kaupapa Māori Theory is the 'only effective combative antidote' to the murderous colonisation disease, a 'blueprint for survival' (Walker, 1996).

The principle of tikanga Māori pertains to Māori protocols, customary practices, behaviours and ethics. Tikanga Māori makes sure that practices and protocols are adhered to and are 'tika' or done properly. The concept of tikanga is informed by the idea that well-being and benefit can only occur when there is balance. Balance needs to occur at all interconnected levels of whānau and whakapapa. Ways of achieving and maintaining balance (noa) are informed by tikanga or Māori lore or law. Tikanga is put in place for whānau benefit. The underlying concepts of balance and imbalance are thought about in terms of tapu and noa, where noa indicates a status of balance or neutralism. Tapu, often literarily limited to 'sacred', indicates a state of 'activity' or imbalance, in a sense. For example, when someone passes away, the tūpāpaku (deceased person) and persons involved are considered 'tapu' in that certain protocols or tikanga (tangi process) are to be adhered to until such time as those processes have been completed and a state of noa returns. This process also ensures that belief systems (e.g. tapu, noa and kawa) are adhered to. Simple examples in research include allocating sufficient time for whakawhanaungatanga (relationship development), giving of koha, using karakia and waiata appropriately and taking time to introduce yourself, your background and your whakapapa to research participants. Tikanga is often in place for safety and health reasons; however, the concept of Māori lore, tikanga, and tapu and noa hold high spiritual significance within Māori knowledge. This significance places much value in adhering to tikanga such that Māori lore is always adhered to and there is strong belief in consequences. For example, a taniwha may reside at a certain place in a river that is dangerous for swimming, and hence tikanga necessitating caution and

perhaps avoidance of that location informs safety. The threat of receiving the wrath of a taniwha is much more effective at stopping children from swimming in that dangerous area of the river than, say, a 'do not swim' sign. Because Kaupapa Māori validates spiritual knowledge and spiritual 'interventions', belief in spiritual consequences is powerful in maintaining adherence to tikanga.

The importance and risk associated with research (as demonstrated by European 'discoverers') is overwhelmingly dangerous. Ethical processes have been put in place to protect research participants, maintain informed consent and ensure autonomous decision-making. Kaupapa Māori goes far beyond ethics committees. Kaupapa Māori is concerned with good and pure intentions (pono) of kaimahi, responsibilities to uphold obligations, respect, tikanga, traditions and consequences. Implicit is the importance of asking for and gaining the correct permissions. This is part of the tikanga, correct processes, to follow. Similar to the tikanga followed by Māori healers, permission is to be sought and given from the researcher and participant individuals, their whānau, hapū, iwi, tūpuna and atua. This is an acknowledgement that the 'mahi' is supported and helped by all parties (both physical and metaphysical). The responsibility of those partaking is to ensure the safety (and heed warnings) for all involved and is accountable to all physical and metaphysical entities (Ahuriri-Driscoll et al., 2012). Tikanga does more than maintain balance. The process of tikanga is a way in which knowledge, values, ethics and lessons are taught and translated across communities and generations. Tikanga is not just 'rules' but lessons that inform Māori ways of being and doing, that are based on Māori scientific knowledge. This also refers importantly to ethical intentions being for the benefit of whānau, by being transparent, honest and truthful.

Summary

This chapter presented the research methodology and theoretical positioning of the research and the researcher. As a Māori researcher, my approach to this research has been driven by my whānau values of responsibility, accountability and high quality – indeed, understanding my role as a voice of my whānau, and the hapū and iwi, within this context. Kaupapa Māori as a research paradigm of enquiry provides appropriate tools that enable Māori control and self-determination of the research space. This is essential, given that this project is focused on the revitalisation of rongoā as a traditional Māori knowledge, and by necessity, decolonisation of Māori concepts of rongoā, health and healing. Kaupapa Māori, as described via the concepts of knowing, being and doing, shows how, at all three levels, we are informed, connected by and partaking in a Māori world view. Importantly, if we seek to both decolonise and revitalise our traditional knowledges, we must be conscious that all three levels have been colonised. We must then make sure we not only seek to revitalise at all levels, but also resist further colonisation going forward. Whilst this project sought to facilitate Māori participation (doing) in rongoā Māori, alongside this, we also need to facilitate Māori ways of knowing and being. The next chapter describes the research methods used throughout the project including the research context, development, data collection methods, analysis and outcomes.

Overview of research methods

This chapter provides a detailed description of the research design including the research location, support system, methods of data collection, and ethical considerations. The initial motivation for this research was driven by Ngāti Whātua ō Ōrākei iwi aspirations for access to traditional Māori healing (rongoā Māori). The Atawhai Ora ki Ōrākei Rongoā Steering Committee PATH plan (2012) set long-term rongoā goals for Ngāti Whātua ō Ōrākei (Appendix A). Whilst the PATH plan is comprehensive, including provision of rongoā services, availability of maara kai (food gardens), development of trained rongoā healers, and planting of rongoā rākau (traditional healing plants), this research seeks to focus on a small part of this overarching plan. Planning hui were held with Atawhai Ora ki Ōrākei Rongoā Steering Committee healers to identify priorities and refine the research plan. This research recognises the heavy burden placed on rongoā healers as 'specialist and last-resort' healthcare options, and seeks to empower whānau to access and utilise rongoā themselves for health promotion and well-being.

The research design included a range of structured and unstructured research methods. An initial review of available national and international literature provided sufficient background and current knowledge to provide a rationale for the project. This initial literature review included a review of the background context, recent and relevant literature. Structured methods including Key Informant interviews, marae-based whānau workshops, and focus groups were included and provided the bulk of the qualitative data used for this research. Key Informant interviews were completed with Māori from throughout New Zealand who were considered to have expertise relevant to the research topic. Areas of expertise of research participants included, but was not limited to: Ngāti Whātua ō Ōrākei and Ngāti Hine whakapapa (ancestry), rongoā Māori, Māori world views, protection of Māori taonga, New Zealand ecology and environmental protection, psychology and Māori mental health, Māori ways of being, Mātauranga Māori, intergenerational knowledge translation, technology and computer science, international Indigenous rights policy and legislation, and New Zealand government policy. A summary of data collection methods is provided in Table 5 and linked to their respective research objectives.

Marae-based whānau workshops were carried out with whānau from Ngāti Whātua ō Ōrākei (central Auckland) in order to gather iwi and region-specific experiences. The Tāmaki Makaurau (Auckland) and specifically Ōrākei region was selected at the research location in order to build on current iwi plans for rongoā revitalisation and, because the researcher had already established long-term relationships with Ngāti Whātua ō Ōrākei. Focus groups were also completed with MAI Māori and Indigenous doctoral students from tertiary institutions across Aotearoa at the MAI Doctoral Conference, 2017. Purposive sampling was used given that doctoral students represented a diverse range of iwi, age, gender, geographical location and demographic make-up. This approach supported the research aim to gather perceptions of rongoā from Māori whānau that may not necessarily have

expertise in health or rongoā. One focus group was completed with Māori staff from the National Hauora Coalition. The NHC is a hauora Māori collective that manages the delivery of health interventions for Māori in Tāmaki Makaurau. This group was recruited in order to gather perceptions of Māori working at community, regional and national levels. As is consistent with Kaupapa Māori research methodology, informal information gathered that contributed to the research included learnings from an environmental scan that included meetings, hui, conferences, new and emerging literature, online media and discussion forums relevant to the research. Both structured and unstructured research methods informed the research findings. Findings of the research were also shared through appropriate forums to support translation of research findings into meaningful outcomes.

Project development

This project was driven by iwi aspirations for Māori well-being and access to rongoā Māori. Kaupapa Māori research considers relationships with the mana whenua iwi as particularly important. The research was developed through well-established relationships with Ngāti Whātua iwi, specifically Atawhai Ora ki Ōrākei Steering Committee and Whai Maia Ltd. The researcher does not hold direct whakapapa (genealogical links) to Ngāti Whātua Ōrākei, however was invited to contribute to the realisation of the rongoā aspirations of the iwi. The researcher positioning as whānau of Melissa, having a whānau commitment to Ōrākei and having been involved with the steering group for a number of years, strengthened the researcher/iwi relationship. Two workshops with rongoā healers from Ōrākei were completed to scope and articulate iwi aspirations around rongoā and to drive the development of this project. In August 2014, a refined project plan was presented to the committee who gave their verbal consent for the project. The group also commented that this project would be beneficial to the overall aspirations of Ngāti Whātua ki Ōrākei and rongoā Māori. As outlined in Chapter One, this project aims to investigate ways to renormalise whānau access to and use of rongoā Māori in everyday life. Based within Ngāti Whātua ki Ōrākei (central Auckland), the research takes into account broad structural, political and historical mechanisms of influence. Project objectives include:

1. Describe whānau attitudes and behaviours towards rongoā Māori
    a. Describe past, present and future aspirations for use of rongoā
    b. Identify barriers to and facilitators of Māori use of rongoā in everyday life
2. Explore the potential for innovative solutions to renormalise rongoā Māori

Kaupapa Māori research environment

Kaupapa Māori tikanga facilitates key stakeholders to provide guidance and decision-making direction to the project. This includes ensuring appropriate research locations, Māori health researcher supervision, support and guidance from relevant iwi representatives and Māori health experts. The research was located within Tōmaiora, Te Kupenga Hauora Māori, The University of Auckland, New Zealand in collaboration with Ngāti Whātua ki

Ōrākei. Tōmaiora is a Māori health research group led by senior Māori health researchers who operate at the forefront of research in their chosen fields (Curtis, Reid, et al., 2014; Curtis, Wikaire, et al., 2014; Fu, Exeter, & Anderson, 2014; Harwood et al., 2012; Jones et al., 2010; McLellan, McCann, Worrall, & Harwood, 2013). A Tino Ranga-teina-tanga model (Figure 2) was developed in order to locate the researcher within the research. Tino Rangateinatanga, as a concept, maintains the notion of Tino rangatiratanga – whereby Māori leadership and control of the research is affirmed, while also acknowledging the position of the researcher as a PhD student and 'teina' in relation to other parties within the research context. Specifically, research supervisors are positioned as tuākana (supporting the development of the researcher). Iwi are also positioned as tuākana as it is the aspirations of the iwi that drive the research agendas. Participants are positioned as tuākana as expert knowledge-holders. The researcher also draws on support and advice from other networks such as the Advisory Group, peer supports, mentors, whānau and colleagues who can also play tuākana roles.

Research supervision was provided by Associate Professors Matire Harwood and Leonie Pihama. Associate Professor Harwood (Ngāpuhi) is a Māori general practitioner (GP), researcher and director of Tōmaiora research group. She has experience working with Ngāti Whātua ki Ōrākei's health services, Kaupapa Māori research expertise, particularly in qualitative research, and has whānau living and engaging with services at Ōrākei. Associate Professor Leonie Pihama (Te Atiawa, Ngā Māhanga ā Tairi, Ngāti Māhanga) is director of Te Kotahi Research Institute, The University of Waikato. Leonie has a BA in Māori and Education, a Master of Arts (Hons) in Education and a PhD (Education). She has expertise in Kaupapa Māori theory and research, experience in iwi-led research, a close relationship with Ngāti Whātua ki Ōrākei, expertise in rongoā Māori, qualitative research and research leadership. Supervision meetings were held regularly for the duration of the research project. A group of advisors was established to provide project oversight throughout the research project. The Advisory Group included: Associate Professors Harwood and Pihama; Graham Tipene; Ken Kerehoma; Papatuanuku Nahi; Professor Meihana Durie; Professor Papaarangi Reid; Atawhai Teneti and the Atawhai Ora ki Ōrākei Rongoā Steering Committee. Members held expertise in Kaupapa Māori research, Mātauranga Māori, rongoā, Māori health, Ngāti Whātua, Ngāti Hine, the New Zealand health system, Ngāti Whātua Kaumātua, and rongoā healers. It was originally planned that the Advisory Group would meet six-monthly to review project progress and advise on project direction; however, due to high-level commitments for most members of the Advisory Group, requiring all members to attend hui in person would have added additional pressure to their workloads. The research supervisors therefore advised the PhD student to meet with Advisory Group members individually and in smaller groups regarding overall project progress and particular research decisions/insights as appropriate.

Te Wānanga Mutunga Kore is a concept developed to identify and refer to multiple face-to-face and online open and closed forums where ongoing wānanga (discussions) were carried out with members of support network groups. The researcher was supported by members of student and community groups such as MAI Te Kupenga

(the Māori and Indigenous doctoral student support network), and Tōmaiora New and Emerging Researchers group, and Te Kupenga Hauora Māori (TKHM). Other Māori mentors, peers and whānau provided additional mediums through which to wānanga questions and concepts raised, particularly regarding mātauranga and Te Reo Māori concepts. Multiple online 'wānanga groups' were established with varying numbers of support group members. Te Wānanga Mutunga Kore was a name essentially developed during the research process whereby it was recognised by members of support networks that the online forums had provided a 'space' for ongoing developmental discussion. In recognising this, members had acknowledged that significantly valuable whakaaro (thoughts and insights) had been shared (and recorded) within 'Facebook Messenger' and 'Text Message' 'Threads'.

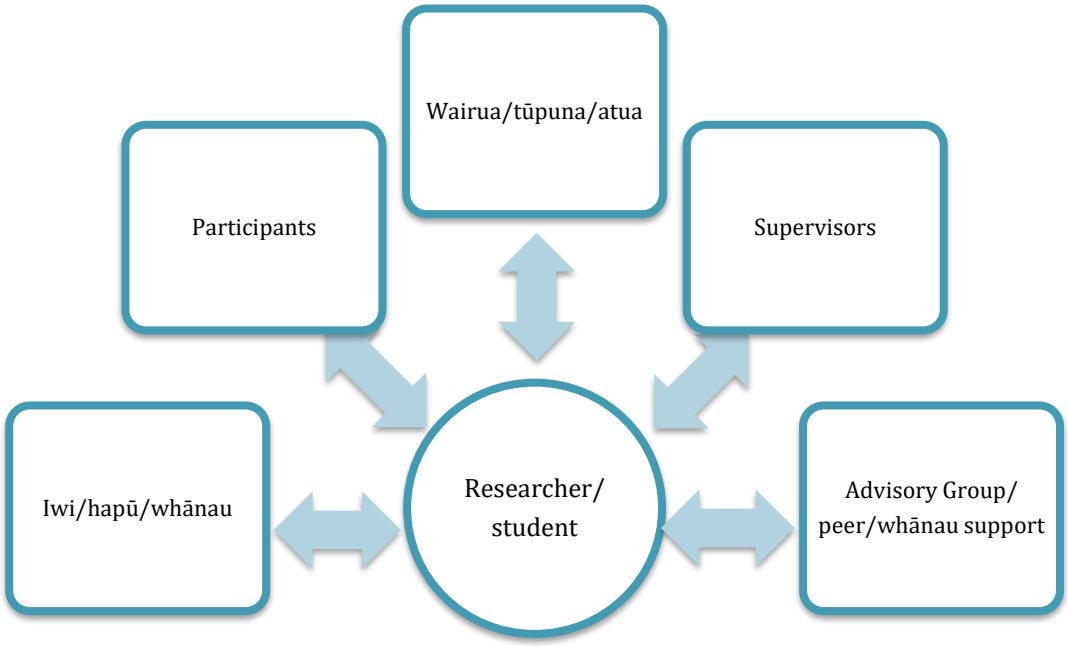


Figure 2: Tino Ranga-teina-tanga model

Throughout the research process the researcher was also conscious of the influence of wairua (spiritual guidance from tūpuna and atua) in the space of this work. Wairua is commonly referred to in relation to spirituality and as making up an essential part of Māori well-being (Valentine, Tassell-Mataamua, & Flett, 2017). Moewaka Barnes also notes that description and definition of wairua within academic literature is scarce, given that there is heavy critique and scepticism of wairua as a metaphysical or intangible (unseen) concept (Moewaka Barnes et al., 2017). Moewaka Barnes provides some overlapping descriptions of wairua including reference to: past, present and future generations; connection to self, place, people, knowledge; connection to atua/spirits; rituals and ceremony; and 'supernatural occurrences' (Moewaka Barnes et al., 2017). As a research approach, critique from the academy often 'silences' wairua within academic writing (Ratima, 2008). Hence Moewaka Barnes encourages researchers to engage with their own understandings of wairua within the research space. Wairua is a fundamental (and defining) element of rongoā (Ahuriri-Driscoll, 2014; Mark, 2012). Therefore, due to the nature

of the research, the importance of the research topic and the development of the research plan through whānau aspirations of those past and present, wairua was considered a distinctively active 'participant' in guiding the researcher (Moewaka Barnes et al., 2017). For the purposes of this research, wairua was therefore understood as: spiritual guidance and direction/influence of the research development, processes, analysis and outcomes by 'seen' and 'unseen' energies and entities such as tūpuna (ancestors who have passed away) and atua (environmental ancestors). Whilst often considered to refer largely to supernatural or 'uncanny' occurrences, the influence of wairua in this research context also refers to tangible 'seen' tohu (signs), and coincidences. For example, sitting next to someone at a conference who happens to be an Indigenous healer, who shares insights that complement the research topic.

The research incorporated Māori ethics processes by: ensuring the research was driven by iwi aspirations; including iwi as research designers; inclusion of an Advisory Group to oversee the research project; ensuring the aims of the research aligned with iwi and Māori priorities of taonga protection and mātauranga survival; adhering to Kaupapa Māori research guidelines; and implementing appropriate tikanga and kawa during all research phases. This study was guided by the Tōmaiora research procedures manual (The University of Auckland, 2015) and *Te Ara Tika: Guidelines for Māori research.* Ethical approval was obtained from the University of Auckland Human Participants Ethics Committee (UAHPEC) on 21/11/16 for three (3) years, reference number 018220. Regular project updates were provided to the Atawhai Ora ki Ōrākei Rongoā Steering Committee, Whai Maia Ltd and other key stakeholders as appropriate. The recently released (CERLS) cultural, ethical, research, legal and scientific issues regarding rongoā Māori research are also acknowledged (Mark, Johnson, & Boulton, 2018). This project was funded by a Health Research Council of New Zealand Hauora Māori PhD Career Development Award (15/426).

Data collection

Literature review

This research aimed to review a range of literature to appropriately inform the research question: What factors influence whānau access to and use of traditional Māori healing (rongoā Māori) practices in everyday life? A 'formal' literature review was not intended. A critique of the institutional and policy structures that operate to control, support and influence traditional Māori health practices and activities is also provided. A critique of the available literature and identification of issues and current gaps in knowledge is presented. Major health databases, search engines and social media sites such as Medline (OvidSP), Pubmed, Google Scholar, Google and Facebook were searched for relevant peer-reviewed and grey literature, articles, books, theses and reports. Combinations of search terms were used and included: 'rongoā', 'Māori medicine', 'traditional healing', 'native', 'Indigenous', 'Māori health practices', 'Tohunga ', 'Māori healing', 'participation', 'use*', 'utilisation', 'practice', 'uptake', 'ngāhere', 'rākau', and 'wairua'. Publication year was not limited. Research was included if it met the following criteria: relevant to the research topic; whānau (community) use of Māori or Indigenous healing in

everyday life was the main focus. Literature was limited, for practical reasons, to documents where the full text version was available online and published in the English language (most including some use of Te Reo Māori). Literature that focused on the efficacy of Indigenous traditional healing methods on specific health problems/outcomes were excluded as this was not the focus of this research. A scan of political, social and cultural environmental contexts was performed over the course of the research (2014–2019). The aim of the environmental scan was to take account of current events, changes and trends relevant to the research topic. Building on the literature review, which largely included peer-reviewed published journal articles, reports, books and other publications, the environmental scan noted changes in policies, trends in social media, online news articles, conference presentations, hui discussions, health interventions and accounts of the availability of rongoā services, resources and products. Of note during this time was: the election of the Labour–Greens–New Zealand First coalition government in New Zealand in 2017; the increasing need to address climate change concerns; the sale of home-made rongoā products (e.g. balms, creams) through online mediums (e.g. social media) and at local farmers' markets; the establishment of social media groups that share rongoā information; the lack of government response to the WAI 262 claim report; increasing public resistance to the appropriation and commercialisation of Indigenous knowledge; and increasing trends of public support for Te Reo Māori.

Table 5: Summary of data collection methods

Data collection method	Sampling method	Objectives			
		1	1a	1b	2
Literature review		√	√	√	√
Key informant interviews	Purposive sampling	√	√	√	√
Marae-based whānau workshop	Purposive sampling	√	√	√	√
MAI focus group	Convenience sample			√	√
NHC focus group	Purposive sampling	√	√	√	√

Key Informant interviews

Purposive sampling (Tongco, 2007) was employed and involved the selection of 18 participants considered to be rich sources of information, who would address the research aims. Purposive sampling involves selection of participants with proficiency in a phenomenon of interest (Etikan, Musa, & Alkassim, 2016). Participants were identified via the literature review and by Advisory Group and project network recommendation. Participants were recruited using an invitational email and/or through Advisory Group networks. An overview of the research aims, research rationale, researchers and requirements of research participants was provided by the researcher and supported by an Information Sheet (Appendix B) and Consent Form (Appendix C). Participants were required to have expertise in one or more of the following areas: Ngāti Whātua ō Ōrākei or Ngāti Hine whakapapa (ancestry), Māori health and rongoā Māori, Māori world views and Mātauranga Māori, protection of Māori taonga, New Zealand ecology and environmental protection, Māori mental health, Te Reo me ōnā tikanga, intergenerational knowledge translation, information technology, national and international Māori and

Indigenous rights, policy and legislation, health service delivery, iwi development, health promotion, and Māori aspirations for healthcare. The research originally intended to recruit Key Informants with general expertise in the areas listed above. Further refinement during recruitment sought to recruit well-respected Māori (and one non-Māori) considered leaders of influence within their fields of expertise.

In-depth interviews were carried out using a semi-structured Interview Schedule (Appendix D) focusing on rongoā-specific issues. This form of interview allows for the collection of direct quotes about key issues. The advantages of using in-depth, semi-structured interviews as a data source are that they are able to focus directly on the topic of interest and provide insight as to informants' perceptions (Harwood, 2012; Ratima, 2001). The Interview Schedule covered the following issues: Māori attitudes and behaviours towards rongoā; Māori understandings of rongoā in the past and present; and Māori aspirations for the future of rongoā. Each issue was explored in terms of barriers and facilitators, challenges and strategies, and recommendations towards whānau use of rongoā in everyday life. In addition, participants were asked to comment on areas of relevance to rongoā Māori where they possessed particular expertise. The inclusion of 'attitudes' and behaviours alludes to the emphasis of this research on utilisation of rongoā in addition to knowledge. This is a key point given that whilst knowledge of rongoā may exist, this does not necessarily translate into utilisation. Hence, the framing of questions within interviews aimed to acknowledge that knowledge, combined with perceptions often permeate into attitudes and thence behaviours. A key presumption here is the likely influence of colonisation on contemporary Māori perceptions of rongoā.

All except one participant identified as Māori. Participants were located in Te Tai Tokerau (Northland), Tāmaki Makaurau (Auckland), Waikato, Bay of Plenty, Palmerston North, Porirua and Te Wai Pounamu (South Island) regions. A biography of each Key Informant interviewee is provided in Appendix E where the participant has indicated consent to be identified via the research Consent Form. All interviewing and analysis was carried out by the Māori researcher (PhD student) with oversight from Māori supervisors trained in Kaupapa Māori research. Interviews were completed between July 2017 and February 2018, either via face-to-face or online video call (Zoom) at a time and place that was convenient to participants and ranged from 45 minutes to one hour and 40 minutes, in duration. Interviews were audio recorded using Samsung S6 and iPhone 6 mobile phones using the inbuilt voice recorder function. Participants received a $50 petrol or supermarket voucher as acknowledgement (koha) for their time. Tikanga (customary Māori processes) were used as appropriate (e.g. whakawhanaungatanga, karakia, provision of kai). Data gathered through Key Informant interviews informed each of the research objectives.

Marae-based whānau workshops

Marae-based whānau workshops and focus groups were carried out to gather qualitative whānau data. Interactive workshops and focus groups support a specific type of communication and interaction of the group

that facilitates mutually beneficial discussion for both the researcher and the participants. In this context, marae-based whānau workshops and focus groups allow whānau to simultaneously share as well as listen/learn about rongoā. The marae-based whānau workshops used within this research also aligned with some notions of wānanga. Wānanga are an effective traditional means of sharing, discussing and theorising Indigenous knowledge and development (Simmonds, 2014). Similar 'whakawhiti kōrero' methods have been described elsewhere whereby explicit use of Māori terms, settings and processes is different from 'generic' focus groups (Cameron, Pihama, Leatherby, & Cameron, 2013; Elder & Kersten, 2015). Data gathered through whānau workshops and focus groups informed each of the research objectives. One large, marae-based whānau workshop was carried out with whānau from Ōrākei (central Auckland) in order to gather iwi and region-specific experiences. The Tāmaki Makaurau (Auckland), and specifically the Ōrākei area, was selected at the research location in order to build on current iwi plans for rongoā revitalisation and because the researcher had already established long-term relationships with Ngāti Whātua ō Ōrākei.

Purposive sampling was used to recruit members of the wider Māori community of Ōrākei who were considered to be rich sources of information and who could address the research aims (Tongco, 2007). Eligibility for inclusion in the research included: Māori ancestry; affiliation to Ngāti Whātua ō Ōrākei; aged over 16 years; and interest in traditional Māori healing practices. The marae-based whānau workshop aimed to recruit Māori whānau who did not necessarily consider themselves to be experts in rongoā Māori. Recruitment of participants was supported by Whai Maia Ltd (Ngāti Whātua ō Ōrākei iwi development arm) and Atawhai Ora ō Ōrākei Steering Committee members. A flyer (Appendix F) inviting whānau to participate was disseminated via Whai Maia Ltd social media and email community notices. Atawhai Ora Steering Committee members also recruited participants via word of mouth. Participants then nominated themselves as willing to participate by contacting the researcher via telephone or email. The research proposal initially allowed for up to 10 whānau focus groups to be carried out, each with approximately 10 whānau members from Ōrākei. However, due to high time pressures on whānau in Ōrākei, the Advisory Group suggested holding one larger whānau gathering. A marae-based whānau workshop model was therefore adopted that facilitated both large and small group discussion activities. This approach was modelled on similar successful large-group Kaupapa Māori workshops delivered by Te Kotahi Research Institute (Pihama, Lee-Morgan, Smith, Tiakiwai, & Seed-Pihama, 2019).

The rongoā marae-based whānau workshop was held at Ōrākei marae, attended by 20 Ōrākei whānau members and lasted approximately three hours. Participants were welcomed with a whakatau (customary Māori welcome) process led by Ōrākei kaumātua that included karakia (prayer), mihi (welcoming acknowledgement) and whakawhanaungatanga (sharing) for all participants. The workshop was facilitated by the Māori PhD student and supported by a Māori researcher/facilitator who was familiar with the research project. The research project was explained to participants using information sheets and consent forms. Participants worked in both large and small groups to discuss and feed back their thoughts regarding the research questions:

- What is your perception of rongoā?
- What was rongoā?
- What is happening with rongoā now?
- What challenges are we facing regarding rongoā?
- What would we like to happen with and for rongoā in future?
- How can we make this happen?

A large group discussion was then held to summarise overall findings from the workshop and to check that the researchers had correctly interpreted the thoughts of the group. The wānanga/workshop was audio recorded using mobile phones. Participants received a $30 supermarket or petrol voucher as acknowledgement of their time. Ōrākei kaumātua concluded the wānanga using appropriate karakia (prayer) and mihi whakatau (customary Māori closing processes). Participants were aged 16 to 80+ years and included Ōrākei kaumātua, members of the Atawhai Ora rongoā Steering Committee, Ngāti Whātua Ōrākei whānau and other Māori from Tāmaki Makaurau with an association to Ngāti Whātua Ōrākei.

One focus group was held with four National Hauora Coalition (NHC) staff members. Purposive sampling was employed and involved the recruitment of participants considered to be rich sources of information who would address the research aims (Tongco, 2007). National Hauora Coalition is a collective of Māori primary healthcare organisations focused on the health and well-being of their communities, and services an estimated 202,000 people nationwide. Participants were identified via Advisory Group recommendation and recruited using an invitational email and through Advisory Group networks. An overview of the research aims, research rationale, researchers and requirements of research participants was provided by the researcher and supported by an Information Sheet (Appendix B) and Consent Form (Appendix C). The focus group was facilitated by tikanga Māori (cultural protocols). Using the focus group Interview Schedule (Appendix D), participants were asked to share their experiences and perceptions of rongoā Māori. Participants were asked to discuss the current and future role of rongoā within the health sector at the community level from their perspective as staff within this sector. The focus group was audio recorded using a Samsung S6 mobile phone using the voice recorder function. Participants received a $30 petrol or supermarket voucher as acknowledgement of their time and knowledge sharing. The focus group lasted approximately one hour and was held at the NHC offices in Avondale, Auckland. Participant roles within the NHC ranged from upper management to community service delivery level. All participants were of Māori descent and resided in the Auckland region.

Attendees at the 2017 MAI Te Kupenga Māori doctoral conference, Massey University, Palmerston North were invited to take part in a short focus group using convenience sampling (Etikan et al., 2016). Representing all major tertiary institutions across New Zealand, this participant group was appropriate in representing Māori whānau

who did not consider themselves to have expertise in rongoā Māori. This was appropriate to the research aims, given the focus is on empowerment of Māori whānau use of rongoā in everyday life. It is however acknowledged that there are limitations to this convenience sample (e.g., all had access to tertiary levels of education) in representing whānau. Verbal consent was given by the group, and participants were given the option to opt out of participating by leaving the room or abstaining. Building on the findings of the Ōrākei whānau workshop and Key Informant interviews, the researcher sought to answer specific questions regarding whānau access to and aspirations for rongoā. Approximately 40 conference participants were divided into four groups and asked to discuss and describe how they would go about accessing rongoā to address the following common health problems:

1. I am a PhD student in Ahipara (far north of New Zealand) trying to finish my last ten chapters. I caught the flu and I can't get rid of it, even with antibiotics. I feel like crap.
2. A two-year-old pēpi (baby) has bad eczema. The doctor has prescribed steroid creams that aren't working. The whānau live in Brisbane and can't afford to fly home.
3. In Ōrākei, Tāmaki Makaurau, our local weavers and tā moko artists have started getting aches and pains in their hands and shoulders from their mahi.
4. My niece was sexually abused as a child and has struggled with mental health as a young adult. She has thought about suicide lately because the crying just won't stop. She is from Ngāpuhi but is studying at Waikato (approximately four hours' drive away).

Group representatives were then asked to feed back a summary of their discussion. The larger group was then invited to reflect on their ease (or difficulty) or completing the task, as well as to share ideas about possible ways/resources that might have facilitated this process if available.

Kaupapa rongoā analysis

All hard copy consent forms, transcripts and identifiable information about participants was stored in secure storage systems at the University of Auckland. Access was restricted to the researcher (PhD student) and the principal investigator. Audio files were transcribed verbatim by third-party transcription services who signed confidentiality agreements (Appendix G). Transcripts were checked and cleaned for quality and printed in hard copy for analysis purposes. Transcripts were considered as taonga (treasured knowledge vessels) given as koha to the research and were treated with appropriate tikanga (cultural protocols). Learnings from the research data (e.g. learning about Māori approaches to rongoā) informed the research and analysis processes. For example, participants emphasised the link between rongoā, traditional Māori knowledge and connecting with the natural environment; hence, locating the researcher in geographical spaces where the natural environment was physically and visibly accessible (e.g. rural coastal areas) was conducive to the research. Similarly, participants stressed the importance of clarity of consciousness when completing rongoā mahi, and the researcher created a

clear space physically, mentally and emotionally prior to commencing reading and analysis of transcripts (including, for example, use of karakia, wai (water), pounamu (protective sacred stone) and maramataka (traditional Māori calendars)). Kaupapa Māori research principles guided the analysis process in line with Māori values, experiences and realities, and experiences as described within the methodology chapter. During analysis, transcripts were read whilst foregrounding consciously the 'unwritten' context of the research data. Specifically, the researcher was reminded and conscious of: participant motivations for participating (e.g. gifted their valuable time for the anticipated benefits of the research); circumstantial 'tohu' at the time of interview (e.g. weather on the day of interviewing, travel encounters); whanaungatanga shared between the researcher and the participant (e.g. development of mutually respectful and ongoing relationships); and instances where participants had shared deep, personal and meaningful stories (often eliciting emotional responses). The researcher was conscious of the invaluable information shared and the privilege of meeting each participant. Responsibility to ensure the research data was interpreted appropriately was at the forefront of the researcher's mind. In this sense, the researcher thought about ways by which research data could be used to help Māori whānau, what resource development could be beneficial, and appropriate ways to acknowledge participants. Key to this analysis approach is acknowledging data as taonga and using it for its intended purposes.

As stated previously, the overarching structure of the research project, as well as interview questions, acknowledged the importance of past, present and future (what was, is and will be) within the research context. This structure allowed and supported the notion that future aspirations for rongoā needed to be informed by current and past information, and also identified the impact colonial histories may have had in this context. Hence, during the analysis phase of the research, in order to answer the research questions, the researcher sought to identify the research results and to locate these results across a time-spectrum as much as possible. For example, identifying if participants were talking about past (e.g. memories, learnings), present (experiences, insights) or future (aspirations). This was helpful in providing some guidance during the analysis phase. Note that, whilst the past, present, future overarching framework was tentatively considered, it was not originally intended that the results and / or their presentation necessarily needed to fall into this framework.

Qualitative data from Key Informant interviews, Marae-based whānau workshops and focus groups were analysed together using an applied Kaupapa Māori approach to thematic analysis (Guest, Macqueen, & Namey, 2012). Applied thematic analysis is a rigorous, inductive analysis approach designed to identify themes, and to "present the stories and experiences voices by study participants as accurately and comprehensively as possible" (p. 14) (Guest, Macqueen, & Namey, 2012). An inductive cutting and sorting coding processes was undertaken (Nowell, Norris, White, & Moules, 2017). Hard copy transcripts were read and reread by the researcher. A broad understanding of the overall research findings was initially intended and accordingly, notes were made on transcripts that included underlining, highlighting in different colours, circling of words and sentences. Meaningful quotes that demonstrated the essence of participant explanations were identified. Direct quotes

from transcripts were extracted from hard copies and tentatively sorted into three broad groups (what was, is and will be). In the initial phases of analysis, common themes were simply considered to be quotes with similar meanings or references (i.e. large groups of data with broadly similar meanings). Due to the hardcopy nature of analysis, coding and grouping essentially involved allocation of quotes (on slips of paper) into 'piles' that may or may not have adopted theme / category names. Quotes were then reread in theme groups and further refined into sub-theme groupings. This process was repeated a number of times which allowed for reflection and further refinement of groupings (Nowell, Norris, White, & Moules, 2017). Analysis and grouping of themes and sub-themes was supported through discussion with research supervisors and Advisory Group members in order to ensure concepts and meanings were understood and informed by Mātauranga Māori. In addition, preliminary and final research findings were shared and discussed on a regular basis with Atawhai Ora ki Ōrākei Steering Committee members, Ngāti Whātua and Ngāti Hine whānau throughout the duration of the project in order to ensure accurate understanding and representation of the voices of research participants. Findings of the research are presented in Chapters Six to Nine. Relevant meaningful quotes sourced from the data are presented to demonstrate research findings. Storytelling is a valid and common Indigenous way of sharing information as identified by Lee-Morgan (2009) who explored pūrākau (cultural narratives) as a research methodology (Chilisa, 2012; Lee, 2009). During analysis, sections were identified wherein participants had shared particularly meaningful cultural narratives. To 'dissect' these narratives into smaller 'quotes' would have removed the essence and meaning of the message intended by the participants. Particularly powerful pūrākau are therefore included 'as told' within the results chapters (see blue text boxes).

Kaupapa Māori methodology acknowledges the impacts of colonisation on Māori experiences and therefore data analysis draws on Critical Discourse Analysis (Jackson, 2015). In the context of this research, Critical Discourse Analysis as a research tool enables the analysis of research data to interpret research findings in the context of historical colonisation and Māori realities. Research findings were also presented at hui and national and international Indigenous research conferences (e.g. PRIDoC (Pacific Region Indigenous Doctors Congress), Ngā Pae o Te Māramatanga International Indigenous research conference, He Manawa Whenua, MAI doctoral conference) in order to gather Māori and Indigenous feedback and to validate findings. Conferences were attended by Māori from across Aotearoa (including Ngāti Whātua) and international Indigenous peoples, and provide safe forums within which to share and discuss research findings, gain peer review, feedback and insights from whānau, hapū and iwi, and link findings with other current Indigenous research. The development of innovative resources that promote the use of rongoā Māori was originally planned to be informed by the research data. It was proposed that a mixture of technological resources (e.g. smartphone app, web page), wānanga (e.g. information sessions, whenua walks, practical rongoā making workshops) and print material (booklets, pamphlets, leaflets) may be recommended by participants. Whilst participants made recommendations that aligned with what was anticipated, it became apparent that development of resources as part of this project might not be appropriate for the following reasons: a) the environmental scan identified multiple whānau-led

resources that had already been developed (e.g. maramataka dials); and b) the research findings indicated that self-determined and developed resources (rather than prescribed and implemented solutions) were preferable to whānau.

Summary

This chapter has outlined the research methods used within this project. A review of relevant peer-reviewed and grey literature informed the project rationale and development. Key Informant interviews and whānau focus groups were carried out in order to gather in-depth information from participants with expertise relevant to the research questions. The research was located within a Māori health research centre, driven by iwi aspirations for rongoā sustainability, and supported by Kaupapa Māori health researchers. Data were analysed in ways that foregrounded Māori realities and world views, and valued the knowledge shared by research participants. The next chapter provides historical, contextual and traditional information pertaining to Māori as the Indigenous people of Aotearoa/New Zealand.

Introduction

This section provides historical, contextual and traditional information pertaining to Māori as the Indigenous people of Aotearoa/New Zealand. Included are: traditional stories of arrival to Aotearoa; explanations of the term Indigenous and what this means to Māori; beliefs of Māori in terms of the natural environment; and, the importance of unification of humans and land. The presentation of traditional Māori beliefs/stories throughout this thesis acknowledges that many versions of these stories exist, given that Māori 'tribal' groups are self-determining of their own knowledge base. References to traditional stories and the retelling of these stories within this thesis were guided by the researcher's tribal affiliations to Ngāpuhi (large Māori tribal grouping in northern New Zealand) and Māori advisors with in-depth knowledge of mātauranga. The information presented here is not new; however, the importance of acknowledging and fully understanding Mātauranga Māori within the context of addressing Māori health concerns is often 'mentioned' yet lacks 'substance'. This is evidenced in the multiple documents that either omit or superficially refer to Mātauranga Māori, without additional information. In addition, the foundations of Mātauranga Māori (i.e. Māori creation stories) are not routinely taught in mainstream New Zealand schools or within the health professional curriculum. The findings of this research point clearly to rongoā being closely aligned with Mātauranga Māori and hence, in order to understand (and make useful) the research findings, it is beneficial to clearly articulate and bring forward Mātauranga Māori within the context of this research (i.e. from a health sector perspective). Indeed, how can we, as the health workforce, hope to achieve Māori well-being without fully understanding Māori beliefs regarding health and our place within Te Ao Māori?

Māori world views

Aotearoa is the original Māori name given to the land now commonly known as New Zealand. Māori records tell the story of Kupe and Kuramārōtini who arrived (estimated at around 800 years ago) via the Pacific Ocean (Te Moana-nui-a-Kiwa), by way of the waka (seafaring canoe) named *Matawhaorua* (a double-hulled canoe), which landed at the mouth of the Hokianga Harbour on the west coast of the North Island of New Zealand (Anderson et al., 2014). On their approach, Kuramārōtini identified the white clouds covering the land that stretched in the distance and famously called out, "He ao, he ao, he Aotearoa" (land of the long white cloud). Kupe, Kuramārōtini and the *Matawhaorua* waka (as told by the Ngāpuhi tribe) are attributed to be the first to have arrived in this land of Aotearoa (Anderson et al., 2014). The story of Kupe's arrival is followed by detailed genealogical accounts of his descendants, as well as those of other waka that subsequently arrived. These stories are preceded by records of navigation of the Pacific Ocean and departure from other Pacific Islands. Despite common European misconceptions of accidental discovery, it is generally agreed by Māori and Pacific peoples that migration through the Pacific involved planned repeated navigation across the ocean (Harris, Matamua, et al., 2013). Hence, Māori

were the original inhabitants and are recognised as the Indigenous people of Aotearoa. Internationally, the United Nations estimates more than 370 million Indigenous peoples across 70 countries globally, and identifies these peoples as descendants of those who inhabited a country or a geographical region at a time when people of different cultures or ethnic origins arrived (United Nations, 2011). In acknowledgement of the rights of Indigenous peoples to self-determine their identity, the United Nations has not adopted nor developed one formal definition of Indigenous. However, an explanation offered includes:

> "Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system" (United Nations, 2004).

Collectively, Māori identify as the Indigenous people, tangata whenua (meaning people of the land) or mana whenua (those with 'territorial rights/powers' of the area), of Aotearoa. With regard to Māori traditional geographical lands and territories, tangata whenua status is attributed to iwi (tribal), hapū (large family groupings) or whānau (smaller family groupings) groups. For example, the Ngāti Whātua 'tribe' identify as tangata whenua and/or mana whenua of the central and northern Auckland region. Indigenous peoples place special significance on the idea of unification of humans with the natural world (Cunningham, 2003; Royal, 2003). Connection to 'land' is of central importance to Māori, such that traditional social organisation was linked closely with ways by which Māori occupied and connected with land (Anderson et al., 2014). Royal (2003) notes that:

> 'Indigenous' is taken to mean those cultures whose world views place special significance or weight behind the idea of the unification of the human community with the natural world. I believe that whilst colonisation is a reality for so-called 'Indigenous' peoples, the ontological and epistemological concern of unification with the world is a better place for us to meet. There seems to be a general agreement among 'Indigenous' peoples the world over, whether Māori, Hawai'ian, African, Native American and so on, that unification with the world is the primary concern of the world views contained within their traditional knowledge (Royal, 2003).

Māori believe that we are directly descended from atua (Māori 'ancestors' personifying natural environment elements) and hence whakapapa to (have direct relational links to) such entities. Identification as Māori/tangata whenua (or rather, group membership) is reaffirmed through the system of whakapapa. Whakapapa, as described by Dr Takirirangi Smith, does not refer to genealogy, myth and story. Rather Smith (2000) notes: "What I do mean [by whakapapa kōrero] is tangata whenua discourse, which rationalises existence through

interconnectedness and the identification of relationships of those things which are identified as existing" (p. 53) (Smith, 2000). In addition, "whakapapa kōrero text, as the discourse of tangata whenua … allows clearer understandings and provides useful insights into pre-colonial Māori philosophies" (Smith, 2000). Reaffirmation of these relationships is demonstrated through Māori protocols such as recital of 'pepeha' whereby a person will identify the land, mountain, water, tribe and family group to which they have an affinity. It is important to distinguish between people who simply live 'on' the land and those who identify with being 'of' the land.

> "The land itself was, and is, the source of life: Papatūānuku is the Earth Mother from whom we all come and to whom we all return. The placenta that nurtures us before birth and the land that provides nourishment in life are both whenua. The whenua provides its gifts, or taonga, to us as koha – as something which must be reciprocated. The exchange is an obligation on humans to care for the earth so that its resources will continue to be available. With this obligation goes a realisation that the iwi and the whenua are interdependent and exist in harmony only as long as their relationship is in balance. *Thus,* Māori are tangata whenua. Not people in the land or over the land, but people of it" (Jackson, 1993).

Indigenous peoples' ways of knowing, being and doing are derived from comprehensive Indigenous knowledge systems that inform our understanding of the world including: physical and metaphysical entities that exist, how the world is interconnected and interdependent, and our place as humans and Indigenous peoples within it. Similarly, in New Zealand, Māori ways of knowing, being and doing are derived from the complex structures of traditional Māori knowledge or Mātauranga Māori. Mātauranga Māori comes from a distinctly Māori world view and encapsulates the complex context and concepts of Te Ao Māori (Wikaire, 2015). Mātauranga Māori is grounded within the interrelational contexts between metaphysical and physical, celestial and terrestrial knowledge, and has multiple expressions including verbal and non-verbal mātauranga. Māori world views are evident through the retelling of Māori stories that build a framework through which Te Ao Māori is understood. The combination of historical accounts told and retold through generations tell of our way of life and the values and principles within which our whakapapa (relational being) is grounded (Marsden, 2003; Reinfeld et al., 2015).

The Māori world view, like many Indigenous world views, is founded on the story of creation. Indigenous creation stories are evidence of scientific Indigenous understanding of global environmental health, ecosystems and sustainability, enforced through advanced knowledge systems operating via Indigenous beliefs, customs, lore and ceremony (Jones, 2019; Walters et al., 2018). The Māori creation story begins with Te Kore, a void/nothingness/potential. From Te Kore comes Te Pō, a form of night or darkness (described further below), and then from Te Pō comes Te Ao Mārama (the world of light). The following is a brief version of the Māori story of creation. Whilst it is not the main priority of this thesis to offer an in-depth explanation of this creation story, it is important to present clearly the positioning of Māori, as an Indigenous people, and our world view in order to comprehend our understanding of all that is. This description draws on a karakia (incantation) that describes

each of the three 'phases' of creation, as well as a version of the creation story presented within the *He Hīnātore ki te Ao Māori* report by the Ministry of Justice (2001). In the beginning there was Te Kore, from Te Kore came Te Pō, and from Te Pō came Te Ao Mārama. Te Kore refers to a nothingness, a void, and also energy and potential. Te Kore is described as the void in which nothing is possessed, felt, unified or bound.

> "Te Kore was the first phase*;* the most remote phase; a period in which there was nothing and the world was void. The period of Te Kore expresses the idea of a vacuum in nature wherein nothing exists. However, unlimited potential for being existed in Te Kore although it had no organised form. There was no gender, yet all possibilities were contained within the confines of Te Kore and from Te Kore all things were developed and created" (Ministry of Justice, 2001).

Te Pō refers to the night or darkness. Te Pō is the phase in which Ranginui (male element) and Papatūānuku (female element) (the primordial parents) come into being. Their presence is described as a long and loving tight embrace in which they produce many children.

> "The second phase is Te Pō, a period of darkness and ignorance. The spontaneous development of Ranginui and Papatūānuku occurred during Te Pō and from this relationship derived the male and female principles. Ranginui, the sky father, descended from the sky to join with Papatūānuku, the Earth mother. They lay in an embrace so the world was still shrouded in a darkness that inhibited growth, progress and an increase in knowledge" (Ministry of Justice, 2001).

In Te Pō, the children of Ranginui and Papatūānuku resided in the cramped and dark space between their parents. Tāne, Tāwhirimatea, Tangaroa, Tūmatauenga, Rongomātāne, and Haumiatiketike are some of the many children of Rangi and Papa and are considered to be 'revered ancestors' of the forest, elements, sea, war, peace, kūmara and cultivated plants, and fern root and uncultivated foods, respectively. The children (also considered atua) were unhappy in the dark space between their parents, and Tāne suggested that Rangi and Papa should be separated in order for light, growth and life to develop. Tāwhirimatea did not agree, but the others did, and after various attempts, it was Tāne who lay on his back on Papatūānuku and stretched his feet skyward, pressed his feet against Rangi and forced them apart. Despite resistance from Rangi and Papa, Tāne was successful and light entered Te Ao Māori. Te Ao Mārama refers to the emerging of light through an initial glimmer, followed by the brightness of day, and eventually life.

> "The third phase is Te Ao Mārama. It emerged into light when the separation of Ranginui and Papatūānuku occurred. Tāwhirimatea opposed his parents' separation so he sought utu against his brothers by attacking their creative efforts with winds and mighty storms. He uprooted the children of Tāne (the trees) and attacked Tangaroa who fled from sea to sea. The grandchildren of Tangaroa,

> Ikatere (progenitor of fish) fled into the sea and Tūtewehiwehi (progenitor of reptiles) fled onto the land. Rongomātāne and Haumiatiketike were hidden within the bosom of Papatūānuku from the forces of Tāwhirimatea" (Ministry of Justice, 2001).

Māori beliefs attribute Tāne-nui-ā-Rangi with having ascertained Mātauranga Māori from the whare wānanga (learning institution). The story tells of Tāne's journey of ascent (that incidentally involved many challenges) in order to reach the highest 'heaven', from which he obtained three kete (baskets) of knowledge and brought them back down to 'earth' (Papatūānuku). Among other things, with this knowledge, Tāne was able to endeavour to create a 'female' element and subsequently the line of human descent. Drawing on Mātauranga Māori world views, in precolonial Aotearoa, Māori social well-being and community development was informed by traditional Māori knowledge systems (Lee, Hoskins, & Doherty, 2005; Rout & Te Rake, 1926). Anderson, Binney and Harris (2014), in the context of discussing Māori histories, refer to the term 'traditional' as meaning "the practices and customs existing around the time of European arrival [in New Zealand], up to about AD 1820". This research project generally accepts this definition, given that sources of information available which document occurrences are largely focused on this time period. However, this is not to discount the evidence that Māori knowledge and customs showed patterns of ongoing research and development prior to (and post) this time. What is important is to distinguish 'traditional' Māori customs as 'pre-contact' from those influenced 'after' the arrival of European explorers and settlers 'post-contact'.

Māori world views and creation stories provide the philosophical framework through which Māori understand the structure and behaviour of the physical and natural world. Built into this traditional Māori knowledge system, as with many Indigenous peoples' knowledge systems, lies complex scientific understandings of geographical, ecological, meteorological and astrological patterns, trends and interactions (Anderson et al., 2014; Clarke & Harris, 2017; Durie, 2004a). Hence, there is evidence of scientific investigation having informed Māori (and Indigenous) ways of knowing, being and doing (Harris, Matamua, et al., 2013). For example, Māori and Indigenous peoples of the Pacific built waka hourua (double-hulled sailing vessels) and navigated across the ocean using astronomy and knowledge of tides and weather patterns (Harmsworth & Awatere, 2013; Harris, Matamua, et al., 2013). Māori seasonal fishing and gardening activities were informed by weather patterns (maramataka) seasonal changes, animal migration patterns and geographical properties of land and sea (Anderson et al., 2014; Papakura, 1986; Rout & Te Rake, 1926). Native plants were sourced for their medicinal properties (Riley, 1994), as dye for tā moko (traditional tattoo) (Te Awekotuku, Nikora, Rua, Karapu, & Nunes, 2007) and for tools and clothing. As well, Māori developed advanced combative techniques and weapons of warfare and implemented effective ways of intergenerational knowledge transfer, research and development (e.g., karakia, pūrākau, waiata) (Lee, Hoskins, & Doherty, 2005; Pihama, 2001). Environmental sustainability was prioritised and maintained through protection of natural resources (kaitiakitanga) positioned as 'atua' (ancestors) and values of reciprocity (e.g. use of resources alongside sustainable practices).

Traditional Māori health systems (rongoā)

Linked directly to understanding Indigenous peoples and indigeneity, Indigenous peoples' concepts of health and well-being present with similar foundational beliefs internationally. Many Indigenous peoples understand health to be of a holistic nature, incorporating social, cultural, spiritual, environmental, emotional and family well-being (World Health Organisation, 2019; Durie, 2004a; Royal, 2003). As well as including holistic concepts of well-being, Indigenous peoples focus on well-being as incorporating the health of the whole community, as well as the well-being of ancestral lands and wider environments across the entire lifespan (whole-life view) (Purdie, Dudgeon, & Walker, 2010). Similarly, the principle of 'seven generations' talks about the responsibility of humans to care for the Earth Mother, the wellness of the earth in our generation with a vision towards the sustenance of the seventh generation in the future (Wendy Phillips, Ceremonial Leader, Traditional Indigenous Healer, Bald Eagle Clan, Ojibwa and Potawatami, Wasauksing First Nation, Personal Communication, 27th June, 2019). As Hill (2008) explains: "Not only is each generation responsible for its own healing but also the healing of the past seven generations and the seven to come" (Hill, 2008). Māori concepts of health are holistic and align with other Indigenous health concepts through: inclusion of spiritual influences on health; acknowledging close human connection with the natural environment; linking concepts of past, present and future, between health and identity; and acknowledging the broad physical and metaphysical contexts within which we exist.

> "Health is about people, and Māori health development is essentially about Māori defining their own priorities for health and then weaving a course to realise their collective aspirations. It requires an understanding of philosophical and cultural parameters, and appreciation of social and economic positions, and the ability to plait together the many strands that influence health status. In this sense, Māori health is about diverse realities and the reconciliation of the past with the future" (p. 1) (Durie, 2004b).

Two well-known Māori models of health have been described by Professor Mason Durie (Te Whare Tapa WhaWhā) (2004b), and Dr Rose Pere (Te Wheke) (1984) and were developed using traditional Māori concepts of wellness to both articulate a broad holistic concept of wellness for Māori and to challenge biomedical notions of health that focus on physical well-being. Te Whare Tapa Whā (conceptually framed as the four walls of a building) includes four facets of: taha whānau (family), taha wairua (spiritual), taha tinana (physical) and taha hinengaro (psychological) (Durie, 2004b). Similarly, Dr Pere's Te Wheke model likens health to an octopus. Te Wheke includes eight 'tentacles', four of which align with Te Whare Tapa WhaWhā, and an additional four 'tentacles' including: whatumanawa (emotional), mauri (life principle), mana ake (unique identity) and hā a-koro-mā, a-kui-mā (inherited strengths). In the broader concept of her model, Pere locates the parent/child at the centre and includes values of aroha (unconditional love), te reo (Māori language) and whenua (land) (Mark, 2012). These Māori models of health emphasise a holistic conceptual understanding of health incorporating co-dependence

such that well-being cannot be achieved if all four Te Whare Tapa Whā elements (or elements of Te Wheke) are not in a 'state of wellness' (Durie, 2004b; Pere, 1984, 1995). Both examples provide simple models through which Māori health can be understood, and Te Whare Tapa Wha in particular has noted widespread uptake and implementation across health sector services and organisations. Both models have also been critiqued, however, for their focus on health at the individual level rather than the collective, as denoted by Māori valuing of whānau well-being. Inadverterntly, the simplicity of these models may also have allowed adoption of a simplistic view of Māori health. Whānau, hinengaro, wairua and tinana, as complex Māori concepts, are commonly translated into family, mental, physical and spiritual health. This translation risks removing deep understandings, limiting families to nuclear units, and spiritual health to the presence of prayer in Te Reo Māori. Deeper reading into how Durie described Te Whare Tapa Whā encourages much richer understandings of these concepts, with the potential for further elaboration (Brown, 2010). Whilst Māori models of health provide a holistic view of well-being, other Māori concepts that further build on these models can be foregrounded. For example, the notion of indigeneity, as described by Te Ahu Karamu Charles Royal, acknowledges the deep, historical and ongoing intimate connection we, as an Indigenous people, have with the natural environment (Royal, 2012). Indeed, the people of Whanganui repeatedly reaffirm the importance of their sacred river via the whakataukī (proverb): 'E rere kau mai te awa nui mai te kāhui maunga ki tangaroa, ko au te awa, ko te awa ko au.' *The river flows from the mountain to the sea, I am the river, the river is me.'* Hence, when we consider whakapapa connections in relation to health, we understand that the health of the people is dependent on the health of the environment (i.e. river). Similarly, Karina Walters (2016) talks about our connection to our ancestors and to health through water:

> "Indigenous teaching teaches us that water is our first medicine, the majority of our world is made up of it, the majority of our body, as well, is made of it. And the water that we drink today actually is the same water that touched the lips of our ancestors, only to rise to the heavens and return to the earth. And in that way, through water, we have direct connections to our ancestors every single day" (Walters, 2016).

Traditional Māori social systems prioritised the survival and development of Māori communities; public health laws maintained Māori health and fitness, and eliminated contagious diseases (Rout & Te Rake, 1926). Durie (2004b) notes that "Māori public health systems were necessary for the well-being of the communities they served". Māori public health systems in pre-contact Aotearoa included a general understanding of health and disease causation using Māori concepts and tribal community structures. Key elements underpinning Māori public health systems included:

- Māori concepts of health and understandings of disease causation
- Tribal structures and systems of health, education, justice, spirituality and language

- Belief in public health systems
- Concepts of safe and unsafe practices
- Framework of Māori beliefs and values which regulated behaviour
- Tapu/noa (disease prevention and health protection systems) – safety mechanism
- Noa – flexibility in application, time, precaution, access
- Separation to prevent contamination or allow replenishment of stocks (rāhui)
- Location of villages, separation of living quarters
- Specialist knowledge and mana holders – leadership (based on whakapapa)
- Trust in the concepts that underpin the system by population.

In addition, 'enforcement' of appropriate practices of tikanga and kawa (protocols) was enhanced through belief systems and consequences, spiritually and physically (Brown, 2010; Durie, 2004b; Ratima, 2001). Rongoā is a term commonly used to refer to customary or traditional Māori healing practices or systems. Health literature generally describes rongoā Māori as a complex traditional system of healing that draws on Māori concepts of health and Māori world views. One explanation states that:

> "Rongoā Māori is a holistic system of healing that has developed out of Māori cultural traditions. It has a long history of usage and credibility among Māori, and increased interest in its revival and sustainability has prompted calls for its formalisation within the New Zealand public health system" (p. 5) (Institute of Environmental Science and Research, 2009).

Another explanation refers to rongoā as a well-being-oriented practice that is "based on a body of knowledge accumulated by tūpuna Māori (ancestors) that is applied in totality to bring about wholeness or interconnectedness of the body, mind, emotion, spirituality, energy, society, culture, relationships and environment" (p. 3) (Ministry of Health, 2014b). The Ministry of Health notes that "rongoā combines healing tradition, environment and mātauranga and is separate from Western medical paradigms which focus on disease causation and management (Ministry of Health, 2014b). Reinfeld and Pihama (2007) remind us that rongoā is more than the sum of its parts and note the whakapapa connection between rongoā and natural resources and hence Māori atua and creation stories.

> "At the centre of Māori healing is a focus on direct unmitigated relationship to mana atua, mana whenua, mana moana and mana tangata. This focus centralises our belief that we descend directly from our Great Creator through our primal parents Ranginui rāua ko Papatūānuku. We believe we descend directly. Our elders, the descendants of Rangi and Papa, are all our elder relations. Maintaining healthy relationships includes the role we have as kaitiaki, as guardians and advocates of these elder relatives. We are the foreshore and seabeds. We are the land. We are

> spiritual inheritors on a physical landscape which mirrors the great struggle of the primal offspring to separate their parents' embrace within Te Pō so that Te Ao Mārama could be established" (Reinfeld & Pihama, 2007).

Pehenira (2011) explains that Māori healing is a multilayered notion that is part of a larger whole, being wellness as Māori and Indigenous peoples. Reinfeld and Pihama (2007) also note that rongoā Māori foregrounds balanced relationships between self, universe and gods, including direct relationships with lands and environments (Penehira, 2011; Reinfeld & Pihama, 2007). Rongoā is a relatively recent term that was somewhat necessitated by the need to distinguish between healing or 'medicine' that was uniquely Māori, and that of Western (non-Māori) medicine. Hence, the term rongoā Māori is often translated simply as 'Māori medicine' (Reinfeld & Pihama, 2007). Rongoā is derived from reference to 'Rongo', a Māori atua (ancestor) who appears in multiple forms within Mātauranga Māori and other Indigenous knowledge systems. Rongomātāne is considered a source of nourishment (sustenance provided by cultivated foods), and Rongomaraeroa denotes bringing of 'peace', hence rongoā in both ways can be understood as a reference to 'healing', sustenance or nourishment. Hence 'rongoā rākau' or rongo-ā-rākau, denotes healing by way of the use of trees/plants.

Whilst Rongomātāne is considered one of the major seven children of Ranginui and Papatūānuku, Tāne is attributed with having created the majority of the native plant base. In his pursuit of the creation of the female element human/form, Tāne first attempted to procreate with multiple entities, through which the resultant 'issue' were trees and plants (hence the name Tāne-Mahuta – 'ancestor' of the forest). Māori whakapapa (relational connection) therefore locates plants and trees as the siblings of humans. Rongoā in practice (largely service delivery contexts) has been described in various forms such as karakia (spiritual prayer), mirimiri (massage), romiromi (deep tissue massage), and rongoā rākau (use of native plants to create medicines) (Institute of Environmental Science and Research, 2009). Somewhat limiting when considered as a 'health service', the explanations provided above describe the complex nature of rongoā not only as a health service, but rather as a complex and complete healing system. These definitions therefore provide insight into rongoā theoretical and practical understandings that go beyond contemporary concepts of 'health'. One aim of this study is to encourage whānau to discuss and define their own understanding of rongoā.

Summary

Indigenous knowledge provides the framework for Indigenous ways of knowing, being and doing, including informing ways of life that ensure health and well-being (Martin & Mirraboopa, 2003; Walters et al., 2018). In Aotearoa/New Zealand, prior to European arrival, Māori had developed traditional health systems (rongoā Māori) that promoted and maintained the health and well-being of Māori communities. Traditional Māori health systems were developed using a distinctly Māori world view, based on scientific evidence and understood via Mātauranga Māori. Māori and Indigenous concepts of health are holistic and incorporate deep, intimate

connections with the natural environment. Rongoā Māori is a complete and complex, uniquely Māori system of healing derived from Māori Indigenous knowledge systems. With colonisation came the destruction of Māori belief systems that maintained the well-being of Māori communities. Reliance on and use of Western medical practices has been increasingly forced upon Māori and has now become a first (and at times only) resort for addressing health concerns, and rongoā has become almost a 'last-resort' healthcare option. The next chapter reviews current peer-reviewed and grey literature and policy contexts to inform an understanding of issues relevant to whānau participation in traditional Māori healing practices (Rongoā Māori).

Introduction

The widespread and multilevel health disparities between Māori and non-Māori are unfair, unjust and preventable. Despite government commitments to eliminating health inequities (Ministry of Health, 2014a) and Māori aspirations for Māori-determined ways of healing (Ratima, 2001, 2015), the New Zealand health system remains predominantly underpinned by non-Māori concepts of health and healing. Rongoā Māori is driven by Mātauranga Māori and is underpinned by traditional Māori philosophical concepts of health and healing. Given the effectiveness of rongoā in precolonial Aotearoa, and the health problems experienced by Māori largely reliant on Western medical systems, there is potential for rongoā to contribute to Māori health gains. Exploration of the potential of Rongoā Māori to contribute to Māori health outcomes is both warranted and necessary. This chapter reviews current peer-reviewed and grey literature and policy contexts to inform an understanding of issues relevant to whānau participation in traditional Māori healing practices (Rongoā Māori). National and international literature was reviewed to explore the current knowledge base for whānau participation in traditional Māori healing practices. This chapter presents: 1) a scan of government and health sector policies and strategies in order to scope the extent of rongoā structural support in New Zealand, 2) a summary of information available regarding the extent to which rongoā is/was currently utilised within New Zealand; and 3) a summary of available literature that directly explores the availability and development of Rongoā Māori in Aotearoa/New Zealand in whānau contexts. In alignment with Kaupapa Māori research principles that centralise the experiences of whānau, hapū and iwi, this chapter also includes a section outlining the context of rongoā in Ngāti Whātua ki Orākei. Examples are provided of some of the challenges faced by Ngāti Whātua rongoā healers that resonate with literature review findings. The chapter concludes with a summary and critique of the available literature.

Participation in traditional Indigenous healing practices

With colonisation came the destruction of Māori belief systems that maintained the well-being of Māori communities. Rongoā Māori is one of many core 'traditional' Māori knowledge elements that suffered a huge decline in knowledge retention, translation and use through Treaty of Waitangi breaches such as the Tohunga Suppression Act (Durie, 2004b; Network Waitangi, 2008). The Tohunga Suppression Act 1907, alongside other legislation such as the Crimes Act 1961, outlawed tohunga (expert Māori healers) practices and Māori prophecies. Such laws undermined the validity of tohunga and the knowledge they held, hence denying the credibility of rongoā as health systems and practices (Mark, 2008; McClintock, 2003). In addition, reliance on and use of Western medical practices has been increasingly forced upon Māori and has now become a first (and at times only) resort for addressing health concerns. Western health systems are derived from models of health that focus largely on the biomedical model. The scientific basis, effectiveness and safety of Māori healing practices are also continually critiqued by Western medical professions by Western scientific standards (Durie,

2004a; Reid et al., 2019). Essentially, through colonisation, there has been a loss of traditional Māori health practices and knowledge with a subsequent reliance on Western medicines as the 'first point of contact' for healthcare (Durie, 2004b). Hence, use of rongoā as the socially 'normal' form of Māori health prevention and primary health care practice, has now become almost the 'last-resort' healthcare option (A. Teneti, personal communication, July, 2013).

Internationally, it is difficult to gauge the extent of Indigenous peoples' participation in traditional Indigenous healing and what structural support is available. In general, global use of traditional Indigenous healing remains popular and, in many countries, the predominant healing system (Yuan, Ma, Ye, & Piao, 2016). Issues with identifying the extent of use of traditional Indigenous healing come with diverse definitions of what constitutes Indigenous healing (Struthers, Eschiti, & Patchell, 2004), global variation in the sovereignty of Indigenous peoples and the impacts of colonisation on their knowledge and healing systems, and a wide range of practical applications of Indigenous healing methods (Koithan & Farrell, 2010). In New Zealand and Australia, we are able to identify that colonisation has imposed a predominantly Western health system focused on medicines, specialists and scientific investigation, with the provision of extremely limited complementary and alternative medicine (Oliver, 2013). In China and India, traditional Chinese medicine and Ayurveda, respectively, are widely accepted, regulated and predominantly practiced, and this aligns to sovereignty of Chinese and Indian peoples in these countries (Yuan et al., 2016). There are also reports that in Canada, social perceptions of traditional Indigenous healing practices are changing and increasing in popularity (Robbins & Dewar, 2011). In America, Native American healing traditions are increasingly being implemented alongside allopathic (modern) medicine in health promotion settings, although it is likely that the extent to which this occurs varies greatly in first-world countries (Koithan & Farrell, 2010; Walters et al., 2018).

The wide range of practical applications of Indigenous healing is an area of particular focus for this research project. There is a plethora of literature available that 'product-ifies' Indigenous healing methods (e.g. turmeric, manuka honey, ayahuasca) that seem to be driven by allopathic health agendas, commercial markets, pharmaceutical and medical companies, and not necessarily protected by intellectual property rights (Fotiou, 2016; Leong, Herst, & Harper, 2012; Moran, 2008). However, in the context of this research, 'everyday' Indigenous healing practices and whānau use of rongoā Māori, this research is focused on the range of Indigenous ways of knowing, being and doing that ultimately promote well-being and prevent illness (much broader than 'herbal remedies'). This context and the research approach aligns with the Ottawa Charter and Māori health promotion frameworks that incorporate Māori world views, values and belief systems, and support empowerment of Māori communities to increase self-determined control over well-being (Ratima, 2015). Further, considering the interconnected nature of Māori and Indigenous concepts of health and healing, this research acknowledges that understandings of Indigenous healing in health promotion frameworks operate across multiple 'sectors' (not exclusively within the health sector) (Newelt & Harwood, 2015). Information

regarding the extent to which Māori participate in traditional Māori healing practices is not routinely collected or reported. Therefore, the prevalence of Māori use of rongoā Māori is unknown. From a government perspective, rongoā Māori is currently positioned as an 'alternative' healthcare option in Aotearoa. Hence, what data is available about the use of rongoā Māori within Aotearoa has often been 'grouped together' with reports discussing the use of 'complementary and alternative medicine' (CAM). A definition adopted from a 1997 conference in the US for alternative medicine defined CAM as:

> "Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities and practices, and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-identified by their users as preventing or treating illness or promoting health and well-being" (Ministerial Advisory Committee on Complementary and Alternative Health, 2004).

Results from the 2002/03 New Zealand Health Survey recorded use of CAM workers or traditional healers in the 12 months prior. Of those surveyed, 22.7% of Māori, 10.8% of Pacific, 11.7% of Asian and 25.1% of other (majority European) had visited a CAM provider. A total of 0.9% of all survey participants visited a Māori healer, representing 6% of Māori who completed the survey. Māori participants also visited massage therapists (8.4%), spiritual healers (4.7%), chiropractors (4.5%), homeopaths and naturopaths (2.9%) and osteopaths (2.2%). The most common reasons for visiting a CAM practitioner for Māori was for spiritual well-being (35.5%) followed by short-term illness (32.1%), injury or poisoning (24.9%) and disability/chronic illness (22.2%). Reasons given for choosing a CAM practitioner included: seeking help with conditions that other healthcare providers were unable to treat (50.7% total, 46.1% Māori, 53.2% Pacific, 39.7% Asian, 51.6% Other); being referred by a friend or relative (29.2% total); seeking specialist services (12.5%); or being referred by a doctor (12%) (Ministry of Health, 2004) (Ministerial Advisory Committee on Complementary and Alternative Health, 2004).

The limited data presented here that is collected and available is unlikely to provide an accurate picture of Māori use of rongoā services. Unfortunately, rongoā Māori was removed from the New Zealand Health Survey as an explicit, separately collected answer and therefore the most recent data available is 15 years old. The data above noted approximately 1% of all survey participants using rongoā. If we make assumptions based on current funding models whereby the Ministry of Health funds up to 19 rongoā clinics, and allows for up to 600 client contacts per clinic per year; this works out to funding for approximately 11,400 client contacts per year nation-wide. Anecdotal evidence and known provision of unfunded rongoā services would presumably indicate a higher rate of participation in rongoā. However, it is difficult to estimate accurate rates of access and use based on the data available. As well, measurements of client contacts and/or 'service' access is problematic, as it focuses predominantly on primary care service delivery in community settings. Whilst whānau use of rongoā in health

promotion contexts has recently increased in popularity, it is difficult to gauge without measurement and identification of non-clinic-based rongoā. In 2013, a survey of Māori healers in seven districts around New Zealand aimed to scope the extent of rongoā service provision by collecting information about healer and clinic characteristics. Thirty-eight healers/rongoā clinics completed the survey (representing 173 individuals) with respondents being largely Māori (88%) females (69%) aged 50 years or older. Most worked as healers on a voluntary basis with a reliance on informal training. This survey highlighted the urgent need to develop, fund and expand the rongoā Māori workforce to ensure sustained practice. A key area of concern was a lack of training pathways for aspiring healers to follow in order to gain the necessary skills and knowledge required to operate within the rongoā context (Ahuriri-Driscoll, Boulton, Stewart, Potaka-Osborne, & Hudson, 2015).

Structural arrangements for rongoā Māori

Māori and the government have identified both Māori health development and traditional Māori healing as key elements essential in addressing health disparities and improving Māori health outcomes (Ministry of Health, 2002, 2006a, 2011). The Ministry of Health has made a strategic commitment to strengthening the provision of quality rongoā services across the country, to foster the growth of rongoā services and improve Māori well-being in alignment with its strategies: Taonga Tuku Iho (Ministry of Health Rongoā Development Plan); Tikanga a-Rongoā (rongoā standards of practice); Whānau Ora (Māori whānau-centred healthcare); and, He Korowai Oranga (Māori Health Strategy) (Ministry of Health, 2002, 2006b, 2014b). The 2006 Ministry of Health Rongoā Development Plan, Taonga Tuku Iho: Treasures of our heritage, is the most recent strategic government planning document specifically for rongoā. The development plan generally sets out to: create leadership by bringing together a national body; improve the quality of rongoā services provided (by developing standards of practice), and to increase capacity of rongoā services through training and career pathways (Ministry of Health, 2006a). This aligns with Vision Mātauranga (Ministry of Research Science and Technology, 2005), which more broadly aims to: develop Māori knowledge, resources and people; achieve environmental sustainability through kaitiakitanga; improve health and social well-being within Māori communities; and develop Indigenous knowledges. These strategic commitments also align specifically with the Declaration on the Rights of Indigenous Peoples (United Nations, 2008) which states that Indigenous peoples have the right to:

> "… their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. … Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right."

As a representation of their strategic commitments, the Ministry of Health has implemented the following structural arrangements for rongoā Māori. In 1993, a national rongoā Māori body was established with support from the Ministry of Health; originally entitled *Ngā Ringa Whakahaere o Te Iwi Māori*, the current recognised national body Te Kāhui Rongoā includes representatives from up to 10 iwi (tribal groups). However, what information is available (Personal Communication: Donna Kerridge, 2018) suggests that Te Kāhui Rongoā currently lacks funding and this continues to restrict the potential for this group to contribute in intended ways to rongoā development.

The Ministry of Health currently funds up to 19 rongoā Māori clinics across New Zealand DHB regions: delivering rongoā services via up to 600 client 'contacts' each per year for three years; and funding rongoā 'practitioners' to provide limited 'treatments' of karakia (including pastoral support), mirimiri (massage) and whakawhiti kōrero (cultural support) only. Ministry of Health contracts explicitly exclude rongoā rākau from the rongoā services funded by the ministry (Ministry of Health, 2014b). All rongoā practitioners funded by Ministry of Health rongoā services contracts are required to comply with Tikanga ā-Rongoā requirements and Ministry of Health – Health and Disability Codes and Ethics. Data recording the number of individual clients accessing rongoā services is not publicly reported. Whilst government support for rongoā Māori service provision looks promising, the structure and function of rongoā funding severely limits what is available to whānau. Despite acknowledgement of holistic Māori concepts of health, rongoā practitioners are prevented from utilising rongoā rākau (Māori medicines derived from native plants) as part of their healing of whānau members.

In 1999, the Ministry of Health (in collaboration with Ngā Ringa Whakahaere o Te Iwi Māori) published the *Standards for Traditional Māori healing* to inform service quality and delivery in alignment with the Ministry Funding of Rongoā Services (Ministry of Health, 1999). The 1999 Standards note that the Medicines Act 1981 and the Medicine Regulations 1984 control all medicines, related products, homeopathic medicines and herbal medicines, and go on to note that only medicines, medical devices and related products can be advertised as having a therapeutic purpose, and all medicines and related products require consent of the Minister of Health before distribution in New Zealand. Rongoā rākau is noted as not requiring ministerial consent provided that it: does not contain a scheduled medicine; is a simple product made from plant material (e.g. crushed, dried, mixed with water, or alcohol); is labelled only with the name of the plant(s) and the process (with no recommendations as to its use permitted – i.e. therapeutic claims) (Ministry of Health, 1999). In 2014, the 1999 Standards were updated with the release of Tikanga ā-Rongoā standards. There is no explicit mention of rongoā rākau within Tikanga ā-Rongoā, rather, the document outlines general rongoā principles that align with ensuring health and safety of patients (e.g. monitoring, reporting, rights, ethics and record-keeping) (Ministry of Health, 2014b). The standards were updated with some consultation with Māori communities and Te Kāhui Rongoā.

With regard to training of the rongoā Māori workforce, two certificate/diploma-level higher education programmes are offered nationally. NZQA accredited qualifications in rongoā Māori are offered through Te Wānanga o Raukawa and Te Wānanga o Aotearoa (Māori higher education institutions). Te Wānanga o Aotearoa includes curriculum regarding identification and classification of rongoā plant species, health and safety, kaitiakitanga, origins, cultural principles and practices surrounding Indigenous plants. The course provides insight into understanding rongoā, however does not train students in the use of rongoā for self or others. Te Wānanga o Raukawa aims to teach the values, principles and practices of Māori healing. The course is founded on Mātauranga Māori, Te Reo Māori and identification of Indigenous plants and their traditional uses. The course includes harvesting and preparation of rongoā and aims to contribute to increasing traditional Māori healer capacity. Formal training does not ensure 'graduates' are ready to deliver healing. Anecdotal evidence from experience with rongoā contracts show that Ministry of Health initiatives to support rongoā Māori focus on service provision in primary healthcare settings. Funding for these services is severely limited nationally, limits healing practices to 'massage, prayer and talking' and does not normally provide a salary for rongoā practitioners. The available training qualifications are insufficient to ensure a strong rongoā practitioner workforce, and the national rongoā body lacks stable funding, supported organisation and acknowledgement from decision-makers. At present, there are no rongoā services available within hospital settings, there is no provision of specific rongoā health promotion initiatives, and whānau are not legally able to claim any health benefits of rongoā (Bishop, 2014).

The potential of rongoā Māori

There is a small but growing body of recently published literature specific to rongoā Māori. This includes a range of peer-reviewed publications (Ahuriri-Driscoll, 2014; Ahuriri-Driscoll et al., 2015; Aichele, 2016; Boulton, Hudson, Ahuriri-Driscoll, & Stewart, 2014; Cragg, 2013; Gray, 2012; Jones, 2008; Mark, Chamberlain, & Boulton, 2017; Mark & Lyons, 2010), as well as books/theses, reports and government strategy documents (Ahuriri-Driscoll et al., 2012; Jones, 2000a, 2000b; Mark, 2012; Mark et al., 2018; Mark & Koea, 2019; McGowan, 2000; McLeod, 1999; Ministry of Health, 2006; Ngata, 2014; O'Connor, 2007; Reinfeld & Pihama, 2007; Reinfeld et al., 2015; Riley, 1994; Yang, 2014). Research to date has identified key issues that threaten traditional Māori healing sustainability, articulated a preference for rongoā services and reaffirmed the importance of traditional rongoā knowledge and practice (Cragg, 2013; Jones, 2000b; Mark & Chamberlain, 2012).

In 2000, Jones completed his master's thesis investigating "Rongoā Māori and Primary Healthcare" (Jones, 2000b). Jones (2000b) interviewed 18 Key Informants regarding the incorporation of traditional Māori healing into primary healthcare. Jones identified a number of issues including questions around interdisciplinary professional interactions, the ability of the health system to embrace Māori perspectives and aligning with the Treaty of Waitangi. Integration of traditional healing within Māori health providers was presented as one way to address a number of these concerns. Jones' project focused on traditional Māori healing as a contracted Ministry

of Health service, delivered by Māori healers in a formal capacity within publicly funded healthcare systems (Jones, 2000b). Jones also published a paper discussing 'Diagnosis in traditional Māori healing' based on a contemporary urban clinic (Jones, 2000a) which presents a detailed (clinic-specific) description of healer processes and understandings of diagnosis and treatment. Importantly, distinguishing differences between Western medical practice and traditional Māori healing are identified. For example, questioning the necessity of diagnosis to inform treatment. Jones also sought to clarify and 'demystify' rongoā Māori in terms of its practice, the training of tohunga, the use of plant remedies and common uses for rongoā rākau.

In 2007, O'Connor completed his PhD thesis entitled "Governing bodies: A Māori healing tradition in a bicultural state" (O'Connor, 2007). When discussing rongoā, O'Connor notes the lack of reference to 'rongoā' as a common term, however briefly notes rongoā as a reference to 'medicinal use of native trees'. He contextually acknowledges, though, that his engagement with healers encapsulated mirimiri, romiromi, spiritual invocations, karakia, takutaku, kaupare and the use of the healer as a channel and healing medium. A number of key publications were identified that specifically focus on rongoā Māori (or traditional Māori healing) in Aotearoa/New Zealand. An Institute of Environmental Science and Research and Ministry of Health report was also commissioned that sought to establish a more solid evidence base for rongoā (Ahuriri-Driscoll et al., 2012; Institute of Environmental Science and Research, 2009). One of the reports sought to identify key issues for rongoā, in particular around its sustainability in the future (Institute of Environmental Science and Research, 2009). In 2012, the *Ngā Tohu o te Ora: Traditional Māori Healing and Wellness Outcomes* report was published (Ahuriri-Driscoll et al., 2012) that aimed to identify wellness outcome measures used by traditional Māori healers, and then to develop and test an outcome measure framework. The development of a traditional Māori wellness outcome measure was anticipated to contribute to gaining funding support (that relied heavily on evidence of improved health outcomes). The outcomes framework builds on Te Whare Tapa Whā conceptually and additionally includes an element of 'health' directly aligned with whenua health. The framework is also presented as an assessment tool suitable for use in clinic/client contact settings (Ahuriri-Driscoll et al., 2012). Mark has completed multiple research projects unpacking rongoā further and identifying key elements of understanding rongoā that were missing from the literature (Mark, 2008, 2012; Mark et al., 2017; Mark et al., 2018; Mark & Koea, 2019). Mark also explored the aspirations for Māori, healers and medical professions with regard to working together to achieve health outcomes. As noted previously, Whakauae Research Services completed a literature review and survey, scoping the extent to which rongoā services were available and whether services and positions operated on a funded or voluntary basis (Ahuriri-Driscoll et al., 2015).

Much of the literature that discusses the revitalisation of rongoā Māori operates from a space that locates the place of rongoā within the New Zealand health system. For example, critical lenses have questioned the seeming lack of outcome measures and measurable efficacy for rongoā. In response, research has been done that developed a culturally appropriate tool for measurement of the effectiveness of rongoā interventions (Ahuriri-

Driscoll et al., 2012). With demand for rongoā services and access to Māori healers, research has sought to explore how rongoā services might be integrated within mainstream hospitals and healthcare services. This research has gathered whānau and health professional attitudes to an 'integrated approach', including negotiating stigma and bias-driven attitudes to rongoā in mainstream settings (Mark & Chamberlain, 2012; Mark et al., 2017). Matarākau was a research project that aimed to "bring together a) Mātauranga Māori from the Taranaki region relating to Māori traditional healing practices and their role in healing and well-being; and b) discussions about the general health uses of rongoā through the gathering of narratives and oral histories" (Reinfeld & Pihama, 2007). The project sought to interview kuia and koroheke (elders) from Taranaki of their narratives in regard to knowledge of Māori traditional healing. The project recognised the depth of knowledge held by the people of Taranaki and the potential of these sources to bring about real change to the well-being of their people. There was also a need to bring together this mātauranga as a source of knowledge and expertise in the use of rongoā Māori for healing. This knowledge was identified to be specific to healing processes and properties of rongoā within the rohe. Importantly, the project recognised that the essence of rongoā practice is held within the tamariki of Tāne Mahuta and is a part of wider whakapapa – hence acknowledging that rongoā in this context is specific to the Taranaki region. A key finding of this research was the essential underpinning elements of wai (water) and karakia in all accounts of rongoā. This finding aligns with wai and use of water in both the context of wairua (non-physical or spiritual elements) as well as water as 'lubricant' or, rather, element of transition. Similarly, the use of karakia recognises the direct and deliberate recognition of and communication with 'spiritual entities'. Together, these traditional ceremonial practices position rongoā 'healing' as being directly influenced by non-tangible or spiritual elements (Reinfeld & Pihama, 2007; Reinfeld et al., 2015).

Rongoā theory

At the core of colonial imperialism lies a history of research and sharing of information that appropriates, denies and commercialises Indigenous ways of knowing, being and doing. The Tohunga Suppression Act was repealed; however, its lasting impacts for rongoā Māori remain. A recent report describes the colonial motivators for and influences of the Tohunga Suppression Act:

> "Rather than being a genuine attempt to deal with the problems affecting Māori at the time, the Act was an expression of an underlying mind-set that was fundamentally hostile to Mātauranga Māori … The legislation imposed an effective ban on traditional Māori healing overall. Thus, in our view, the Act was not only unjustified but also racist, in that it defined a core component of Māori culture as wrong and in need of 'suppression'." (Waitangi Tribunal, 2011). (The Tohunga Suppression Act lasted until 1963.)

Alongside changes in the structure of healthcare models in Aotearoa, the colonisation of rongoā Māori includes modifications in perspectives about rongoā itself (Jones, 2008). Some common contemporary societal

explanations have compared rongoā Māori to Western health practices. For example, comparing rongoā healers to general practitioners; referring to rongoā Māori as Māori 'medicine'; comparing mirimiri to massage and romiromi to deep tissue massage (Institute of Environmental Science and Research, 2009; Ministry of Health, 2014b). It is important to acknowledge that whilst rongoā Māori is broad and does operate occasionally by similar practices to Western medicines, rongoā Māori should not be defined by Western models, ideas and classifications around what is and isn't rongoā. Imposition of colonial minimisations and fragmentations of complex Indigenous healing systems into appropriate 'products' and 'services' are seen internationally (e.g. yoga, shakti mats, acupuncture). Given the impacts of colonisation on rongoā Māori, it is important to determine how rongoā may be defined by the participants in the context of this study.

Whānau – health promotion

Whilst much of the focus of rongoā research has prioritised rongoā healers (tohunga), rongoā services and the integration of rongoā within mainstream healthcare (Cragg, 2013; Institute of Environmental Science and Research, 2009; Jones, 2000b; Mark & Koea, 2019; Yang, 2014), there is a lack of knowledge regarding the use of rongoā by whānau in everyday life. It is, however, assumed that in precolonial Aotearoa (and in particular pre-1907) rongoā was largely used by whānau at home (Reinfeld & Pihama, 2007). Anecdotal evidence from hui held with Ngāti Whātua healers indicate changes in the role of tohunga rongoā over time. On review of the available literature, the parameters of where whānau self-help might have ended and where tohunga 'intervention' might have begun are unclear and contextually diverse. However, given the common positioning as 'expert knowledge-holders' we can assume that tohunga assistance was reserved for matters of significant importance (Voyce, 1989). In addition, anecdotal discussions with Ngāti Whātua healers and whānau identified that memories of nannies and aunties (non-tohunga) using and administering rongoā occurred predominantly at home. Reinfeld and Pihama (2007) gathered rongoā stories from kaumātua from Taranaki that described common rongoā practices. These activities, it seems, are generally almost always associated with reaffirming and connecting ourselves as Indigenous people with the natural environment (e.g. plants, land, water, wind, moon, sun). For example, using water to cleanse, using plants like kawakawa to heal wounds, using spiderwebs to heal cuts, taking rocks and sand to connect to whenua, and burying placenta within ancestral whenua (Reinfeld & Pihama, 2007; Reinfeld et al., 2015). This project seeks to focus on this key area being: the utilisation of rongoā by whānau as a normal traditional Māori health practice. The aim therefore is to contribute to 'renormalising' these everyday practices that we (younger generations) know 'our nannies always used to do', and yet we perhaps don't do ourselves. In this broader context, this project acknowledges that rongoā is not limited to the use of 'plants' to make 'medicines', but rather, rongoā includes a range of activities that Māori whānau participate in (Reinfeld and Pihama, 2007). In contemporary Aotearoa, it is anticipated that re-facilitating the use of rongoā at home has the potential to improve Māori control over well-being.

Help-seeking behaviour

Hui with Ngāti Whātua healers raised concerns about the capacity of healers to accommodate current demands for both serious health problems, and common everyday health concerns. It was noted that in contemporary Aotearoa, loss of rongoā knowledge through generations and in communities may impact on whānau access to rongoā. One consequence of rongoā knowledge loss has been the shifting of the role of the tohunga, and also the whānau. For example, in Ōrākei, at the whānau level, whānau members hold very little knowledge about rongoā use for common health concerns (e.g. eczema, gastrointestinal problems, skin rash, insect bites, burns). The ability of the tohunga to pass on knowledge and train successors has also been compromised. This now means that the few tohunga who are available are then relied on to provide rongoā services for health concerns that previously were addressed at the whānau level. In addition, a monopoly of the Western medical system at the most potentially useful time for intervention has meant that tohunga are sought as a 'last-resort' (post-Western intervention) option. This puts additional pressure on tohunga/healers who are expected to take on the role of the whānau when addressing common health concerns, and also try to assist whānau who are at their end of life, when rongoā treatments may not be as effective and they could have been if sought earlier (i.e. prior to disease progression). This project aims to explore ways to lift the burden of lower-level health concerns from tohunga by empowering whānau with the knowledge, skill and resources necessary to access and use rongoā. It is expected, however, that tohunga, being the current knowledge-holders, may initially need to support the sharing of this knowledge and the development of resources. An important aspect will be determining what 'levels' of rongoā belong within the whānau, or tohunga space.

Rongoā knowledge translation

Traditional Māori knowledge and practice relies heavily on intergenerational translation. Anderson, Binney and Harris (2014) note that Māori histories (whakapapa) transferred via oral means were consistent across Aotearoa. Similarly, Reinfeld, Pihama and Cameron (2007) note that oral knowledge transmission has remained intact. This reliance on oral mediums stresses the priority of ensuring knowledge translation further, given that in the Ngāti Whātua context, rongoā healers are aged around 60–80 years old. Hence, their potential remaining time available to ensure knowledge translation between generations is limited. Therefore, there is urgency in the need to develop sustainable rongoā models within contemporary community settings (Institute of Environmental Science and Research, 2009). Key to this sustainability will be investigating ways by which rongoā knowledge, skills and practice can be transferred intergenerationally (Institute of Environmental Science and Research, 2009). In local hui, Ngāti Whātua healers prioritised knowledge gathering and dissemination as well as practical rongoā learning, and the development of innovative solutions to improve access to and use of rongoā. Importantly, Ngāti Whātua healers also caution strategies for knowledge translation, citing historical threats of misappropriation of traditional Māori knowledge by non-Māori (Timmermans, 2003). This context has direct impacts on translation of rongoā knowledge and practice intergenerationally and hence on access to and use of rongoā in daily life. Current research also notes a wider need to research, document and articulate rongoā

processes – to educate, to fund, and to collaborate across organisations through an iwi/community voice (Institute of Environmental Science and Research, 2009). These are key areas of influence that will be important to explore within the wider scope of this project.

Broader contexts that support rongoā Māori

A key document has been the release of Ko Aotearoa Tēnei (Waitangi Tribunal, 2011). This document was a response to the WAI 262 Treaty of Waitangi claim in which Māori claimed (and were supported by the Waitangi Tribunal) original Indigenous ownership of native flora and fauna in Aotearoa. This document is particularly relevant to rongoā given that many practices, and indeed the Indigenous knowledge underpinning them, include the knowledge and use of Indigenous flora and fauna. The government has yet to formally respond to WAI 262. Sullivan and Tuffery-Huria (2014) note that the WAI 262 Report identifies the Crown's failure to comply with its obligations to ensure Māori guardianship relationships with their taonga. The Taonga Tuku Iho Conference (2018) reaffirmed the call from Māori to the New Zealand Government to meet their obligations to Māori as Treaty partners to formally respond to the WAI 262 claim and to ensure the protection of Māori intellectual property (Mead, Stephens, Tuffery-Huria, & Waaka-Tibble, 2019). The Natural Health Products Bill (NHP) is another proposed law that seeks to regulate the manufacture, production, sale and use of natural health products in Aotearoa (New Zealand Parliament, 2017). Although this bill was withdrawn from parliament in Nov 2018, the proposed regulations seek to impact on Māori and rongoā in multiple ways. The Ministry of Health sought public submissions regarding the NHP bill and received very few from Māori (Smith, Hunting, Bishop, Barnes & Wikaire, 2017). Organisations such as the Bioethics NZ organisation and MBIE are funded, as well as Callaghan Innovation, to exploit New Zealand's natural resources for economic benefit. The protection of Indigenous people, Indigenous knowledge (including Indigenous healing), and Indigenous resources is recognised internationally; however, it remains an area of high contention (Dörr, 2019; Mead et. al., 2019). Whilst Indigenous peoples' rights in this context are recognised to a certain extent, strong arguments from health sectors, scientists and businesses, and a lack of legal policy, predominantly perpetuate the appropriation of the Indigenous people's intellectual property and resources (Timmermans, 2003).

The Department of Conservation is tasked with protection of New Zealand's biodiversity and, as a part of its policy framework, notes that Māori have customary practices (i.e. rongoā Māori) for which use and protection of the natural biodiversity of New Zealand native forests must occur (New Zealand Conservation Authority – Te Pou Atawhai Taiao o Aotearoa, 1997). Rongoā Māori is also listed in many Waitangi Treaty claims that identify the importance of iwi and hapū forests and natural resources. Despite the *protection* of some native forests, there is currently no government funding that supports the *use* of native plants for rongoā purposes. On a global scale, climate change has been identified as both an international priority and a medical emergency. There is global consensus about climate change, its causes, effects and strategies that aim to reduce, prevent and address climate change. Whilst many countries are on board, few are doing enough to create realistic impacts. Serious

multilevel action needs to occur internationally in order to both maintain the natural resources of the planet and sustain life. Strategies to address climate change in general aim to stop/minimise pollution and to support the natural order of the environment. Climate change strategies align with Māori and Indigenous healing systems that prioritise kaitiakitanga (protection of environment) and sustainability. Hence supporting and developing rongoā Māori and Indigenous healing systems (and understanding Indigenous knowledges) has the potential to address climate change (Jones, 2019; Jones, Bennett, Keating, & Blaiklock, 2014).

Linking literature with Ngāti Whātua ō Ōrākei

Guided by whānau, hapū and iwi aspirations for rongoā availability (referred to in Chapter One), this research project was developed and based within Ngāti Whātua ki Ōrākei. Ngāti Whātua ki Ōrākei are the mana whenua of the Ōrākei region, located in central Auckland city, New Zealand. Ngāti Whātua ki Ōrākei are somewhat unique in that, as mana whenua, Ngāti Whātua Ōrākei reside on their tūrangawaewae (ancestral land) surrounded by a central city. Many Māori living in Auckland have migrated to the city from rural areas and despite a relatively small number of Ngāti Whātua descendants living in Auckland, the iwi itself plays host to a large proportion of Māori in Aotearoa. Data from the 2013 New Zealand Census showed that Auckland has the largest population of all New Zealand regions, with approximately 1.4 million people (n = 1,415,550) making up one third (33.4%) of the total New Zealand population (Gomez, King, & Jackson, 2014). In 2013, Māori made up 10.7% (n = 142,770) of the Auckland region population, whilst European/Pākehā represented 60.5% (Asian 23.1% and Pacific 14.6%). The Māori population in Auckland represents 23.9% of all Māori in New Zealand (Gomez et al., 2014). Ngāti Whātua represented 5.7% (n = 7353) of all Māori living in Auckland, with 14,784 Ngāti Whātua across New Zealand in total (49.7% of Ngāti Whātua reside in Auckland).

The location of Auckland city overwhelmingly reduces iwi land, access to natural resources (including rongoā rākau) and the ability to protect the natural environment. Ngāti Whātua has gained a Treaty Settlement with the government and has marked iwi development initiatives under way. Of importance are the iwi relationships with key area stakeholders such as Auckland Council, Auckland District Health Board and the Native Reserves board. A targeted focus on the Auckland region reveals additional disparities for Māori at the District Health Board (DHB) and Primary Health Organisation (primary care) level. Te Puni Kōkiri data projections estimate the Tāmaki Makaurau Māori population will be 205,500 by 2023 (1,562,000 non-Māori), and in 2013, 50% of Māori (72,585) in Tāmaki Makaurau lived in highly deprived areas (NZDep Index 8–10) compared to 27% (n = 329,205) of non-Māori (Te Puni Kōkiri, 2017). Reporting against funding targets showed that at the Jan–March 2018 quarter, Auckland DHB recorded the lowest rates of 'Māori enrolments in a PHO' (Primary Health Organisation), and breast and cervical screening rates for Māori of all New Zealand DHB regions (Gray, 2018). This research project focuses on the unique context of Ngāti Whātua ō Ōrākei – being an iwi who reside on traditional lands whilst surrounded by New Zealand's largest city. This research also considers the influence of broader regional, national and international contexts on Māori participation in rongoā Māori.

The following paragraphs recall the stories shared with the researcher when meeting with rongoā healers of Ngāti Whātua ki Ōrākei. The stories shared here at the community level resonate with the findings of the literature review. These short accounts are retold here using a personal narrative in order to allow for and acknowledge the emotive nature of the interactions:

> "Aunty Atawhai shared with me some of her struggles in her aim to provide rongoā and healing to whānau who sought her help. Atawhai and her late husband Eddie had worked for over 20 years around Aotearoa, and locally in Ōrākei, providing rongoā healing. Healers around New Zealand would gather and share knowledge, healing techniques, plants and rongoā; such was the nature of rongoā peer review and practice development. She shared with me many healing stories, in particular healing patients where Western medicine had not worked. She does not speak ill of Western medicine. In fact, she has built strong relationships with GPs and promotes the notion of Māori healers working alongside Western medical practitioners for the best outcome of the patient and their whānau. Aunty Atawhai stopped healing after Eddie passed away, and Melissa had asked her to help treat her cancer. This revived in Aunty Atawhai a passion to heal again, and to also pass on her knowledge to others. Aunty Atawhai still has people knock on her door for help at all hours of the night on a regular basis. However, at the whānau level, many whānau are extremely limited in their knowledge and use of rongoā for everyday health concerns. When I visited her home, Aunty Atawhai had one tiny bottle of massage oil and was working on her lounge floor using her own household towels. That was it; she was operating on, and still now operates on, an as-needed, as-able basis.
>
> Pene Paraone is the ngahere man (harvester). He is the one who gathers and makes the rongoā (Māori 'remedies' derived from native plants) she needs and is seeking others to which he can pass on his knowledge. He says his car runs on wairua because he cannot afford the petrol to head out of the city (up to five hours' drive) to source rongoā plants needed. He collects them himself (sometimes quite a physically demanding activity, sourcing plants in hard-to-reach places). He knows the ngahere (forest) and what to collect for what type of illness. He knows where to go and where not to go, what to gather and what plants to leave alone; he knows how to listen to the wairua (spiritual signs) of the forest and how to collect in a way that ensures the survival and flourishing of the plant. He is careful about what information he shares and with whom, and, on observation, he doesn't say much at all. When he brings rongoā plants home, he makes rongoā in his makeshift rongoā kitchen that consists of gas bottles, burners and large pots, some containers and old milk bottles. He pays for the gas in the gas bottles himself, and also the power that runs things like fridges and freezers. Rongoā-making requires refrigeration, cool dry storage and freezing. It also requires water and other additional products. It requires physical strength when lifting big pots etc. It also requires particular knowledge around each

plant, what can be combined with what, when to collect certain types of plants, at certain times of the year. Atawhai and Pene are old; their time is running out, and urgent attention is required to allow them to train successors effectively." (Erena Wikaire, personal reflection)

Given the wide ranging and complex context within which rongoā might operate, it is important to consider how rongoā might be positioned in order to achieve intended aspirations. In a 2004 report to the Minister of Health on complementary and alternative healthcare, CAM options were categorised into groups ranging from Group 1 (complete health systems) to Group 4 (health treatments). Group 1: Alternative medical systems included Ayurveda, traditional Chinese medicine, Pacific traditional healing systems, homoeopathy and naturopathy, that were considered to be "complete systems of theory and practice that evolved independently of, and prior to, the biomedical approach". Rongoā Māori was not noted in this classification system; however, given Māori definitions that define rongoā as a complex health system, rongoā Māori could be included in Group 1 alongside 'Pacific traditional healing systems'. It was noted that "many [of the CAM options] are traditional systems of medicine that are practised by individual cultures throughout the world".

The positioning of rongoā Māori as a complete health system aligns with traditional understandings of Māori health systems and structural and operational aspirations of Ngāti Whātua ki Ōrākei whānau. As mentioned in Chapter One: Introduction of this thesis, workshops were held with Ōrākei rongoā healers and information was also drawn from the 2012 PATH Plan for Rongoā (Appendix A), the Atawhai Ora ki Ōrākei Business Plan. In general, Ngāti Whātua Ōrākei held aspirations for ensuring the access and availability of rongoā Māori for future generations. Ōrākei healers at a planning hui in 2013 also noted the high demand for help from rongoā healers with whānau frustration at a lack of services available to access. Healers identified that whānau were 'knocking on their doors' asking for help, often as a last-resort option for terminal illnesses. Healers also reported receiving referrals by word of mouth or from doctors with which they had developed professional relationships. Importantly, healers reported that the demand from whānau seeking their help was relentless, despite a severe lack of resources, facilities and funding. Much of the planning strategies listed here focused on rongoā service delivery via a sustainable clinic. Supporting the rongoā clinic were strategic arms that aimed to:

- implement long-term tree planting on local ancestral land so as to ensure the availability of native plant resources for rongoā purposes long term (supported by Auckland Council)
- ensure training of succession healers (supported through provision of rongoā qualifications)
- establish a rongoā clinic (supported by Ministry of Health rongoā contract funding).

The experiences of rongoā practitioners in Ōrākei are important to identify within a broader context. The high demand on healers for support at end-of-life for whānau alludes to underlying drivers of unmet health needs. On one hand, in seeking rongoā/tohunga support, whānau are seeking a method of healing that is uniquely Māori

and that also predominantly sits outside the formal, funded health system. In many ways these services operate using 'Māori' methods, for example, operating on a koha basis, and delivering healing that acknowledges wairua. On the other hand, in many cases whānau have exhausted all other options. Some might be looking for a 'miracle cure'; however, others might be looking to be supported to transition into the next life under proper tikanga protocols. Whatever the case, whānau seeking rongoā help is prevalent in this space. In addition, healers are feeling both overwhelmed and frustrated at the high demand for their services combined with barriers to succession planning for younger generations. Put simply, the current situation is unsustainable.

Ngāti Whātua Ōrākei have clear long-term aspirations for ensuring the availability and sustainability of rongoā Māori, including establishment of a rongoā clinic, planting of rongoā rākau and training of rongoā healers. This PhD project constitutes a small part of this larger, long-term plan and focuses on facilitating whānau access to and use of rongoā Māori. Specifically, this project aims to support whānau to renormalise the use of rongoā as a part of everyday life to maintain health and wellness. This, in part, means exploring ways to support intergenerational knowledge translation, whereby healers are able to share common rongoā practices with whānau, so the healers themselves can focus on 'more serious' health concerns. Whilst Ōrākei is an area of focus that drives this project, the research itself acknowledges the broader regional, national and international contexts within which rongoā and Indigenous healing development operates. Other local work (outside of this study) is also being done that supports rongoā development: rongoā long-term planting; healer qualifications and training; and establishment of a rongoā clinic. This PhD research project aims to contribute to the broader aspirations of Ngāti Whātua Ōrākei in terms of rongoā Māori. On a wider scale, this project has the potential to contribute to the development of traditional healing (rongoā) for Māori in New Zealand, and to inform Indigenous healing system development internationally.

Analysis and critique

Within a Treaty partnership and Indigenous rights context, the government is obligated to commit to ensuring access to traditional methods of healing. As indicated by the terms 'complementary and alternative', discourse around traditional medicine positions Indigenous knowledge at the margins of healthcare; therefore locating Western medicine (in Aotearoa) at the centre of health discourse. It is clear that rongoā Māori is not what it used to be, and there have been major and significant changes that are multilevel and multidimensional that have impacted here. Contemporary shifts in Māori ways of life, knowledge of and use of rongoā and other traditional knowledges need to be articulated and linked to changes in and current status of Māori health. What once was general knowledge has become specialist knowledge. What once was a complete health system has been reduced to a reliance on Māori rongoā practitioners. Māori have expressed clear aspirations for the revitalisation of traditional knowledges alongside the reaffirmation of tino rangatiratanga over our lives and well-being. What information is available indicates: high Māori health need; persistent health inequities; barriers to accessing mainstream healthcare; and preference for 'alternative' and traditional medicines. Rongoā is the traditional

Māori customary system of sustaining health and well-being and has the potential to contribute to improving Māori health by reframing healthcare from a Māori world view. Revitalising traditional Māori health practices (rongoā) reflects both high health need and an Indigenous rights imperative (Reid & Robson, 2007). In alignment with these aims and strategic focus, this project aims to explore the distinctive Indigenous knowledge that is rongoā Māori and develop innovative, creative solutions by which this knowledge can be used to improve Māori health outcomes.

More broadly speaking, rongoā development aligns with Māori aspirations for: tino rangatiratanga (self-determined healing practices); traditional knowledge preservation, translation and utilisation; protection, maintenance and sustainability of natural resources at local, regional and international levels; reassertion of the validity and reliability of Māori knowledge; prioritising whānau well-being and protection; and valuing of knowledge and the environment over economic gain. It is timely that we review our position as Māori with reference to our health and well-being and hold accountable those who are charged with ensuring not only equitable health outcomes for Māori but, importantly, self-determined flourishing of Māori peoples. With a historical reliance on a health system dominated by Western medicine and, indeed, a reliance on the government and social systems themselves to determine our well-being, it is necessary now to look harder at the potential of our traditional Māori health systems in order to achieve our future aspirations. In the broader New Zealand context, rongoā Māori (as understood as Māori healing) has been 'located' clearly within the realm of 'health'. However, within the health sector itself (in the broader sense), rongoā Māori exists at the margins. What avenues exist for rongoā Māori to be of use to our people are underfunded, under resourced, critiqued and undermined by Western medicine. Hence, despite multiple dedicated efforts to revitalise rongoā Māori, advancing in this space is limited by multiple barriers. In addition, the lack of comprehensive research and information collection regarding traditional Māori healing hinders our ability to clearly plan for the attainment of our future aspirations for rongoā. Therefore, this research aims to determine what the current perception of rongoā Māori is from a whānau perspective. Additionally, this research seeks to explore how whānau perceptions of rongoā might influence their attitude towards and therefore use (or not) of rongoā. Influences that impact whānau perceptions of rongoā will be identified and critiqued from a decolonial Māori world view. Understanding what barriers (and/or facilitators) influence Māori access to and use of rongoā Māori is necessary in order to most effectively plan ahead.

Conceptualising what was, is and will be rongoā Māori.

In one of her Kaupapa Rangahau lectures, Associate Professor Leonie Pihama noted that: "Kaupapa Māori is not a chapter in your thesis" (Pihama & Southey, 2015). At the Tuia Te Ako Conference (2011), Linda Tuhiwai Smith delivered a keynote address about Kaupapa Māori (Smith, 2011). In her speech she talked about Kaupapa Māori not as something overwhelming and difficult to grasp, understand and articulate, but as something that belonged to all of us, that we were permitted to make 'ours' and to use for whatever purpose we felt was needed. Linda

simply stated that “Kaupapa Māori was what it was, is what it is, and will be what it will be”. In this statement, she dispelled notions of Māori writers negotiating what is and isn’t the definition of Kaupapa Māori; she dispelled notions that some ways of Kaupapa Māori research can be more Māori than others, and she encouraged us to explore, articulate and define for ourselves whatever our own truths about Kaupapa Māori might have been, or might be imagined to be. Similarly, the following whakataukī points to the implicit understanding of whakapapa and whānau connection in order to understand your identity and to be guided in future directions.

“Inā kei te mohio koe ko wai koe, i anga mai koe i hea, kei te mohio koe. Kei te anga atu ki hea.”
(If you know who you are and where you are from, then you will know where you are going.)

When developing this project, the researcher was mindful that: the impacts of colonisation on traditional Māori ways of knowing, being and doing were ongoing; Māori health needs were of high priority; and, despite government policy commitments, only incremental health improvements were being seen. Further, frustration with a lack of action and realistic change still exists with regard to Māori health. Despite the implementation of Māori health providers and Whānau Ora, the underlying system infrastructure and constitution remain dominated by Western models of society and therefore are unlikely to achieve the intended objectives for Māori whānau. Provision of support for rongoā Māori services, healers and products is ad hoc, and momentum in this area is slow. What research is available seeks to create Māori-defined outcome measures for rongoā treatments, potentially aiming to address outcomes-driven Western medical critique of effectiveness. As well, support for rongoā health workforce development is to some extent available, and yet is limited in its application to the demands of Māori seeking rongoā.

This context initiated questions around what direction we were heading in, in terms of rongoā, for our people, and from where have we come. The recent push for the revitalisation of our traditional Māori knowledges and practices has seen some achievement milestones. Provision of Te Reo Māori teaching and learning opportunities are ever increasing. Being conscious of the challenges we as Māori have faced in terms of intergenerational knowledge translation, however, initiates questions around the nature of our traditional understanding of health and healing in relation to our future planning. Have we unpacked and attempted to decolonise our own rongoā Māori in order to inform our future aspirations? Or have we been clutching at breadcrumbs offered to us as tokenistic answers to our health problems? Have we been attempting to articulate and document rongoā Māori as a valid and effective healing system? Or have we been attempting to answer colonial demands to ‘prove’ ourselves and our traditional ways, using colonial theory, techniques and judgements? This PhD research is informed by the notion of past, present and future as a framework for rongoā Māori renormalisation, revitalisation and sustainability. The notion that in order for us to make certain we are heading in the intended direction, we need to ensure we are critically aware of where we are now and where we have come from. This

is essential to make sure we do not risk further perpetuating the influence of colonisation on Māori knowledge and healing.

Refining research aims and objectives

In New Zealand, bringing back the gift that is rongoā (traditional Māori healing systems) requires understanding of the complexities of colonisation of rongoā Māori. This involves decolonising our understanding of what rongoā 'was' and 'is' so that we can realise what we want it to 'be'. Ngāti Whātua healers, the New Zealand rongoā context, and available literature, have foregrounded two major concerns regarding Māori participation in traditional Māori healing practices (rongoā Māori): marginalisation of rongoā, and sustainability of rongoā. Despite Māori having a preference for rongoā, there is limited use of rongoā as a 'go-to' method of healing and maintaining well-being. Indeed, rongoā services are more of a last-resort option than a daily practice. Some recent increases in the use of rongoā have been seen in the 'health product' market with home-made kawakawa balms and other remedies being shared and sold online and in communities. What funding and support is formally provided is ad hoc at best and perpetuates the marginalisation of rongoā as an 'alternative' healthcare option. The underlying positioning of rongoā in New Zealand contexts devalues the validity of rongoā and therefore the underpinning Mātauranga Māori that it is driven by. Māori aspirations for self-determined 'by Māori, for Māori' healthcare, the revitalisation of traditional Māori knowledges, and the requirement to address Māori health need aligns with iwi calls for rongoā to be readily available and accessible for whānau. Whilst additional funding for rongoā clinics and healers may increase access to rongoā services alongside Western healthcare, this approach allows rongoā to remain at the margins of healthcare. In addition, this approach supports the status quo of Western medicine occupying the centre of enquiry and frames healthcare as a supply-and-demand consumer economy that discourages empowerment over our own well-being. In order to achieve long--term aspirations for Māori health equity, tino rangatiratanga over our own well-being and revitalisation of traditional Māori ways of healing, rongoā Māori must be repositioned as the new 'normal'. Hence, in response to the marginalised use of rongoā, this project seeks to investigate ways to renormalise (and recentralise) the use of rongoā Māori for whānau in everyday life.

The impact of colonisation on traditional Māori knowledge and ways of doing and being has fragmented and deconstructed complex Māori social systems (including rongoā systems). The methods of colonisation have been multiple and complex. For example, the Tohunga Suppression Act used political means to outlaw traditional Māori healing practices. This created a climate whereby negative stigma regarding rongoā Māori, traditional healing and healers were perpetuated. As well, the necessary elements that ensured rongoā systems operated efficiently have been diminished. The significant loss of Māori land has meant limited access to what is left of native forests and natural resources used for healing. The enforcement of European education and health systems have discredited Mātauranga Māori and rongoā Māori, stifled traditional methods of knowledge translation through generations and resulted in significant knowledge loss. Those knowledge-holders who do still

exist are mostly elderly and without appropriate support; rongoā Māori knowledge and practice is being lost. Some rongoā qualifications are offered but do not adequately prepare students to heal using rongoā. A systems-view of rongoā considers the contributing and essential factors needed to ensure that rongoā is not only revitalised, but also that this system is supported to operate long term in a sustainable way. Hence this project will explore ways to ensure rongoā sustainability long term.

In order to clearly understand the health status and needs of Māori, a summary of relevant health data has been presented. Presentation of Māori population health data provides a view of the state of Māori health on a broad scale. Presenting this data in comparison to non-Māori population groups ensures that the lens of focus and enquiry foregrounds the unfair and unjust health inequities between the two groups. Whilst it is important to include data regarding Māori and non-Māori mortality, life expectancy and causes of death, much more can be learnt from data showing broad determinants of health, met and unmet health need, health behaviours and health risks. Consideration of these contributors to health status allows understanding of current health challenges for Māori and the prioritisation of urgent health issues. A key question of the research will be: How well can new findings regarding rongoā Māori potentially contribute to Māori health needs now and in future? In order to answer this, we need to know both what the Māori health needs are and what rongoā could potentially contribute.

With an overall aim to renormalise use of rongoā going forward, we anticipate that Māori perceptions of rongoā have changed over time and that we need to identify what factors influence those perceptions in order to understand how they might be impacting on rongoā use. Specifically, we need to identify and understand what factors or concepts might be operating as either barriers to, or facilitators of, the use of rongoā by whānau. In order to gather information about whānau perceptions of rongoā, and to identify barriers to, and facilitators of, whānau use of rongoā Māori, the most appropriate approach is to gather insights into real experiences and perceptions from Māori whānau themselves. Importantly, given that we are talking about how whānau access and utilise rongoā in daily life, voices of whānau at the community level are most relevant. In addition, gathering specific insights from Māori with expertise in relevant areas of the project will add to the robustness of the findings. Hence, this project aims to gather and describe Māori whānau attitudes, perceptions and behaviours towards rongoā Māori. Within this context, barriers to, and facilitators of, the use of rongoā will be identified. Importantly, due to the fact that the project acknowledges the precolonial use of rongoā Māori, the impact of colonisation, the current context and future aspirations, additional insight will be sought that unpacks whānau perceptions of rongoā in the past, present and future. This supports the notion that traditional Māori knowledge and practices have the potential to contribute in future contemporary settings in innovative ways. Whilst gathering of in-depth information is important, the nature of Kaupapa Māori research calls for transformation, action and challenging of the ‘status quo’. Hence, the project also seeks to utilise information gathered from whānau and Key Informants in ways that might better support whānau access to and use of rongoā. This can be

done through exploring the potential for innovative solutions for whānau in everyday life. Exploring the potential of innovation acknowledges traditional Māori creativity, research and development processes, brings traditional knowledge into contemporary settings, and embraces the potential to meet future needs. The next four chapters present the qualitative research findings as follows: 1) What was/is rongoā? 2) What happened? 3) What is happening now? and 4) What will be? The four chapters align consecutively with a time-series model that pathways whānau understandings of rongoā from a traditional (pre-contact) historical context to historical impacts; to current contexts and challenges; and then to future aspirations. The results chapters are followed by an overarching discussion of the research findings, strengths and limitations of the research.

Overview of results chapters

Chapters One to Five described the background and rationale for this research, the project aims and objectives, Kaupapa Māori research methodology and research methods utilised for this study. Chapters Six to Nine present results from the analysis of the Key Informant interview and focus group qualitative data. An acknowledgement of the research participants and their contribution to the research findings is presented here. A description of Key Informant participants and their roles and areas of expertise pertaining to the research topic is also provided in Appendix E. The intention of this thesis was to explore ways by which use of rongoā Māori could be renormalised within everyday life for Māori whānau well-being. This included exploring whānau perceptions and understandings of rongoā in the past and present, and aspirations for rongoā in the future. Barriers to, and facilitators of, whānau use of rongoā were identified. In some instances, factors that acted as barriers and facilitators of rongoā Māori were conceptualised as mana-maxing (having the effect of enhancing mana) or mana-mising (having the effect of diminishing mana). These concepts were developed during the analysis process and at times, offered more appropriate and Māori-centric ways of depicting the results. Interviews with Māori Key Informants and whānau were audio recorded and then transcribed. The transcripts of data were analysed to identify overarching themes and sub-themes.

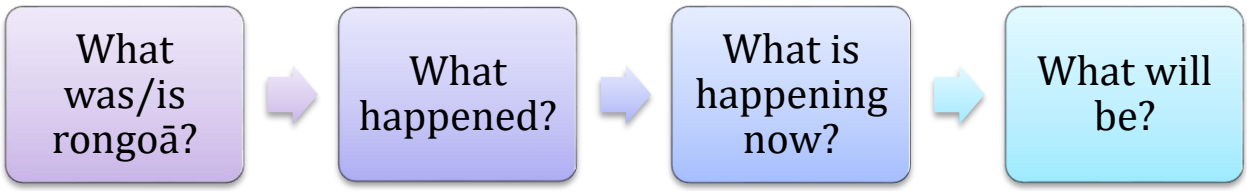


Figure 3: Results chapters overarching themes

This is the first of the four results chapters and presents findings linked directly to the overarching theme of: 1) What was/is rongoā Māori? The other three results chapters present the overarching themes of: 2) What happened? 3) What is happening now? and 4) What will be? (Figure 3). The formulation of the research results represented by the overarching theme was informed by the conceptual research context. Importantly, throughout the research, there has been acknowledgement of changes in rongoā systems over time, of past, present and future activities, as well as conceptual questions about what was, is and will be. During the analysis phase of the research, it was clear that the overall research results could potentially be presented using a variety of frameworks. However, in keeping with the overarching framework of the research, alongside aims to clearly and succinctly present results for the intended audience, a 'time-line' approach was chosen. Each of the four results chapters will include: an introduction to the chapter and its overarching theme; presentation of sub-themes using direct quotes that support each sub-theme in the main results section; offer key discoveries and a

comparison with literature in a discussion of the research findings; and a concluding chapter summary. As noted in the Introduction chapter, both the researcher and the majority of participants identify as Māori (with a large proportion of interview content being in reference in Māori and Indigenous peoples). Hence, results chapters utilise inclusive terms such as 'us' and 'we' to denote the shared belonging of both researcher / interviewer and participants to Māori as an identifiable group. In alignment with Kaupapa Māori research, the use of inclusive terms is also a deliberate positioning of Māori at the centre of inquiry and rejection of descriptions of Māori as the 'other' or marginalised group. During data collection, some participants shared pūrākau (stories) that best demonstrated their insights into the research topic. A small number of pūrākau are presented in full (in text-box form) throughout the research chapters where they provide meaningful demonstrations of the research findings. Where appropriate, use of underlining of key text within direct participant quotes is used for emphasis of meaning. Chapter Ten – Discussion will provide an overall summary of all results, a discussion on the strengths and limitations of the study including some personal reflections, and recommendations for key stakeholders.

Acknowledging participants

This results section starts by acknowledging the voices that were shared for the purposes of this research and the way in which they were shared. In doing so, I acknowledge the conscious decision made by research participants to not only partake in this kaupapa (research), but to share their insights and, importantly, to share what they thought would be most useful for the intended purposes of the research. In particular, the Key Informants. The Key Informants who were sought to speak on behalf of themselves, their whānau and their areas of expertise, chose to do so for many reasons. Some of those participants shared those reasons with me, and I am humbled and honoured to be able to capture and share their voices through this research. To the whānau focus groups, in particular those of Ngāti Whātua, of the National Hauora Coalition and of the MAI Te Kupenga Māori doctoral student network, I want to acknowledge your sharing of your own experiences, of your aspirations for future generations, and your insight from your many 'hats', roles and responsibilities.

The writing of these results chapters happened to coincide with the week of Matatini 2019. Matatini is a large bi-annual cultural performance event whereby Māori kapa haka (performance groups) (kapa) from each New Zealand region compete for the national title. Matatini could be considered as a celebration of Māori kapa haka (traditional performances), tino rangatiratanga (sovereignty), whanaungatanga (strengthening of relationships), manaakitanga (hosting and caring for each other) and other facets representing what it means to be Māori. The coinciding of this event with the collation and writing of these results chapters has allowed another level of reflection and analysis for this research. For example, through kapa haka, groups come together, plan, practise and perform select items for the Matatini stage. Each 'kapa' (group) exhibit unique features that celebrate their own whānau, hapū, iwi and whenua. Kapa carefully choose their composers, waiata (songs), kupu (words), and collective kōrero (shared message), in consultation with kaumātua (elders), mātauranga (knowledge) holders, reo (language) experts and wider whānau (family). Kapa then take the stage and perform in a way whereby they

are able to embody the (often-political) messages they are conveying to their audience. Matatini this year reminded me that customary haka regalia (kākahu) for kapa haka groups are considered revered taonga (valuable treasures), often handed down each year to succeeding performers. Past group members commonly follow and support their succeeding kapa, somewhat holding to account those who follow and uphold their legacy.

So in February 2019, as Matatini groups stood and performed in an outdoor stadium on a Friday afternoon in Wellington (a city that houses the New Zealand Government), it poured with rain. Moreover, as the rain fell heavily on those on stage, they did not falter, modify or amend their performance. Rather, my perception was that they embraced the cleansing rain from above and used it as a catalyst to portray their message in spite of adversity. In those moments, I was reminded that we are individually and collectively brave, strong, and proud as Māori and as mokopuna (descendants of our ancestors) wherever we stand and however we choose to convey our message. I was reminded that the setting of individual Key Informant interviews for PhD research purposes held in cafés, offices and workspaces are very different from the excitement exhibited on the Matatini stage for all of Te Ao (the world) to see. However, this does not mean that the whakaaro (thoughts and stories) shared with me in this thesis are not equally as powerful. I was reminded that each research participant, like the Matatini groups, carefully considered what kōrero (insights) to share (or not to share) with me for this research. I was reminded that, this research topic is one of deep historical and contemporary hurt and pain, and one that seeks to cry out the injustices our whānau face with regards to hauora (well-being). As the rain poured down on Matatini, and mixed with the blood, sweat and tears of the groups on stage, I was reminded that the taonga they wear around their necks are taonga tuku iho (treasures passed on through generations); the kākahu they wear were literally made with the DNA of their whenua (lands) by the hands of their tūpuna (ancestors); and their voices echo those of their past, present and future. I was reminded that the academic form of research as written within a PhD thesis violently removes the ability to pūkana (traditional Māori facial expression), to sing, to cry, to wiri (shake), to haka and to 'express' the emotion and the intention felt behind the voices of the research participants. I was reminded that the ability to express one's voice in a Māori way, in a safe Māori environment, is rongoā in itself.

Appendix E presents a summary of the characteristics, roles and responsibilities of Key Informants with relevance to the research topic presented here. Demographic information was not collected for participants as the focus of recruitment was on roles and responsibilities of relevance to the research and not necessarily on demographic factors such as age and/or gender. Participants were, however, required to be of Māori descent and largely provided key information pertaining to their areas of expertise. One Key Informant participant (HL) was of non-Māori (European) descent. Key Informant participants represented a range of iwi and shared insights into their understandings of rongoā as whānau, hapū and iwi members. Twelve of the 18 Key Informants interviewed were female, and participant ages ranged from working-adult to kaumātua. In general, Key Informants held government, large institution or community organisation employee roles, or were retired. Some participants

resided within their own rohe (region) whilst others lived away from their tūrangawaewae (ancestral homelands). Direct quotes from participants in the results chapters are accompanied by their initials (e.g. MM) or a pseudonym (e.g. Rangatira #1). Quotes from focus groups are accompanied by the name of the focus group as follows: Ōrākei Hui (OH), National Hauora Coalition (NHC), and Māori and Indigenous Doctoral Conference (MAI).

Introduction

This chapter presents the research findings related to the overarching theme: What was/is rongoā? As noted previously, a key aim of this research is to investigate whānau perceptions of rongoā in pre-contact Aotearoa and/or from a traditional, customary or historical understanding. Linked to this is the aim to explore what whānau understand rongoā (traditional Māori healing practices) to be in an 'everyday' whānau context in contemporary Aotearoa. However, the task of separating what 'was' from what 'is' rongoā to whānau perhaps became an unnecessary and possibly unrealistic expectation. The reality of Māori whānau in 2019 is that our perception of pre-contact rongoā Māori relies on knowledge handed down through varying mediums over past generations. Hence, this chapter rather presents whānau understandings of rongoā in ways that focus on Māori-specific world views. Key Informants and focus group participants were asked: What does rongoā mean to you? And, in essence, what do whānau perceive rongoā to be? Participants were encouraged to consider what the term 'rongoā' brings to mind, and where rongoā memories or ideas might be drawn from. Examples of common everyday rongoā practices experienced by the researcher were shared (e.g. kawakawa tea, kūmarahou) in order to stimulate participants' memories and ideas. Participants shared in-depth and diverse understandings of rongoā and this chapter presents those explanations.

Rongoā was described by whānau and Key Informants as a comprehensive, multifaceted system of traditional Māori healing. Key to this system were fundamental elements of operation including: understanding Te Ao Māori and the hierarchy of whakapapa (relational) connections within and between all things; positioning of humans in relation to the natural environment as identified in Māori creation and atua stories; general and detailed knowledge of and connection with whakapapa (identity, genealogy, tūrangawaewae and rangatiratanga); and use of knowledge and natural resources for well-being purposes. As well, rongoā examples were given that demonstrated use of natural resources for healing purposes, administering of rongoā by whānau members and

engagement of physiological human senses through customary Māori practices. In addition, rongoā was described as relating to wairua or spiritual guidance and linked to aligning whakapapa positioning, roles and responsibilities with actions and pursuit of life (not just career) paths. The importance of sustainable practice (kaitiakitanga) and tika/pono (aligned with correct/true values) in relation to rongoā was emphasised. The role of tohunga were identified as key elements of rongoā Māori systems who held responsibilities of knowledge transfer, science and philosophy development. Lastly, customary methods of intergenerational knowledge transfer were described. Table 6 summarises the findings presented in this chapter by providing a description of five sub-themes of: What was/is rongoā?

Table 6: What was/is rongoā?

Sub-themes	Description
Te Ao Māori	Understanding and reaffirming connection to Te Ao Māori, atua, whakapapa and mātauranga for sustenance, safety and survival
Wairua	Alignment of actions (life) with spiritual guidance, whakapapa and rangatiratanga
Mauri	Understanding and protecting the mauri and whakapapa of the natural environment through tikanga
Tohunga	Roles as knowledge facilitators, philosophers and researchers
Mātauranga transfer	Traditional Māori knowledge systems, taonga, indirect learning, tuku iho

Te Ao Māori

Māori concepts of well-being

In alignment with current literature, participants identified that rongoā refers to a holistic concept of health, healing and well-being (hauora). Participants stressed that Māori concepts of health and rongoā were more than the absence of physical illness and included multiple and broad concepts of well-being. Participants linked rongoā directly with the Te Whare Tapa Whā model of health and included specific acknowledgement of physical, mental, spiritual and whānau elements of health. As a point of difference to other non-Māori health models, participants clearly articulated that a major focus of rongoā was wairua (spirituality) and use of karakia (incantation). Multiple references were made to Māori healers (tohunga) and rongoā rākau (use of native plants as medicines). Participants noted that rongoā was a complex concept that was 'more than' Māori medicine and described rongoā as well-being in a wider context.

> *Rongoā … it's more than that … it's not just about it being a medicine … rongoā is about being well across all areas (NS).*

Rongoā has everything to do with health and well-being. Obviously it's a big part of Māori medicine … tohunga, healers, using karakia … being able to use that all hand in hand … rongoā was a natural way of healing … using natural medicines to heal rather than something that gets engineered inside a laboratory (OH).

Rongoā is about healing … Te Whare Tapa Whā is obvious … We've always known that … the purpose of rongoā is also to maintain and understand that healing is never just physical … rongoā was also done alongside an understanding that it's part of a holistic healing approach as well (MD).

Rongoā Māori is not just like a plant … it's the broad spectrum of everything to bring ease to our whānau … Atua rongoā as ease and peace and calm … rongoā tinana [physical body], having ease with your body … and rongoā wairua having ease with taha wairua [spiritual side] through our rongoā whānau, having ease with relationships and with whānau. And rongoā hinengaro is having ease with the thoughts, feelings and emotions space (RR).

When I think of Māori rongoā, I think of two things … kūmarahou, the actual plants, and then I think of the spiritual aspect in making sure, like, your wairua and your hinengaro [mental health] is healthy. Coz you need all three, and if one's flagging, then the other's going to be flagging as well (TTK).

[Rongoā] encompasses a knowledge system, a series of practices of elevations, is rooted in the natural environment as well as a spiritual environment and at various times in our history it's been prohibited (AM).

Rongoā is anything to make people feel whole again (GT).

Connecting via knowledge of whakapapa

Participants described rongoā as the processes of maintaining our connection with taonga tuku iho (treasures that have been handed down from our ancestral atua/gods through generations) and emphasised Mātauranga Māori as a key fundamental taonga. Participants stated that it was important to acknowledge the source or origin of rongoā knowledge (knowledge essential to ensure Māori well-being) being ancestral taonga passed down through time as this reinforces the mana (power or validity) of the knowledge. Participants acknowledged that with taonga tuku iho comes responsibilities to protect and pass on knowledge for future generations.

Knowledge was passed down generationally. Whakapapa. Rongoā is passed down from the gods to us. And that comes from Tūpuna. Āe. What is it? Taonga tuku iho (OH).

Whakapapa – from Rongomātāne comes Rongoā, the god of cultivated things … for us, given from the gods, passed down. All the things that come from that … in Māoridom and for us we've got to keep it all alive. Tikanga and all the other things that come with it are all important (OH).

Rongoā … comes with a kaupapa and … a tikanga and … those taonga from tuku iho are to be treated and protected … this is not just about a medicinal property. This is about the origins by which we practise rongoā and we understand the purapura, the sources from which rongoā gains its mana (HL).

Participants acknowledged the whakapapa connections between humans and atua through our knowledge passed down to us as being fundamental to rongoā systems. Participants further explained that the knowledge that has been passed down to us from our atua as taonga tuku iho includes ancestral scientific knowledge of the natural environment, and that rongoā involves the maintenance of our connection with this knowledge and thereby with our atua tūpuna ('godly' ancestors).

Rongoā is also about maintaining our connection to Indigenous knowledge too, and that links us back to our tūpuna, coz they worked and trialled and were scientists to have come up with this knowledge. They had to be innovative and adjust to Aotearoa when they got here, they had to work out what was in our bush, what was poison, what wasn't. They had to run experiments, and they had to be scientific, and run observations over generations and generations to come up with this stuff (MD).

Participants explained that rongoā is a process of connection and strengthening of whakapapa (the relationships within and between the entities of Te Ao Māori, i.e. natural environment, tūpuna). This aligns with Māori beliefs that natural resources are considered to be a part of us, and vice versa.

Understanding that the ngahere was not a stagnant, inanimate concept, it's a living, breathing person really … when Māori introduce ourselves, we talk about our mountains and our seas for the reason that they literally are part of our whakapapa, they're not just icons, physical icons … so the ngahere is part of our whakapapa, and the purpose of rongoā is to maintain that knowledge, understanding and connection to ngahere (MD).

Participants shared that traditional Māori knowledge was held in our taonga such as our pūrākau (stories), whakairo (carvings), kōwhaiwhai (patterns), tā moko (skin markings), and tukutuku (lattice work). Further, that our knowledge was stored in our marae.

When we talk about knowledge and passing knowledge on … knowledge is in the stories … that's the beauty. Our stories, carvings, kōwhaiwhai, our tā moko, our tukutuku, those are our encyclopaedias. Our whare [nui] (ancestral meeting house) are our encyclopaedias …. The kōwhaiwhai, the whakairo are chapters (GT).

What's that got to do with our pūrākau in rongoā? It's just really, those kind of kōrero, real or not real, are about our health and well-being within our whakapapa. And we've been given clues along the way, yeah? (MM).

It was emphasised that the strength and validity of rongoā knowledge was evident in the unpacking of names and Te Reo Māori words.

Thinking through and unpacking the kupu (words) rongoā versus, you know, kind of some of the Western kupu around health and wellness … I think that would actually tell a lot around how rongoā is more ingrained in the everyday than something like, you know, medical specialists and all of those kinds of whakaaro. You know, prescriptions and treatments and all of that, as opposed to thinking about rongoā in a more kind of integrated-across-your-life kind of a way (NS).

Connecting with atua Māori

In addition to ensuring our connection to ancestral Māori *knowledge* of the natural environment, participants explained that this mātauranga is used to inform the *practice* of rongoā Māori. Hence, as demonstrated in the examples here, rongoā practice involves connection to and interaction with the natural environment. Key natural resources in general (e.g. water, sun and wind) were identified as essential to rongoā in practice.

It's ngahere, so plants … wai, the water… Tama-Nui-Te-Rā, the sun ... the wairua, part of that, and … the hau, the wind and your life and those sort of stuff… Tāwhirimatea. Using all the elements … they give us the mauri [life force] (OH).

As is consistent with the findings of the Matarākau project, participants identified the significance of the use of water[3] as an essential part of rongoā practice.

Water is the most important thing when using rongoā, taking, administering the medicine (OH).

Where you get the water. And you have to use the water, like, especially when you're doing like mirimiri [traditional massage] and stuff like that, coz it purifies … Mirirmiri, you bless the water. Yeah, plus it clears your spirit (OH).

Water's really important so our river has a particular name, that's one of our ancestors, and we recite her in our pepeha (formal reference to one's ancestry). So, you know, it's part of our rongoā (T1).

Participants also identified that ancestral mātauranga incorporates the maramataka (Māori calendar) which includes, for example, in-depth knowledge of celestial beings and seasonal ecological changes.

Mahi o ngā maramataka, it means the work of the months. Every month had their seasonal, what is it, what you had to do for your planting, your everything (OH).

[3] Water has special significance for Māori. Water is the medium through which life is brought into Te Ao Mārama (e.g. amniotic sac) and through which our spirit passes on our journey to the afterlife.

Many of the examples provided by participants also focused on the specific use of rongoā rākau ('medicines' derived from native plant material, belonging to the realm of Tāne, 'ancestor of the forest').

> *The plants that are natural help the tinana [physical body] to work properly. So organic and sustainable plants generated by the people (OH).*

Understanding tūrangawaewae

Tūrangawaewae refers to the specific whakapapa/Māori geographical ancestral land connections. Participants explained that, at a more specific level, rongoā is connecting with our own natural environment of personal, whānau (family), hapū (sub-tribal) and iwi (tribal) ancestry in terms of whakapapa (e.g. marae (ancestral meeting house), maunga (mountain)). Participants went on to note that rongoā and wellness involves having and utilising in-depth understandings and narratives of that environment.

> *For me it's about going home, so to our waters, to our maunga, to our ngahere, to the marae. Because there's a deeper sense of connection for me in those places … it's a different kind of sense of relationship … that I feel there … it's just going to the marae and being (NS).*

> *His knowledge of his personal area, and his environment, his home, make him in terms of, well, what I reckon super-healthy (GT).*

> *It's about connecting with your environment … Rongoā is about understanding the narratives associated with the environment. So it's more than just a leaf with a particular compound that she can find and then replicate in some pharmaceutical company and make some dosh (T1).*

> *It's about survival and, I guess, mentally it's about understanding our environment and knowing that you can do whatever you need to do. So, you know, there were no qualms in our parents letting us go for days on end because they knew we could find our way around and find food ... So to me, that's rongoā as well, because rongoā is not just material, rongoā is associated with the environment as well (T1).*

Participants noted that the process of rongoā as connecting through whakapapa was a specific process based on the particular whakapapa/tūrangawaewae of that person/those peoples, and therefore could not be of a generalised prescriptive nature. Further, that our ancestral knowledge is underpinned by core cultural concepts such as manaakitanga and whanaungatanga, and that these core concepts are used to inform how tikanga is applied appropriately to different contexts.

> *Trying to search for the traditional rongoā is a difficult task because it's just different for everyone … It's more about … what are some of the core cultural concepts that then will dictate a whole bunch of practices? It could be as simple as whanaungatanga, whakapapa; could be as simple as kaitiaki, aroha, rangatiratanga … those*

core concepts haven't changed, pre- and post-contact … But how you operationalise those core concepts will vary depending on your interpretation of the world. So, for example, down our way, if we think about who's got the baskets of knowledge, we'd say Tāwhaki. And in fact around here they'll say Tāwhaki too, but it's commonly regarded as Tāne (T1).

Participants noted that rongoā and the process of (re)connection with atua was not necessarily a conscious process, but rather normalised, or considered a part of normal/natural everyday life.

It's not conscious, eh? You know, if I was still living down home, it wouldn't be a conscious thing, but today it is because I'm not home very often. So when I was young, there wasn't a conscious sense of reconnection, you know, it was more that, you know, this is who we are (T1).

What is rongoā? It wasn't like, they didn't have wānanga like this, but you just grew up, it was normalised. It was … embedded into the everyday society … in the early days it probably would've been tapu and sacred. So everyday part of life … it was a natural part of living … part of the wharekura for that particular mātauranga, so it was an institution of learning and it was taught by the tohunga for that particular one. It'd be in a whare or it'd be in the ngahere and it would be observed (OH).

One participant explained that whilst Māori rights to rongoā knowledge and resources were tūrangawaewae/whakapapa-based, local and specific access was also bound by mana whenua territories. As well, understanding of the environment and being taught about places that were 'off limits' enabled caution, exploration (and learning), and safety when engaging with the environment.

Because it doesn't belong to you. I mean a tribal notion is quite a contemporary notion. You know, it was all hapū controlled and based. So, you know, if you're not from there, you shouldn't be there, and they'll give you one warning. Yeah, so rongoā in that regard is really about understanding your environment (T1).

There was a sense of trepidation … having access to places like that, means you always took risks but, you know, if I related it back to rongoā, because we understood the environment and we respected the environment and it was where we're from and we understood the stories and our kaus and kuias [elders] who the stories are associated with, there was a sense of, there always was a sense of safety. You know, and to me that's rongoā as well … Because if you didn't have that sense of safety through that connectedness then you'll be freaking out … certain things that happen in there, you know, if I think scientifically, cannot be explained. And there's certain happenings that you don't want other people exposed to … (T1).

My uncles and aunties, they push the boundaries too when they're young and they talk about it and so it was inevitable that we're going to push the boundaries. If they say, 'oh yeah, you're not supposed to go up there but yeah, we went up there' (T1).

Further, that having such knowledge and understanding provided a means of physical and spiritual safety.

> *We only go to certain places … our rights only extended so far and from that point on they belonged to, the owners of that was somebody else so you actually couldn't go and hunt in there ... Even though they're all our whānau, we're all whakapapa to them, we still don't go in there because you're taking their resources. So rongoā is that sort of, it has a spiritual element to it, that's difficult to define. But it is about understanding where you are, who you are, what your connections are, where you can go, where you can't go, who can look after you, who can go with you (T1).*

Rongoā therefore included not only knowledge, but that this knowledge empowered whānau with the tools to utilise that knowledge practically for multiple purposes (e.g. survival, sustenance, safety). Participants provided examples whereby knowledge of your tūrangawaewae (i.e. geographical and local area to which you whakapapa) links directly to the gathering of food sources. Participants gave examples of knowledge of fishing spots for sourcing kai moana, and knowledge of plants in the ngahere that were edible. Hence participants talked about kai as a source of rongoā in terms of sustenance and also survival via knowledge of the environment.

> *I was … down at the beach with Uncle Manu, we were looking after the waka, it was one in the morning … he said "Did you see that?" I went "Nope;, we're looking at the same thing. He goes "There's some flounders over there", he went and got a stick and he knew exactly where they were and how to get them. We had flounder for breakfast. I said: there's a man who knows his environment and is all good (GT).*

> *The ultimate rongoā for survival is going to Tangaroa and asking for kai. Being able to get in the water and safely gather kai. Go into the forest and telling Tāne Mahuta or Rongomātāne, say, "Hey I want to be able to collect", because those, that tikanga of gathering kai strengthens your tikanga of, your central place, all of that stuff which becomes part of those whare tapa whā building blocks, um, cornerstones to your holistic health (GT).*

> *It's good that you know where the kai is, that knowledge of your home is pivotal … he knew his home inside out. That's what we need to learn (GT).*

> *When I'm thinking of rongoā, I'm also thinking of foods. So rongoā to me isn't just about fixing the body, but it's also about providing sustenance ... There's particular plants you could just snap off and just chew on and that would keep you going for a good hour or two … somewhere in the bush … that, to me, is rongoā as well. So it's not just medicinal-based Pākehā framework of remedying the body … knowing that stuff makes you comfortable in that environment (T1).*

Normal whānau manaakitanga

In some instances, rongoā was described as simply: the normal process of whānau showing manaakitanga (caring) for other whānau members on a routine basis. Participants often recalled childhood memories of their

parents, grandparents or other whānau members administering rongoā Māori for health problems. Participants recalled the normality of these experiences, often using locally available plants and traditional methods of application to provide solutions to health concerns. Participants also gave examples of other connections with atua specific to health problems including use of water and plants to heal, and use of mimi (urine) and cobwebs.

> *When we would fall over and get a graze, some sort of skin wound, Mum would be out there, just picking the doc leaves, and sticking it on, making poultices. And that was really normal, I thought that was just, and I think, yeah, was just something, but it wasn't until later that I realised she was also keeping us connected to our own natural healing and what's around us that can heal us as well (MD).*

> *When we moved to Whirinaki, became very aware of kūmarahou. Oh, so gross (laughter). But my dad uses it all the time actually. And so that was very common, it was very, very common for people to prepare kūmarahou. And not so much rongoā, but I remember being taught by the kids in Whirinaki when we were swimming which different plants made soap when you rub them in the water, and we would wash ourselves and all of that sort of stuff (MD).*

> *It is your mind, rongoā is kōrero as well, it's wairua … Dock leaf, spiderweb, mimi, you know what I mean, like those were the three things, those were our go-to. Did you use spiderweb like plasters? Yeah, go to the corner of the house and pull it down. Actually it was my niece who lives in Wairoa, her uncle use this. (OH).*

Eczema and kawakawa

My son, who's 11, gets bad eczema, so what I do is, there's a bit of a two-stage process. Three baths, I'm not sure why, but my nan always told me to have three hot baths. So, boiling, boiling hot water with kawakawa leaves, and I obviously don't put them in when it's boiling hot, wait for it to cool down. He has three of those, three in a row. My best friend makes, I'm not sure of the recipe, but it's kawakawa and almond, so that it's a white cream for when it's red and rashy, and then she makes the oil, or the balm, for when it's dry. So, I would ring my mate up, and I would say, can you please make us up some of your mean rongoā, coz he's tried all the steroid creams, and they never work. And she'd send it over. But he also had some stuff about diet as well (MAI).

Rongo-ā-senses

Participants referred to rongoā as operating by way of the realm of Rongo. When discussing understandings of rongoā, some participants referred to the functions of the human senses (e.g. touch, taste and hearing/sound) as receptive sites for varying types of rongoā healing. This aligns with understandings of the word 'rongo' referring to the senses or 'to ready the senses'. Examples given referred specifically to the interaction of the human body with internal or external stimuli. Participants identified a range of mediums through which healing can occur – specific to the 'receptor' medium. Methods of connecting using senses included examples such as: karakia, kāranga, waiata for pēpi, mirimiri, honohono, and vibrations/ humming.

What it smells like, tastes like, so you're engaging all of your senses which is the ultimate rongoā. Which is why going to the supermarket for your fruit, veggies and kina is not as good as going to dive for your kina or your pāua (shellfish), because of those things you just said. Those senses and rongoā, in rongo being the same thing. Rongo – sense, rongoā is heightened senses. So it all works, that's it, man (GT).

So kāranga is also a healing thing. I love it when those Pākehā see, they can't describe the healing they get when they hear the kāranga (OH).

Even for yourself, you do a special sound, humming sound, it actually vibrates your body. But it has to be that side that vibrates your body, and it's a healing thing. And our people did it, you know, when they call [karanga] they're doing it (OH).

Some examples specifically explained use of karakia, waiata and vibration of sound to ensure safe delivery during childbirth.

Honohono? And with babies, it's the singing, so how would you say that in Māori? Waiata. Yeah, waiata, especially with little babies. Yeah, well they do, you do, you, lullabies eh, waiata, yeah, to put them to sleep. Especially with little babies (OH).

The physical nature of having the child and the cosmological nature of doing karakia, the spiritual nature of karakia to connect, to ensure that the woman has the child as well. I mean that's all part of rongoā as well. Because the health of women who can't have children is, for some, it's predicated on them actually having children. And if they can't have children, and they want to, it affects their health. So those karakia at that particular tree are rongoā elements (T1).

Wairua – life game

In terms of wairua, participants referred to rongoā in the context of our 'life choices', 'life paths' or perhaps those activities that we have dedicated our time to pursuing. When sharing insight into what rongoā meant, some participants reflected on their own life paths (e.g. weavers) and explained that participation in the activity that you are 'born for' is rongoā in and of itself. Further, participants talked about knowledge, rongoā and practice being interlinked. Participants explained how wairua (spiritual guidance) offered insight, knowing and direction. Multiple participants talked about a 'life game', finding their 'thing', 'knowing what they are supposed to do', 'something that runs through my veins' and intuitive knowing.

Knowledge and rongoā are kind of interlinked … because I have found my thing, the thing that I was born to do, it keeps me sane. <u>At the end of my days, when I take my last breath, I'm not going to be saying I'm so glad I worked my arse off for Mr Smith ... I'm so glad that I will be able to say I did what I do, and I did it with love and passion. And that's healthy, to me that's healthy, that's my medicine</u> (VH).

For Pākehā who believe they are the centre of the universe and the world revolves around them, it's too hard to fathom. But for Māori who understand we are just a small blip in this whole, huge cosmology, it's like that makes perfect sense (BMA).

Participants who were following their 'thing' or rather embracing their 'life game' identified that participation as their rongoā that 'kept them sane' and 'healthy' – and further, that their greatest fear would be losing the ability to 'do their thing they were born to do'.

My greatest fear is that I will get arthritis in my fingers and I won't be able to weave any more (MAI).

That's something that runs through my veins and it's more than just a career choice … I have terrible hands, rheumatoid arthritis in my hands. And when I went to the hospital last time to do whatever they do, the physio said you need to change your career. And I said well I might as well just die, I said to her that might seem melodramatic but it's the truth. If I cannot weave every day, it's like some part of me isn't breathing (VH).

It should be noted that the two quotes shared here were from Māori wāhine weavers who have dedicated much to their lives to the revitalisation, practice and teaching of rāranga kākahu. Hence, 'participation' in this sense means much more than simply 'partaking'. In contrast, one participant felt that many people are 'lost' and that if they found their 'thing', they would be a lot happier and healthier – by doing what they are supposed to be doing on this earth.

We have a lot of Māori who are lost. I think if people found their thing, the thing that makes them breathe, they will find that their life is a lot happier and a lot healthier as a result. Because they are doing what they are supposed to be doing on this earth (VH).

With regard to finding and realising our 'life game', participants identified that Māori believe our lives are guided by spiritual realms (i.e. wairua, tūpuna). Common Māori experiences include receiving messages through dreams, opportunities presenting themselves at appropriate times, and difficulty in pursuing actions that are potentially dangerous. Participants further explained that there were sometimes lessons learnt in these instances when we did not 'listen', 'thought we knew better' or dismissed these insights.

It's the intuitive knowing that needs practice and needs to be normalised, rather than the thoughts, feelings and emotions. So it's the, the instant knowing. So we do a lot of teaching around that too and not to discard it and, and to, to follow the energy of it, to follow the mood of it. Coz it will never lead you astray (RR).

They'd try to steer me down one road … sometimes I listen, sometimes I think I know better and later on I get told no, you don't know better (BMA).

One participant explained that use of drugs and other substances impacted on a person's control of their wairua or 'spiritual space'.

> Alcohol or drug addiction … opens you up to not-so-nice energies and entities and wairua that, that take over because you've actually given up being in control of your body (RR).

> *There are portals that are created through a commitment to something or an obligation to something or again, drugs and alcohol. To the point of incapacity have shut off the person's tino rangatiratanga themselves and it's, it's created a portal for entities to be able to enter that space (RR).*

Mauri

Reconnecting and joining, in particular, humans with natural resources was described as a reciprocal, continuous cycle of healing. This is an important concept to understand, given that Māori consider ourselves to be direct descendants of atua, positioned as natural resources (i.e. from which we are derived), and hence it makes sense then that the healing of the natural environment is reciprocal to the healing of ourselves.

> *And so it also connects us to the ngahere, but it also connects us to our tūpuna … The other part of rongoā, and it's actually underneath the connection to ngahere as a purpose, is understanding that, the cycle of healing cannot exist unless we are doing it in a way that protects our ngahere. So it would be counterintuitive and counteractive to use our ngahere in a way to heal us that then destroys the ngahere (laughter). Yeah, that goes against common sense. So rongoā also sustains the purpose of our kaitiaki to ngahere, the responsibilities as kaitiaki, yeah (MD).*

> *Rongoā is Papatūānuku first, that's clearly Papatūānuku, it clears the whenua. When it clears the whenua, then we pick it out, then it starts clearing head and body, so there's those two dimensions (OH).*

> *Whakapapa is actually joining people to the resources so you're actually bringing that back into the body again and through to the wairua, it's actually as I recall sort of process of healing … from Pākehā point of view they just see a restoration project, from a Māori point of view it's like healing Papatūānuku and then healing people and then it's just like a cycle thing so and that's to join it back again is to make sure that the whakapapa is a lot more continuous again (GH).*

Participants described tikanga around rongoā, specifically, that Māori ways of 'doing' needed to be followed for both safety and sustainability reasons. Participants explained that choosing to use rongoā and the way in which rongoā was used was regulated by clear boundaries and guidelines in terms of safety and protection physically and spiritually of the person and knowledge.

> *It's …tikanga me ōna kawa (protocols). Cos there's a way to do it, and there's a way not to do it (OH).*

Once you set your mind that you're going to do some rongoā, you go and do it, that's it (KJ).

Participants explained the importance of protecting natural resources such as plants in order for them to be available for rongoā purposes, and that a lack of knowledge around gathering plant materials sustainably risked 'killing' plants. It was also noted that a lack of knowledge posed safety risks when using rongoā.

Some of our whānau think that they're helping, and they'll come back with rubbish bags full of rongoā, and the worst part about that is they haven't harvested sustainably, you know, they haven't done it properly. And they've probably just, may have killed the tree and taken so much, but they think they're doing a really good job (KJ).

Don't tell people where they are, but that's all. Tell them how to use it, tell them how to help themselves, you know, make it work for them, but don't tell them where they are. In terms of an online resource, it helps us heal ourselves through our traditional rongoā, I kind of think we should put everything out there. The more we learn about helping, the more we can help. The, I guess the biggest fear would be someone takes it and they use it in an incorrect way and it does more harm than good, then they blame us (TTK).

One participant noted the lack of available resources for rongoā, including deforestation. Sometimes protection came in the form of keeping information about plant locations secret.

So basically our forests are being cut down. Forests have been destroyed (OH).

That's why they're so secretive of some of these places too, 'cause they want them uncontaminated, absolutely uncontaminated, and if they've been used for health there's this whole aspect of tapu and noa and you know rāhui (restrictions) … in the way you control, you know, regulate resources. So I think these old principles that are under tikanga are sort of coming back with a lot of people (GH).

Participants explained how maintaining and protecting the mauri of plants was important, and that they needed to be protected from pollution and contamination that could affect their ability to be used.

What's the condition of it? Is it in the condition that we want it to be, to be able to use? Use it in a useful way or do we … need to take control of our own planting somehow to bring it up to a standard that we want and that's around mauri … other values around manaakitanga … how to control that resource … so it's not as easy as sort of, like, I just went out there and I found some watercress so it's … about, okay I know that's there, but also for us the mauri of that should be this, and that there's a whole set of criteria around just that one plant or about how it should be before we harvest it or collect it (GH).

One participant highlighted the importance of whakapapa of plants, including instances where plants had been planted or used by previous family generations and that these plants were particularly important. Reference to generations of plants cared for by family members foregrounds the whakapapa (DNA) connections strengthened intergenerationally through weaving in practice.

> *My mum planted some of Nana Rangamarie's kohunga flax there from Te Kuiti, and it's taken hold, it's the most beautiful flax. And they keep it growing and they let me cut it whenever I want. And whenever I'm weaving a cloak ... for one of my children ... I cut from there, one, because it's Nana's flax, two, because Mum planted it, three, because it's from the home that I spent my teenage years and my most formative years in weaving. So it already has a story, in its very fibre it has a story. If I'm making a kete (basket) or making something to sell, I will just try and find the best flax, variety of flax for whatever it is I'm making (VH).*

> *But it's that word <u>whakapapa, and it has that already in its fibre</u>. It's Nan's flax, so I can say to my mokopuna Hawaiki that flax belonged to your great, great, how many greats are we going, great, great, great-grandmother. <u>She watered it, she cut from it, she did her karakia over it</u>. That's pretty cool really (VH).*

One participant identified that geographical isolation of a particular Māori community from European influences had supported and protected their strong continuance of traditional ways of living in that community. Other ways of protection of knowledge included not sharing information outside trusted people.

> *When you talk about a perception of people from XXXX, the perception of XXXX, a lot of that I think relates to the <u>isolation</u> for that area, in that it's <u>not easily accessible</u>. So we can exist in this area without having to actually engage with anybody else. And in that isolation comes … an engagement with our practices without being tarnished or influenced by others … we stick to what we believe and we converse among ourselves about what we are doing and whether it's right or wrong or whatever … the nature of the environment means you have to replicate it (T1).*

Tohunga

Although tohunga were not a direct focus area for this project, many participants referred to the role of tohunga within the context of rongoā access and utilisation. In alignment with previous literature, tohunga were identified as having multiple key roles for Māori whānau well-being. Participants associated rongoā with tohunga, with particular reference to being knowledge-holders, knowledge-sharers, facilitators of teaching and learning of knowledge, and guidance around tikanga (processes ensuring safety). Given that participants and available literature affirms that Mātauranga Māori is built on Māori scientific research and investigation, it is appropriate, then, that participants identified the role of tohunga as philosophers and guides of Māori futures. It was explained that tohunga played key roles in the survival of people through reading cosmological signs, interpreting observations, and research and development of knowledge systems.

Before no hospitals, no doctors, no surgeries, no operations, how did Māoridom survive? We go back … to the tohunga … to the kōrero atua … they survived because they were able to read the moon, the stars, the sun and the summer, autumn, winter and the spring … They had to read to survive (JH).

They memorised … tohunga were the guides of future Māori theories. Philosophers … astrologers (JH).

Tohunga aren't, they need doctors' licences because they never had any medical books to study about. How did Māori survive? Miracles? By chance? No. By effort of the māngai, of dedicated kaumātua, kuia, Māori kuia and Māori doctors, Māori elders discussing and finding ways and means. Try this, that doesn't work; try the other thing, that doesn't work; keep trying (JH).

It was a hidden thing … they were going out at night-time, you know, they were harvesting, they were making their rongoā, it was all done in secret … it was a good thing ... it wasn't a big thing to take someone that was very ill, they just quietly went about their way, it was the norm, but it was probably the best … we don't really want to be out there, because we'll get too many people … So we do things quite quietly, and we're quite selective on what we, we put out … And it's not only about keeping us safe, it's about keeping them safe as well, and we only do as much as what we're told to do, yeah, enter a different wairua when that happens (KJ).

Participants identified the role of the tohunga as similar to a 'teacher' who was responsible for passing on knowledge through practical means using institutions of learning (wānanga).

The kaiako (teacher) is the tohunga … the tohunga does the karakia. Without that, he's not a tohunga (OH).

The tohunga had to learn the right karakia. I mean those karakia are so old, they don't learn those karakia any more. The tohunga needed to pass down … pass on through practice … okay to learn it by the book but unless it's being done … (OH).

You had tohunga for taiaha, waka, whakairo, karakia, they were kaikarakia. The connection, the mahi of the rangatira, was to get all of these people together, everyone, that's really what rangatira means, to gather the groups, tira, with the specialists (OH).

So everyday part of life … it was a natural part of living. It was part of the wharekura for that particular mātauranga, so it was an institution of learning and it was taught by the tohunga for that particular one. It'd be in a whare or it'd be in the ngahere and the process would be observed. So the kawa, the way to do it, how to do it, and karakia, all of that's in there (OH).

Participants noted that the role of the tohunga was extremely important in facilitating access to stories, Mātauranga and practice.

The role of our tohunga … is really important in facilitating … access to stories and access to practice and access to mātauranga that we wouldn't maybe otherwise have (NS).

You've got to pass your knowledge on, establish, you trade your, you give them, your rongoā that you've got here so they can pass some trees on to you. So we have to plant it (OH).

The effectiveness of Western medicine was highlighted in instances where participants or their whānau had accessed Western medical services that were unable to diagnose or treat their health concern. In comparison, participants talked about seeking help from tohunga who had identified and addressed their concerns efficiently and effectively. Participants also positioned use of Western medical health systems as a 'first resort' used to 'tick off' physical concerns, after which tohunga 'specialist' support was sought – noting an avoidance of accessing tohunga 'unnecessarily'. Underpinning this was the notion that rongoā practice was embedded in society on a day-to-day basis. One participant recalled that as a child:

It was quicker to take me to the doctor and if it required an antibiotic or something like that then it'd get taken care of. And she didn't want to over, overuse the tohunga space unnecessarily (RR).

After my probably third time being in hospital diagnosed with nothing, and then having to go to a tohunga for clearing, and understanding that I was in the hospital system for like two days and go to a tohunga and I'm like done in half an hour (RR).

And what about tohunga, like if it was embedded in society, everybody knew how to do it. Tohunga were often called upon for the specialist stuff, eh, what would it be, like for tangihana and stuff like that, or body prep, would that be a tohunga? Coz rongoā is just normal, eh, it's everywhere (OH).

Atawhai was our Māori medical, original Māori medicine giver … in recent times … and I would say that her medical liquids did an enormous good to me, to my health. There was a bit of a swallow-and-trust, but after a while it was finally accepted as doing some better things than what the modern doctors were doing (JH).

Participants also shared insights about the ability of Māori healers to operate on metaphysical healthcare levels not accessible to Western health professionals.

A Māori healer can open the channels to do the healing that a therapist couldn't, coz the therapist doesn't explain it … we end up in hospital having an operation we don't need (OH).

Participants acknowledged the sacrifices knowledge-holders had made through generations of colonisation and oppression, particularly of traditional Māori knowledge.

It's acknowledging the very few people who really have held on to it for us all. And there are few, there are so few, but those who have held on to it, like I just really acknowledge that they've done that for all of us. There's no money in it, there's no fame in it, there's no status in it, you know. Well, not Western status anyway. But they're doing a thankless job, and one of the most important. So yeah, I guess, yeah, I'll finish off with my own acknowledgement of them (MD).

Tohunga appointment was done by way of selection at an early age for those who were able to uphold their responsibilities of knowledge learning, and teaching.

You never call yourself a master. My dad has never, ever called himself a master carver, and he cringes when someone calls him a master carver. My mum never, ever called herself a master weaver, and I never, ever will. Because as soon as you say that you're a master, you've told your brain that there's no more to be taken in, you know everything there is to know. You must always be a student, always. My great-grandmother, Nana Rangimarie, she was about, oh she must've been in her late 80s, she said I'm still learning. She never called herself a master weaver; other people did. It's very important (VH).

You were selected, like with, like with all our elders before … it's the same as for rongoā … they only picked the people that would take it and do it … you can't teach somebody that doesn't want to learn (KJ).

You'd be chosen as a tohunga … I always thought that was the traditional way of getting chosen, probably she's seen something in you (OH).

Participants also talked about the delivery of formal NZQA rongoā and Mātauranga Māori courses that were not conducive to Māori tikanga. Participants felt that these government-funded courses were focused on assessments, EFTS, and moderation, rather than the passing on of knowledge.

You can't tell someone that what they have created from their heart, and their hand, and their mind, is wrong. It's theirs. And I think that's where a lot of courses are now kind of getting it wrong … stop thinking about EFTS, and thinking about assessment due dates … think about that weaver, or that carver, or that plait work, or that painter, or whoever it is, what's going on (VH).

Further, that undertaking rongoā qualification training was sometimes done in order to gain the 'tohu' as proof of their safety to practise as healers, whilst also knowing that the qualification itself did not provide sufficient training for operating within Te Ao Māori; and that the actual training had occurred in other (non-government controlled) ways.

We had a little bit of knowledge before we did Heke Rongoā (Diploma in Māori Medicine), and one of the reasons why we did that was actually to keep us safe, so that if anyone came and asked us, coz we were challenged a little bit when we started here, what qualification we had … whether you like it or not, you've got

to have that tohu … but the main reason we did it was to make sure we had tohu to keep that side of us safe … you've got to be quite strategic (KJ).

On the other hand, systems of whakapapa, referral and networking provided a Māori 'quality assurance' system. Quality assurance is sometimes based on trusting a person linked by whakapapa, but also on their skill level, experience and recommendations from other trusted sources. When seeking rongoā information, whānau commonly did so by contacting specific whānau members who were able to identify appropriate knowledge-holders.

There are parts of rongoā that I … wouldn't mind using ... for my kids … I wouldn't use someone I didn't know … they could be a kaumātua from some respected area or whatever. But if I didn't know them there'd be no way they'd be doing no karakia over my kids or whatever coz I don't know them … <u>you don't know what you're opening yourself up to</u> … it would have to be someone that I know, not just any kaumātua (NHC).

Mātauranga transfer

Participants highlighted that traditional methods of intergenerational knowledge transfer are quite different from the academic approach. One participant was specifically asked to share her insights regarding the teaching of traditional Māori ways of being and doing as a master weaver, having learnt from her well-known and respected weaving whānau. She kindly shared memories of her parents/grandparents/elders 'teaching her' from a young age in a very natural way – as a normalised way of participating in daily life. She shared stories of being taught to weave by observation, as well as participation in weaving alongside her older whānau members.

He learnt old school from John Taiapa, so that's the way he teaches. You tend to teach more in the way in which you were taught, so he's a very hard teacher, just like John Taiapa was (VH).

Multiple participants identified that learning happened through both intuition and observation (with less focus on talking, naming and instruction). A lack of specific verbal instruction/talking meant that the learner required a higher level of observation in order to complete the task correctly. This also meant that learners were encouraged to explore their own creativity, and that teaching enabled learners to continue to practise what they had been taught without having to rely on the teacher (i.e. empowerment).

Traditional weavers have a method of passing on knowledge that is quite different to the academic approach. Sometimes the thinking and intuition may be in the abstract. This encourages the tauira (student) to develop her artistic mind and her own direction but within the confines of the traditional (VH) [reading from a book?]. They just taught us in a very natural, everyday way. Like Mum would say, she'd be in the middle of doing some tāniko (weaving) and she'd say "Oh I don't want this to stop, can you take this for a minute and have a go, I just want to go and do the potatoes". Very sneaky eh, yeah. Or she would be sitting at a weaving stand like

this, working on a really large cloak, and she would sit at the beginning over here, and then she'd get so far and then she'd say "Okay you finish off that row and I'll start the next row" (VH).

I painted the hills purple, and the sky orange, and the teacher said it was wrong, "the sky is blue and the hills green", and so I failed. That's not how I see those hills at sunset, so I failed because of someone else's perception of creativity. It's a very hard one to assess (VH).

This was specifically the case when participants recalled using native plants for rongoā remedies. There was a notion of normalness whereby there was no formal teaching, but rather being delegated roles for gathering particular plants – which involved plant identification, geographical location and harvesting in a sustainable way.

I don't know if it's rongoā? … just our sense of … this will help you … so wasn't really … so we're going into rongoā now, it's just go and get that leaf, um break that up, eat this (GT).

Yeah, it's right haeremai, come here I'm going to teach you a song. The rangi (tune) goes like this "duh duh duh duh duh" ok and then you come in, you're ready go "duh duh duh" and now your turn you go … when you were just talking about being taught something, there wasn't so much explanation, it's more direction then figure out the rest (GT).

Mum would say oh that's a kawakawa wherever we were and that's just so that I could get used to knowing what is was … we wouldn't actually have that plant around, we'd have to go find it and it was usually down the marae … It was never put in our yard for the specific use of using. We would just get it from wherever it grew (GT).

Participants also a noted difference in traditional Māori framing of learning as being of assistance to others (or informal learning), rather than entering into a space of forced absorption of instructed knowledge (e.g. mum asking daughter to complete weaving row whilst she cooked dinner vs classroom instruction). It was also stated by participants that the same teaching and learning methods had been adopted when passing on knowledge themselves.

I had to sit there and watch her hands and see how they moved, and then make sure that my tension was the same as her tension so the row didn't start buckling when I took over. And so now my mum and I, we have the same tension, exactly the same weave. She'd do things like call me over to her latest whatever it was she was creating and say what do you think of this, what do you think would happen if I moved this in this direction, or if I included this colour in here? So that's the way she taught, which is very different to the way things are taught in the polytech[nic], where you are given the information and not encouraged to create it yourself … she wasn't only teaching me the technical side of weaving, she was teaching me to think myself and to create things that have not yet been created. A very good way of teaching (VH).

She taught me to teach, coz there's one thing knowing something and there's another thing knowing how to impart the knowledge … different people have different ways of learning, and so you have to learn to change your teaching technique to suit that learner (VH).

Mum and I developed this way of teaching that we call the matrix. And we based it on the way in which my mum taught me, so this matrix is a series of lessons where, if you follow the matrix or follow the series of lessons exactly as I give them to you, when you're finished this programme you will be able to weave without a teacher. You will be able to see a picture in your mind and print it out with your hands. So that's the matrix (VH).

In this context, participants clearly stated that passing on of knowledge in a Māori way happened at a level of excellence whereby there was a focus on ensuring that what was learnt and practised was 'correctly performed' to a level of excellence.

Excellence means you have to show up to class before your students and prep your class. You know that's excellence. If you're going to be teaching kids, especially Māori kids, you teach excellence and follow through. That's my gripe about some of these fucken teachers I've seen (GT).

Quality control

And my dad taught me tukutuku, not my mum. And I remember my sister and I were working on a huge panel which is now in Wellington, in the archives. Or is it the Wellington Library? One of them, I've got tukutuku all over them. It was huge, it was like from the ceiling to the floor and it was a couple of metres wide. And it's quite a painstaking task doing tukutuku, you sit there the whole day. We sat at this panel for eight hours, and Dad came in and he'd have a look at the front, and he'd have a look at the back and he'd go mmm, and walk out. He waited until we had finished our day's work and cleaned up our space, and sitting back having a cup of tea looking at what we had done. And he came in and without a word he grabbed a Stanley knife, you know, a craft knife, and he went to the back and he went do, do, do, do, do, do, do, and he cut off eight hours of work because one cross was wrong. That was a lesson that my sister and I will never forget, always make sure that the back of your work is tidy. It doesn't matter that it's never going to be seen, you know what it's like. And it's out of respect for the knowledge, and out of respect for the material, and the work, and everything else, that you do it right. And so even though he taught me that lesson on tukutuku, I still carry that lesson over onto every single thing I do, check the back. So he taught me quality control in that lesson. A very good teacher, very good, old-school teaching (VH).

Some participants explained how new technologies such as DVDs and online learning had been adopted in order to continue teaching when geographical and time barriers were presented between the learner and the teacher. It was also noted that teaching systems operating outside of NZQA allowed the use of traditional teaching methods as opposed to having to conform to the government education system.

My space isn't very big …how can we teach more people? My absolute need to teach brought Lil and me to the conclusion that we'll use the Internet. Everyone, or nearly everyone has a smartphone or an iPad, a tablet, a

computer, a smart TV, and has Internet access. And we got really excited, we thought how many people can we reach? And so now we have 540 students, and they are weaving the most amazing things (VH).

I videoed a DVD of me making a kete and walking through the making of this kete step by step. And I had to think of all the questions that they may ask as a student and answer them in my lesson. It's very, it's very hard to get Internet on St Helena Island, and so I had to do DVDs. And I sent them 10 DVDs to share around the island, and that got both the correspondence course that Mum and Dad wrote and my DVD lesson up for the people of St Helena Island (VH).

We don't follow NZQA, we're not government funded, so we're not answerable to anyone. It's not a very profitable existence, but it's a happy existence … You know, a lot of those 540 students come from Australia where there are no wānanga, there are no polytechs, and they've got a piece of home … You know all these people are happy because they can do what they want to do without having to move back home. I've got so many people who are full-time workers, full-time teachers, full-time students, whatever, who can't take time out of their weekends to go to … marae to learn to weave. Who can't generate classes coz they have children, who can't give up time from work. So they do this, and they're gorgeous (VH).

Discussion

Participants articulated their understandings of rongoā in multiple ways across the five sub-themes of: Te Ao Māori; wairua; mauri; tohunga; and mātauranga transfer. This chapter represents important and core beliefs and distinctions about rongoā Māori that are not well articulated in current literature. Therefore, additional space is allocated here to discuss these findings. Prompted to think about rongoā in the everyday context for whānau, participants acknowledged that rongoā Māori operates as a holistic system of healing that is uniquely Māori, specifically including spiritual elements and use of karakia. As a key fundamental foundation, participants repeatedly referred to Te Ao Māori, Mātauranga Māori and Atua Māori as being intrinsic to rongoā for whānau. Reference to Te Ao Māori acknowledged Mātauranga Māori characteristics including: knowledge sources; values and principles; hierarchy and relational connections within Te Ao Māori; positioning of humans to other entities within Te Ao Māori; and whakapapa connections to Te Ao Māori. Specifically, participants reinforced the significance of Māori creation stories including Ranginui and Papatūānuku and the roles and representations of Atua Māori who operate as ancestors of the major (and minor) elements of the natural environment. Whilst knowledge of Atua Māori is not new, explicitly linking connection to Atua Māori as a determinant of health provides a new and important foundational starting point for understanding rongoā and Māori well-being from a uniquely Māori perspective. This adds depth to the Te Whare Tapa Whā model (Durie, 2004b) and simultaneously shifts focus away from biomedical models of health to deeper understandings of what a holistic view realistically incorporates. Further, participants noted that Mātauranga Māori, and therefore the knowledge underpinning rongoā Māori, was included within Te Reo Māori. Specifically, understanding of Te Reo Māori and the concepts and underpinning knowledge of Te Reo Māori reveals the fundamental knowledge base and key concepts to learning and understanding rongoā (Hikuroa, 2017).

Importantly, participants went on to explain that rongoā as a connection to Atua Māori operated at multiple levels of specificity. For example, whilst general connection with the natural environment was acknowledged, specific connection with tūrangawaewae and papakāinga (specific geographical areas linked to one's genealogy) was of critical significance to whānau well-being. This further supports the notion that Māori view the natural environment as ancestors and have deep and intimate whakapapa, genetic and DNA connections with land as Indigenous people. The findings of this research explicitly showed that connection with Atua Māori happens in multiple ways including knowledge of, reaffirmation of connection with, physical interaction with, protection of, and utilisation of natural resources for the purposes of sustenance, safety, survival and sustainability. Importantly, a deep understanding of the natural environment (e.g. traditional pūrākau/narratives) was noted to support whānau to ensure spiritual health and safety. This affirms Māori beliefs that wairua and spiritual entities can operate as protective systems geographically. Hence rongoā Māori and our fundamental well-being as Māori involves both understanding our deep and relational connections with the environment, and being able to access, connect to and utilise our natural and ancestral environment for well-being purposes.

Within the health context, and under international and national obligations to Māori as Treaty partners, tangata whenua, New Zealand citizens and Indigenous people, it is therefore paramount that whānau are afforded their rights to access, know, utilise and protect our ancestral lands, homes and environments in order to make meaningful gains towards Māori health goals. In reality, ancestral land continues to be confiscated from Indigenous peoples, further removing basic sources of health. For example, today (24 July 2019), a call came from Ihumātao, in Auckland, for support in their peaceful protection (protest) against their forced removal from their ancestral lands by police to make way for a housing development. This echoes the arrests made of Ngāti Whātua whānau at Bastion Point in 1978 after the 506-day occupation of their ancestral lands. And, just this week, our Hawai'ian whānaunga were arrested whilst peacefully protesting (protecting) the desecration (building of another telescope) of their sacred Mauna Kea. The findings of this research indicate that the state of Māori health is determined by connection to and well-being of our ancestral lands. This research and rongoā Māori therefore calls for both the cessation of the continued deliberate removal of Indigenous people from their ancestral lands, and, the return of ancestral lands to Indigenous people in order to achieve health equity.

Nō tawhiti, nō tata
Nō te whenua ō te Atua tātou
Ahakoa nō hea mai koe
Ka whawhai tonu mātou mou

The findings of this study presented some practical examples of rongoā in whānau daily life. Common examples included use of kawakawa as a poultice for skin conditions, use of spiderwebs (to stop bleeding), use of

kūmarahou (for chest infections) and urine (for skin rashes). Other examples given moved away from a focus on plants and included knowing how to collect kai moana (seafood), what plants were edible in the bush, returning home to papakāinga, and spending time with whānau. Whilst the collection and investigation of herbal remedies has been a key focus within public literature (Bishop, 2014; McGowan, 2000; Riley, 1994; Yang, 2014), the findings of this study tend to focus heavily on the understanding of Te Ao Māori and mātauranga. Rather than focusing on Māori 'medicines' and health conditions, participants focused on sharing the underpinning knowledge, values (e.g. kaitiakitanga) and understanding of Te Ao Māori, including general and local knowledge of the natural environment for survival, sustenance and security. Specific examples, then, were positioned as the natural outcome of possessing this knowledge base, rather than being the site of focus. This promotes a 'shared mātauranga' (empowerment/health promotion) approach whereby, at the whānau level, information and understanding of Māori world views, Atua Māori and whakapapa operate as general knowledge shared with all whānau in order to provide the 'tools' necessary for self-determined well-being action, rather than an 'expert gatekeeper' model. Participants also linked the term 'rongoā' to specific engagement with human sensory systems as methods of healing. Examples given included use of sound such as waiata (songs), kāranga (interdimensional calling) and katakata (laugh). As Maui Te Pou stated at a recent Toi Tangata Hui:

> *If you can make someone laugh, like really laugh, well that's massaging the internals, isn't it? Eh? I mean we all have the mirimiri (massage) on the outside … but how do we do that for the inside? And humour's definitely good like that. Music's another way, you know, they don't call it the universal language for nothing, so sound … laughter is the best medicine … Us Māori, we've got a bit of a hard-case sense of humour, eh (Maui Te Pou, personal communication, 22 February 2018)).*

These findings provide insight into the physiological ways healing happens via interaction with the environment. Kāranga, specifically, operates at a particular vibration whereby it is believed that the interdimensional 'ārai' (veil) is pierced which allows a connection between the physical and spiritual worlds (Hibbs, 2006). The reference to human senses (rongo-ā) also alludes to notions of wairua, matakite (prophesies) and spirituality – areas largely acknowledged yet limited in articulations within literary contexts (Ahuriri-Driscoll, 2014; Mark, 2008, 2012; Ngata, 2014). Charles Royal notes that the use of karakia (incantation) is a way of communicating with tūpuna (Royal, 2011). One way we could think about wairua is to liken spiritual 'wairua' knowledge and interaction to that of intuition, clairvoyance (psychic seeing), clairaudience (psychic hearing) or claircognisance (psychic knowing) (Mark, 2008). From a Māori world-view perspective, wairua and the use of extrasensory abilities can refer to our connection and communication with spiritual entities, be those Atua Māori, tūpuna (ancestors) or other (Levin, 2008; Mark, 2008, 2012; Ngata, 2014). The notion of a 'life game' or 'following the wairua' was raised by participants. In simple terms, participants felt that individuals exhibited natural tendencies (and inherited responsibilities) that traditionally informed their 'life path' or aligned pathway of 'work' throughout life (e.g. your calling).

> *The little girl who, in our hapū, when she was born was just forever humming and singing … waiata, that was her game. Then she got to a certain age, then the old people got together and then they said … our girl will stay with Aunty So-and-so … Auntie's the holder of all the waiata … and guess who takes over, the one who had the natural thing all the way through … that was in their whānau, yeah, composers. Very creative whānau … the wind instruments was his game. So you know, when he had that lung thing, that was no great surprise coz where does the wind come from? (Maui Te Pou, personal communication, 22 February 2018).*

Participants explained that many whānau were rather lost, and that, once they found their 'life game', this was in essence their rongoā – participating in what they were supposed to be doing (e.g. weavers). In addition, participants linked the notion of a 'life game' and life 'direction' to guidance from atua/tūpuna (spiritual beings) and that hauora (well-being) was also linked to the extent to which we 'paid attention to' and actually 'followed' this guidance (or thought we knew better). Three important factors were highlighted that related to the notion of 'following your life game': 1) that your life game is linked to your whakapapa and therefore relational positioning in Te Ao Māori; 2) that guidance was provided by tūpuna through a range of wairua channels (e.g. tohu, dreams); and 3) that there was contention between being open to, normalising and understanding communication with tūpuna, and Western social 'norms' that deny or 'label' non-physical experiences. In essence, being able to align your actions (direction) in life with those intended for you is considered rongoā. In alignment with Durie's (2004b) description of Te Taha Wairua, the findings of this research repeatedly made relational connections between humans and the natural environment.

Generally associated with spiritual and 'unseen' experiences, in many ways wairuatanga refers to our direct interaction with and response to the natural environment. For example, use of maramataka (understanding traditional Māori lunar cycles) for health purposes has recently gained popularity in Māori communities (Hikuroa, 2017; Roberts, Weko, & Clarke, 2015; Tawhai, 2013). In examples like this, we are still able to identify that we are directly influenced by, for example, the sun and the moon (e.g. menstrual cycles), despite their 'unseen' forces. It should be noted here, that the topics of wairuatanga, Matakite and metaphysical beliefs of Māori remain somewhat socially unacceptable in non-Māori spaces. The implications of current societal stereotyping and judgement stigmatising these topics are two-fold. Firstly, this emphasises the importance of articulating Māori beliefs and realities pertaining to Matakite, wairua and tupuna within academic literature such as this. Secondly, the apprehension of participants to share thoughts on these topics was obvious (and at times self-identified by participants – who noted their caution around safety in terms of sharing this particular information). This therefore impacted on content to this effect within the results.

The findings of this study foregrounded the importance of mauri (mouri) when thinking about rongoā Māori (Penehira, 2011). Mauri can be understood as the life force of all things animate and inanimate (Marsden, 2003). With particular reference to natural resources, participants identified that protection of the mauri (perhaps natural and/or pure essence) of those resources via protection of knowledge of plant locations and protection

from pollution and physical and metaphysical contamination was particularly important. Prevention from contamination operated to meet multiple goals: protection of the tapu (sacred purpose) of plants; ensuring sustainability; harvesting in safe and sustainable ways; protection of whakapapa and DNA; and protection from exploitation and commercialisation. These findings reinforce the value of protecting the Indigenous ecological and intellectual properties of New Zealand native plants (i.e. WAI 262 claim) (Sullivan & Tuffery-Huria, 2014). This also reaffirms the importance of kaitiakitanga in ensuring the quality (effectiveness) of natural resources for rongoā purposes. In contemporary Aotearoa, this highlights significant challenges whānau face when accessing natural resources, particularly in urban settings where availability of natural resources is limited and what is available is often polluted or located in public spaces where mauri may be diminished. There is also urgent need to ensure political and legal protection of Māori sovereignty in this context (Sullivan & Tuffery-Huria, 2014). The notion that whakapapa lies within the DNA of sequential generations of plants and natural resources was an important connection to make. This supports the notion of taonga tuku iho as well as our intimate connection with whenua (Harmsworth & Awatere, 2013).

Descriptions of the role of tohunga in this study offer new insights into their role within rongoā and Māori society. Much more than 'healers', tohunga were described as the original philosophers, the 'readers of tohu', the scientists that were responsible for ensuring the survival of the community via the application of scientific knowledge. Positioned as facilitators of intergenerational knowledge transfer, tohunga operated within leadership positions to ensure knowledge development over time. Within the health context, participants also provided multiple examples whereby tohunga had been able to quickly and efficiently address health concerns that Western medical doctors were unable to explain. These findings reinforce the positioning of tohunga as 'more than' healers in clinical practice. As well, these findings highlight the multiple responsibilities tohunga carry as healers, philosophers, teachers, knowledge-holders and researchers (Mark et al., 2018). These findings reveal the extent to which responsibility is placed on current tohunga/healers and foreground the need to empower whānau use of rongoā as health prevention in order to alleviate demands placed upon tohunga.

In relation to ensuring that rongoā knowledge and practice continues into the future, participants discussed Māori intergenerational ways of teaching and learning that were distinctly Māori. It was identified by multiple participants that learning of a certain 'life path' was determined through being 'chosen' (indicated by natural tendencies identified by whānau). Participants also shared how past and current knowledge-holders had passed down knowledge and practice through direct family whakapapa lines. The findings of this research demonstrated that Māori teaching styles involved facilitation of tamariki (children) to learn in practical ways through participation. In multiple examples, participation involved 'helping' (assisting or supporting) an 'elder' (teacher, parent, grandparent) to complete a task. For example: finding, identifying and gathering rākau for rongoā, and finishing weaving rows. There is also direct alignment of these findings with ones that identified rongoā as connected with Atua Māori, hence the 'learning by doing' is actually a rongoā in itself. Of interest, though, was

the way in which participants often struggled to find specific ‘words’ and ‘names’ for rongoā plants, practices and protocols. Whilst there was a clear focus on practice, learning, helping and achieving the intended outcome (e.g. use of plants to heal wounds, creation of a kākahu), it was also clear that less emphasis was placed on direct instructional abstract teaching via voice, names and books (unless incorporated into waiata, for example). Rather, learning was highly dependent on observation, listening, attention to detail and nuances of practice in order to produce the intended ‘taonga’. In doing so, learning similarly involved the use of a range of physiological senses (e.g. smell, taste, look and feel of a plant; tension of weaving) in order to retain information. By passing on knowledge in this way, participants explained that learning occurred in indirect, informal or discrete ways rather than by formal instruction. These findings directly challenge ‘mainstream school’ ways of knowledge transfer that rely solely on written material and ‘expert’ teachers, but rather, support methods that involve both the practical ‘doing’ of rongoā activities and also the development of taonga for learning and life purposes.

Summary

The findings of this chapter relate directly to whānau understandings of rongoā Māori. Consistent with available literature, rongoā is perceived as ‘more than’ Māori medicine and incorporates multiple facets making up a complex and complete Māori system of health and healing. Understandings of and direct individual and whānau connection to Te Ao Māori and Mātauranga Māori were foregrounded as providing essential foundational belief systems through which rongoā is understood and utilised. Participants explained that rongoā systems incorporate: understandings of whakapapa positioning, roles and responsibilities; intergenerational knowledge transfer systems; tohunga as leaders, researchers, developers and facilitators; wairuatanga and spiritual connection, interaction and guidance; and reciprocity and kaitiakitanga. Rongoā systems were described as a part of normal Māori systems of knowing, being and doing, and were utilised in practice for healing, as well as sustenance, survival and safety purposes. These findings provide new and broad ways of understanding rongoā that move away from minimalistic comparisons to Western medicine. These findings should be considered seriously by those responsible for ensuring Māori health equity through the delivery of health and education systems in Aotearoa/New Zealand. The next chapter (Seven) presents the research findings related to the overarching theme of: What happened? Although we are aware of the impact colonisation has had on Māori ways of knowing, being and doing, including rongoā Māori, participants shared deep insights into the multiple mechanisms through which rongoā was impacted historically. These findings provide meaningful contextual understandings that inform current whānau perceptions and behaviours towards rongoā (later presented in Chapter Eight).

Introduction

The first results chapter – What was/is rongoā? – presented whānau insights into the complex and complete traditional Māori healing system of rongoā Māori. The broad description of rongoā and key elements of the rongoā system foregrounded the importance of Te Ao Māori, whakapapa, wairua, mauri, tohunga and mātauranga as fundamental. This chapter presents the research findings related to the theme: What happened? Having gathered whānau understandings of what rongoā was and/or is traditionally, participants also provided insights into the way in which rongoā systems were impacted historically. The majority of the research findings presented in this chapter relate directly to the impacts of colonisation on traditional Māori healing practices and their systems of operation. Investigation of colonial trauma was not a key focus of this research, given that work has already been done in this area. However, participants made reference to historical changes in traditional Māori healing systems in order to inform whānau perceptions of rongoā in current and future contexts.

Multiple historical factors that operate as barriers to whānau use of rongoā in everyday life were identified. During the analysis process, the concept of mana (spiritual authority and power) (Marsden, 2003) and impacts on the state of mana was discussed and developed with Advisory Group members. Conceptually, barriers and facilitators were reframed as mana-misers and mana-maxers. This concept links to the fundamental concept of mana and manawā (place of mana) (Leonie Pihama, personal communication, January 2018) and identifies those factors that either diminish (mana-mise) or enhance (mana-max) one's mana. Participants explained that the process of colonisation had implemented multiple mana-misers (barriers) to use of rongoā for Māori whānau. Mana-misers included: systematic suppression of Māori healing traditions; forced reliance on Western medicine; framing of healthcare solutions as existing only 'outside' of ourselves; destruction of rongoā systems by removal of necessary resources; systematic support for ease of access to Western medicine; lack of funding of rongoā; and destruction of Māori knowledge translation traditions. Table 7 provides a description of the five sub-themes/mana-misers of the overarching theme of: What happened?

Table 7: What happened?

Sub-themes/Mana-misers	Description
Rongoā suppression	Historical, systematic and legal outlawing of traditional Māori healing
Imperialising Western medicine	Support for Western medicine, social acceptance, ease of access, proximity and affordability
Colonisation of intellectual sovereignty	Idealised, imperialised Western medicine, forced assimilation, creation of internalised racism, marginalisation of rongoā
Denial of mana rongoā	Use of 'scientific evidence' as justification for denial of Māori knowledge/rongoā credibility (mana)
Mātauranga disruption	Destruction and disruption of intergenerational knowledge transfer systems

Rongoā suppression by way of government law

Participants identified that there had been a significant loss of the infrastructure components that operated to support and enable traditional Māori health systems. When asked about what factors impact on whānau use of rongoā, participants called attention to the historical New Zealand context which systematically, legally and violently sought to eradicate Māori health systems through colonisation. Historical and continuing government policies that systemically outlaw rongoā Māori operate as significant mana-misers to whānau engagement with traditional healing practices.

> *Our healing practices and our traditional knowledge was legally and violently outlawed, and force was used to eradicate it and the people who were practising it … to this day, it is still systemically outlawed … we can get ACC funding … for … acupuncture … but not for our own … Essentially, we are left with generations and generations of our practices and our knowledge being outlawed and systemically undermined (MD).*

> *Rongoā Māori is still struggling to get systemic support, which is unjust, because it was systemically wiped out … what we're dealing with today comes from the whakapapa of the injustice … the disparities … Māori-focused healthcare provision is just a hangover from the historical context, well, colonisation (MD).*

Participants identified that what limited government funding does exist for rongoā clinics occurs on an ad hoc basis, and that this funding is minimal and short-lived. In addition, participants noted that the Western colonial argument of 'lack of evidence base' for rongoā operated systematically to justify the denial of funding for rongoā by government entities.

> *There's no policy … no kind of funding streams for rongoā … there were some little pilots … that the Ministry of Health funded at one stage, but they were really little. And then they canned them, and I think that was around the time of kind of legislation review round natural medicines and whatnot … the policy … became more of a restrictor than an enabler … a whole context that doesn't really support the practising of rongoā*

anyway … the other issue is the evidence base for rongoā. I think that's used as a reason to not kind of support a policy, a sort of enabling policy position (NHC).

Participants identified that current government attitudes and structures do not provide funding or resources for rongoā.

It's just locked up in a big infrastructure … because of Pākehā paternal attitude towards Māori, oh, we'll just blow it, they know best … treat your credibility as an issue while they're not helping to fund you … same time, they put all these procedures, make sure the money doesn't make it down, trickle down, to the people, you know (OH).

Further, participants identified that the lack of systematic support for rongoā Māori has meant the near eradication of Māori healing traditions.

The risk for us actually is we're going to lose more and more and more, and it kind of dies out potentially, coz there's no kind of formal system to keep it, you know, to keep developing it (NHC).

It's gone through a phase, much like te reo … It goes through a cycle of near-death almost, like when you think of the Tohunga Suppression Act … I think we kind of had a wow moment … sort of like a realisation … Dying out really and is being revived (OH).

So like te reo, it's dying, because the government, the Crown don't resource it enough, there's not enough, according to the Treaty, our agreement, they limit the resources. That's why it's dying. It should be in every marae, every kōhanga. Āe, rongoā and te reo are connected, can't separate the two … they took it away, by their racist legislation (OH).

Imperialising Western medicine

Participants likened the status of rongoā Māori (or traditional Māori ways of being well) to something 'near death'. Participants noted that traditional Māori health systems had been replaced by European/Western medicine. Suppression of rongoā was reinforced by support for Western medicine by making it easier to access and use, more affordable and more commonly available than rongoā.

A dying art … and it's because of the prevalence of European medications. The ease of access … The doctors are just around the corner, don't cost anything. Yeah. It's culturally accepted that we use European practices for modern ailments. So being replaced by modern European medicine … Yeah, cheaper, it's easy (OH).

The day-to-day rat-race living that most Māori families face in urban environments. For example, any of my kids get sick, I've got any number of mainstream GPs around me. Rongoā practitioners, far less. So, the immediate practice is go through mainstream doctors … never once have I actually even thought to take my

kids to rongoā alongside whatever other choices I want to use. I've done it for myself, but not for the kids … I think it's out of habit, and it's what we're all conditioned to do. So perhaps … it's about just us proactively and consciously switching our frame of thinking even (MD).

When referring to perceptions of rongoā in current-day contexts, participants noted that rongoā was relatively invisible to younger generations as a healthcare option.

I don't hear any teenagers talking about rongoā, it's not even … in their vocabulary, it's not even on the radar (NHC).

So it really comes down to having the choice, and making that as level a playing field as possible … Rongoā Māori isn't a mainstream choice really when you go to a doctor that's not part of what they're going to suggest to you, you have to know about it through your whānau or personal contacts and you have to go out of your way … it's still an underground culture (AM).

Other participants stated that younger generations in particular were not aware of rongoā or traditional Māori healing and had never been exposed to it. It was also noted that the word 'rongoā' did not always elicit thoughts of traditional Māori 'medicine'.

If you're thinking about Māori medicines, that doesn't necessarily conjure up rongoā [as a term of reference] all the time (T1).

My kids, oh they would never use rongoā at all I don't think … they wouldn't know a lot about it, they wouldn't even think to … because it's not readily accessible … with them it'd come down to kind of trust too, actually there is kind of an element of trust in it in my view. You know, depending on who gave it to them, whether they would use it, or drink it, or whatever, you know. If the crazy aunty gave it to them then they probably wouldn't, you know, they'd tip it down the toilet or something (NHC).

With some whānau now often using Western medical systems as a frame of reference, a key issue identified by participants was the general perception that rongoā was centralised around 'products', 'medicines' and 'treatments'. This is telling of the influence of Western notions of healthcare that focuses on 'products' and 'services' within a consumer supply-and-demand economy. It was noted that our engagement with rongoā Māori is somewhat limited.

I think some people think rongoā is, you know, the kawakawa potions … you know, kawakawa balms and the teas … that kind of stuff … tangible stuff you can see (NS).

We drink kawakawa – we drink the tea. That's the full extent of our rongoā at the moment … Actually, our latest craze is kawakawa, coz we're making the balms. We just do the easiest things (OH).

Focus group participants shared memories of experiences with kaumātua and kuia who lived in rural locations and practiced rongoā as their sole healthcare option. Memories of traditional Māori remedies for health concerns were shared, and perceptions of what was experienced were shared. Participants recalled perceiving their elders as 'freaky', 'weird', 'scary', 'looking grumpy', 'crazy' and 'witchcrafty'. Descriptions noted included being covered in tā moko, only speaking Māori, speaking to themselves or people who had passed away, eating people, making 'concoctions' that tasted horrible, receiving treatments that tasted and smelt bad, foreseeing people's deaths, matakite, and trying to make kids eat rotting food. These same participants noted that as they grew older, their perception had changed to realise that the rongoā methods used generally 'made sense' (e.g. consumption of fermented food being similar to kombucha) and subsequently highlighted how much of that knowledge and practice had been lost.

If it's a drink not very tasty … you either zap it down quickly or you give up on it … there's a taste thing (MW).

Scary, weird tohunga

My exposure to rongoā was there, more as a teenager really. And that was really through a grandmother or a nanny that kind of practised it. But it wasn't like, it wasn't like she was the known tohunga in the community, it was just kind of practise these things. Like I remember her, you know, coming out with all sorts of bloody sort of medicinal things from plants for all sorts of, you know, all sorts of concoctions for all sorts of things. Like I remember my cousin with eczema and she would use some plant, you know, and squeeze the kind of sap out of it or something and then use that to rub on the eczema … She was a bit of a freaky woman too in the sense that she could kind of see things. Like I remember once … she woke up during the night screaming and saying So-and-so had died down the road. And we were kind of like oh yeah, you know, that's Nan, just a bit out of it, but actually it was true, the person had died down the road … My koro was raised by his mum and she was a tohunga. She practised Māori medicine and I remember being terrified of her coz she, you know, only ever spoke Māori, she was covered in tā moko, she always looked grumpy, and she had silvery-grey eyes. And she was very, had a real strong presence about her, but she didn't do, never, ever practised anything but rongoā Māori … I heard that when she was a kid [she] used to eat people coz back then they did that, so that really freaked me out (laugh), so I wouldn't go anywhere near her coz she was scary. But she raised my koro, my koro's nearly 100 now, he's 99 years old, and he's only, until recently, ever used rongoā. So he never used modern medicine, and he would do things which would freak me out too, like make us drink kūmarahou which tasted like shit. He'd go oh nah, it's really good for you, never mind that stuff, you know. And I was always a really bad asthmatic when I was a kid, so he used to always try his little concoctions, and they usually tasted yuck. And then he'd do things like put onions in bags and make me stink, coz he'd put them on my chest (laugh). I'd come in with this little poultice thing and be like oh no. So I always found it a little bit like witchcrafty as a kid, coz it was real not like part of how my parents raised us. And it only ever happened when we went back to Te Puke. Plus he did things like, I always thought he was a bit crazy coz he'd talk to himself, and then I'd go: 'oh what is koro talking to himself for?' Coz he used to talk in Māori all the time, early hours of the morning. And then when I asked him, he was talking to his mum, but she'd died so I thought he was a bit strange … I've always had rongoā around us in different ways, shapes or forms, but I was probably quite scared of certain aspects of it … he'd say things that would then happen. You know, like he said I know that baby's not meant to be here, it won't come into being, and then my aunty miscarried, you know.

… But he reckons that it's a way of being … coz I used to think he was doing hocus-pocus stuff with his medicines, you know … And he'd make his own kawakawa balm and that kūmarahou was yuck, try and make us drink that in the morning. You know, try and get us to drink puha juice (laugh), coz it was good for you, iron and all that. And then he'd make that with rotten bloody mussels and all sorts. It wasn't just, it didn't just stop at topical medicine, and it was kai as well. So he'd do like, yeah he'd put like puha and mussels in a jar and leave it there till it was like pong, and then try and make us eat it and tell us it was really good for us. It wasn't until I got older that I realised that actually it probably was, he was probably quite onto it. So in the sense that, you know, if you think about fermented food and you think about things like kombucha now, and a lot of the medication like probiotics and that, that you purchase, which cost an arm and a leg, that was exactly the same thing, just done in a different way. You know, so I think a lot of the insight as to why and how they practise kind of got lost along the way, and probably a lot of that happened around the same time as the reo. You know, that's kind of my view, because they only ever spoke in the reo when they did that, and if you didn't speak the reo it was really hard for us to really get an appreciation of what it meant in the context. And he was very contextual, like he'd go and plant kūmara in the dark and, you know, we'd just think he was slightly mad. I hadn't really appreciated as a kid what, you know, he was trying to do. But he only ever lived off what he cooked, what he grew; he had his own cow and milked his own milk from the cow right up until he couldn't. So sort of lived that way right through … It's the westernised upbringing. For myself, I spent the first 10 years of my childhood in Australia, so there was pretty much zero exposure to Māori in general. And it wasn't till I came back that I started to learn about what it is to be Māori, and you know, that opened up the doors to understanding what rongoā is, all of that. But before that I just thought it was strange. I thought the freaky bit was more the matakite stuff … I remember I watched TV programmes about ghosts and all that, so you kind of associated that with, you know, it's only freaky people do that kind of thing. And so kind of too, inconsistencies really, like when I think about my nan who was like that, the Coast one, and that's the only place where I saw that stuff too which is kind of interesting too, coz that's rural, and then the rest of my time was in the cities and never saw any of that. But loved her dearly but there was also this kind of side of her but she's also a little bit freaky coz she can do that kind of ghostly stuff (NHC).

Colonisation of Māori intellectual sovereignty

Participants identified that our Māori knowledge systems and rongoā Māori had been suppressed through colonisation and that this had influenced whānau perceptions of rongoā. Participants talked about the contention faced by Māori at the time when European medicines were introduced, and noted the change from the use of traditional Māori healing methods to ones of European origin. In this context, participants identified that changes in the use of Māori ways of healing were enforced by colonial denial of the validity and efficacy of Māori ways of knowing, being and doing. Of note was the extent to which Māori 'believed in' Pākehā medicine (internalised racism), having been taught this by non-Māori.

> *Colonisation has, by and large, taught us that the answers lie outside of ourselves. That we need to speak like them [European settlers], look like them, be well like them, all of that kind of stuff. And so that's been such a big push of colonisation, to say actually, you know, your culture's not good enough, your language is not good enough, this isn't good enough (NS).*

So they [Māori] would've put aside their medicines, their natural medicines, because the Pākehā knew best and they must have believed that, to have then relied on the Pākehā doctors … rather than their own medicines. Which probably worked quicker, put them out of pain quicker … so Māori didn't continue with their own knowledge of medication (KJ).

Indoctrinated

One of the babies at kōhanga had a rash. I was looking at it, and I was like, have you fullas used this on the bubba, and they went nah. Why not? Um, because OSH, and I went, what's that got to do with it? Oh, we don't want to put it on her, and I went, if it's kawakawa, it won't do anything to a child … what it does is it might clear it up. But if it's the wrong stuff you can tell, coz it'll, she'll get upset yeah. And I says, just put some on, they went nah, give it here, so I said, see what I'm doing, I'm just putting it there. Now tomorrow, check it out, and then the following day she came in and they said, hey, you know where you put that thing, yeah, wow, I think it's gone. Oh well, put some more on another part, and have another look, and then they went, it's gone. Why aren't you fullas using it? All those kids got the same thing, put it on. but ah, the last time I went over there … I opened the cupboard up, I think the last time they used it was when I was there. So if we can get one out of 10, out of a 100, then that's fine, at least we've gotten through to someone. It's really hard to try and change someone's attitude when they're surrounded by a whole lot of other stuff (KJ).

Participants specified that the process of colonisation had sought to 'brainwash' Māori into thinking that solutions to our health needs lay outside of our own Māori knowledge systems, and that our behaviours and beliefs needed to mimic European ways of being and doing. This demonstrates how colonisation sought to disempower Māori belief in our own healing systems.

[We have been] brainwashed into thinking that there is no good in our plants outside, there's nothing in them. You've got to go to the hospital, you've got to go to the doctors, you've got to go to the chemist … So it's about training the whole body and the mind again to think, oh actually, we can use natural products, that it's good for our body … it's changing the mindset and making your brain think a different way (KJ).

Society has changed our perspective on medicine … We have preconceived ideas about medicine. It's also changed the society, supressed our own knowledge and our own natural medicine (OH).

Denial of mana rongoā (credibility)

Participants were aware that whānau perceptions and understandings of rongoā credibility continued to be impacted by historic and ongoing processes of colonisation. Colonial positioning of Western medicine as 'ideal' continue to impact on understandings of rongoā in contemporary Aotearoa. Participants recognised that their perceptions of rongoā (and its effectiveness) were driven by European notions of the need for 'Western scientific evidence' which influenced healthcare choices. Some participants talked about there being misunderstandings about rongoā with scepticism regarding its use, and scientific evidence of effectiveness, that impacted on their

willingness to use it and 'believe' in it. Participants saw this as an additional challenge to rongoā revitalisation efforts.

> *I just, I don't have any faith in it at all … because I don't, haven't seen any evidence that it works … but then that's me, but I'm not saying that other people haven't. Well I'm sure that over time, you know, we will understand better what, how these plants and things work but I don't, yeah. And I'm certainly not saying that they don't work, but what I'm saying is that, is that I would err on the side of caution (W1).*

> *There's a lot of misunderstanding out there. Once you tackle the misunderstanding … a lot of people come to understand. It's that māramatanga that has to happen first. So yeah tackle the misunderstanding and then you'll be away laughing (GT).*

It was noted that colonial influences on whānau perceptions of rongoā then translate to changes in willingness to interact with rongoā. One kuia described how her attempts to use rongoā on her mokopuna were met with reluctance due to social stigma, which impacted on her ability to pass on her knowledge.

> *And he wouldn't put it on because it's not cool to go to school with things like that … so um I just use it on myself now rather than push my mokos (grandchildren) to use it (WD).*

Participants were of the view that further development of the scientific evidence base of rongoā within a supportive system context had the potential to encourage knowledge transfer and practice of rongoā.

> *I don't think that kind of trying to develop an evidence base is a bad thing, I'm just not sure it's going to happen quick enough … you kind of need a system in place … there's a knowledge transfer system that's needed, you know, that then encourages people or enables people to then practice rongoā … All of that kind of stuff doesn't seem to exist really at the moment, it's kind of very informal, and as long as it's informal I think you're only going to get certain people accessing it for a start (NHC).*

Participants noted that when whānau did specifically seek rongoā for healthcare treatment, this often occurred at the palliative care stage. Some participants provided examples of Māori preference for use of rongoā at end of life. Participants identified whānau members who had changed to using rongoā Māori when terminally ill or very sick. In this context, participants noted that use of Western medicine had been ineffective, and that patients had specifically requested rongoā as a healthcare option at end of life (palliative care).

> *A lot of people dying might go to rongoā when they're dying, and might not have ever used it before but it's kind of medicine of last resort. I think that's kind of how they view it, coz the other stuff's not – hasn't worked or something. Western medicine's not working so we'll try this now. But it's kind of, it is the last resort kind of thing (NHC).*

When my uncle got really sick and he was in Auckland, they had to get somebody from somewhere down the line to come up and see him. That's what he wanted, he wanted rongoā so he'd gone and done a whole bunch of concoctions and stuff. And it was all koha based too, and most of it was quite time-consuming. So it wasn't like the 15-minute type relationship you'd have had if you went to a GP practice (NHC).

Mātauranga disruption

Participants identified that traditional systems of knowledge transfer intergenerationally were not operating as they used to, and this impacted significantly on the survival of both rongoā knowledge and practice. Successful and accurate intergenerational knowledge transfer (including rongoā knowledge) is a fundamental component of the survival and flourishing of Māori ways of knowing, being and doing. These findings discussed how destruction of Māori knowledge and rongoā systems through colonisation includes specific critique and undermining of Māori forms of knowledge validation (i.e. Māori ways of establishing the scientific validity of knowledge). Hence, participants reported that rongoā knowledge was not being passed down intergenerationally and that there was a lack of access to and availability of knowledge. Further, that what knowledge exists is there only in 'pockets' and that rongoā had gone through a phase of near death, with risk of more loss.

It's not getting transferred, knowledge not being passed down … there's only pockets of knowledge (OH).

Participants identified that the few people who were rongoā knowledge-holders had either already passed away or were elderly and that there was an immediate risk that these knowledge-holders would pass away without being able to pass on their knowledge.

But it's the access to that knowledge, and then the practice of it, isn't it? … the unfortunate thing is … there are very few people that have access to the knowledge and then the ability to practise it ... my nan, she would've been the last one I can think of and she died moons ago … there were bits of it that were probably passed on, when I think about it, but nowhere near as much as she knew. And I don't think there was a real way of passing that knowledge on, other than kind of informally. We've lost those kind of structural systems I think (NHC).

Participants noted that an inability to speak and understand Te Reo Māori (due to colonial suppression of Māori language) provided additional barriers to the use and understanding of rongoā Māori. Specifically, learning about rongoā and using it required understanding of the associated processes, Māori names, language and karakia (incantations in Te Reo Māori).

I wish I had a lot more exposure to it. Coz my mum left Turangi when she was very, very young and just sort of vowed I'm not going back there … only time we ever went back to Turangi was for a tangi … as a kid I

used to say, Mum, you know, I really want to learn te reo, can you teach me. And she was oh nah, you speak English these days, don't worry about it. So you know, it's sort of missing, that part of it's missing for me, so yeah it's something I've always wanted to know more about (NHC).

They want the healing, but they don't want the process … Coz the correct process to collect and use requires karakia, which nobody wants to learn, coz they can't kōrero Māori. They can't kōrero Māori, they can't understand the karakia. … to be used in picking and administering rongoā. That's as clear as I can make it. If they had the reo, they would understand the process better, especially the karakia … people aren't receptive to learning. They get a bit of knowledge and they think they know it all and they stuff it up … That's where things go wrong. Then they don't believe in it any more (OH).

If you go and do all of those things yourself, then you're invested in it, it's probably going to work better, because you've done all that work for it (TTK).

Participants self-identified how the above factors impact on their own interaction with rongoā. Some participants identified their inability to pass on knowledge to younger generations due to gaps in knowledge (as a result of colonisation).

I don't feel comfortable to pass it [rongoā knowledge] down because I don't know enough about it (MW)

Discussion

With reference to rongoā in the past, present and future, the findings of this study provided clear insights into the multiple and complex ways New Zealand history, and in particular colonisation, has impacted on traditional Māori healing systems. Table 8 provides a summary of the overarching theme of 'What happened?' Sub-themes (barriers/manamiser) are described and linked to their impact/outcome for whānau. Further, participants explained how influences on rongoā historically have impacted our own whānau understandings, perceptions and behaviours towards rongoā Māori for pakeke (adults), tamariki (children) and kaumātua (elders). The findings of this study show that the New Zealand Government have historically played a crucial role in the destruction of traditional Māori healing systems via systematic outlawing of Māori healing practices. Participants described systemic colonisation of rongoā as both violent and legal and sited ongoing injustice as directly impacting on whānau access to rongoā in current contexts (Voyce, 1989). Noting a clear lack of supportive policy or funding for rongoā, participants explained that those policies which did exist with relevance to rongoā, operated as inhibitors rather than facilitators (Ministry of Health, 2014b). For example, policies that restrict (rather than support) rongoā practices, and ideas that whānau should be required to provide 'scientific evidence' in order to 'prove' efficacy of rongoā rather than validating Māori knowledge credibility (Mark & Koea, 2019; Poynton, Dowell, Dew, & Egan, 2006). Participants directly linked the lack of systemic support for rongoā to the perception that traditional rongoā practice is 'dying' and in need of 'revival'. Suppression of rongoā Māori was reinforced by support for, availability of, and ease of access to alternative Western medicine (often presented as

the only available option). For example, in 2019–20, the Ministry of Health allocated just $6 million to rongoā clinics nationwide. The findings of this study show that the impact of colonial influences on rongoā means that younger generations wae often not aware of rongoā at all and that rongoā is not offered as a choice when accessing healthcare options. This directly conflicts with government obligations under Te Tiriti o Waitangi and the Declaration on the Rights of Indigenous Peoples that positions access to customary healing practices as an Indigenous peoples' right (United Nations, 2008).

Table 8: What happened? – Outcomes/Impact

Barrier/Manamiser	Description	Outcome/Impact
Governance/policy	Historical, systematic, legal outlawing No systematic support No funding streams 'Lack of evidence base' used to justify denial of funding Tohunga Suppression Act	No formal system for development Continued loss of knowledge and practice Invisibility of rongoā as an option Lack of exposure/awareness for younger generations
Systematic support for Western medicine	Support for European medications Western medicine socially accepted Ease of access, proximity and affordability	Rongoā a dying art Whānau conditioned to go to GP Rongoā not a choice accessible/available Product/medicine focus (balms)
Colonisation of intellectual sovereignty	Suppression of Māori knowledge/rongoā Denial/marginalisation of Māori knowing, being and doing Enforced Western way as ideal Forced assimilation	Māori reliance on/belief in white system Socialised to white system Reduced use of rongoā Increased use of Western medicine 'Brainwashed' Changed Māori perception
Colonisation of rongoā – credibility	'Scientific evidence' as justification for denial of Māori knowledge/rongoā Enforced belief that effectiveness of healthcare relies on Western methods of 'proving' scientific evidence	Scepticism of rongoā Misunderstanding of rongoā Lack of use of rongoā (driven by beliefs) Rongoā use for palliative care/last resort
Destruction of knowledge transfer systems	Intergenerational knowledge transfer disrupted	Lack of access to and availability of rongoā knowledge Knowledge loss Risk of further knowledge loss through older generation Inability to pass on knowledge to mokopuna

Whānau perceptions had also been influenced and participants identified that common minimisations of rongoā to simply kawakawa tea or balm was the current extent of 'common rongoā knowledge'. Negative connotations built on colonial imperialist views of Māori ways of being now include stereotypes such as rongoā and tohunga being 'weird', 'scary', 'freaky' and 'crazy'. These perceptions and systematic operations have resulted not only in a lack of rongoā accessibility, but also a lack of whānau utilisation and sometimes sceptical whānau perceptions

of rongoā. Negative whānau perceptions of rongoā and social non-acceptance then impact on the ability of kaumātua (elders) to pass on knowledge, and mokopuna (children) receptiveness. As reported in this research and by Ōrākei healers, the place of rongoā then often becomes a last-resort option, sought when Western medicines are no longer able to offer solutions and/or in palliative care when our kaumātua request what they knew in their childhood, no longer influenced by social norms that position rongoā as the alternative.

A major issue identified in this and previous research is the notion that the credibility of rongoā practice relies on the 'yet to be proven' scientific evidence for its efficacy and effectiveness (Mark et al., 2017; Mark & Koea, 2019). In essence: "Does rongoā even work?" The implications of this notion are evident in the findings of this research that identify whānau scepticism of rongoā, misunderstanding, and hesitation to seek, utilise or refer others to the use of rongoā. In order to alleviate this scepticism, some research has been carried out to both develop a more culturally relevant assessment of health outcome tools for Māori healers (Ahuriri-Driscoll et al., 2012), and to investigate the use of native fauna on health conditions using scientific methods (Aichele, 2016). This is a contentious area, given that, on one hand, there is potential benefit for rongoā utilisation through research and development, whilst on the other hand, there is risk that Western medical scientific methods become the standard against which rongoā is measured. A real risk here is one of appropriation whereby any 'medications' shown to be of 'clinical efficacy' may, by default, become the domain of medical practitioners who add this 'medication' to their 'scope of practice' (as has happened with medicinal cannabis). However, Māori are particularly clear that rongoā belongs within the realms of Te Ao Māori, and not as a product waiting to be added to the Western medicine cabinet.

These findings are not surprising, given what is known about the mechanisms of colonisation with regard to rongoā and other Indigenous knowledges. It is, however, disheartening to unpack the realities colonisation has imposed upon our own whānau perceptions of our traditional healing practices. In addition to structural and policy outlawing, Māori intellectual sovereignty was impacted through imperialist education that taught our ancestors that 'answers' did not lie within our own knowledge base. Understanding the multiple ways colonisation not only mana-mised (diminished the mana of) rongoā but simultaneously enforced alternative Western medicines is important in terms of emancipation from colonised views of rongoā. The impacts of the multiple forms of colonisation on rongoā Māori collectively have resulted in the decline in utilisation of rongoā and an urgent need to pass on what knowledge and practice the few knowledge-holders have before they pass away. Ensuring rongoā survival and revitalisation remains challenged by multiple colonial mechanisms; however, despite whānau perceptions being impacted by Western views, there remains a strong whānau aspiration for Māori knowledge and healing.

Summary

This chapter has presented the research findings for the overarching theme: What happened? Participants explained how colonisation forcefully, violently and legally outlawed and sought to eradicate rongoā Māori and Māori healers (tohunga). Simultaneous government support for Western medicine, alongside destruction of Māori health system infrastructure (i.e. knowledge transfer processes), saw rongoā utilisation diminish. Colonial imperialism that critiqued and undermined rongoā and mātauranga credibility impacted on Māori perceptions and understandings and, in turn, whānau behaviours towards traditional healing. Long-term impacts are being seen today whereby older generations are struggling to pass on knowledge and younger generations are not aware of rongoā at all. The next chapter will present the research findings relevant to the overarching theme: What is happening now? This chapter will describe the current New Zealand context with regards to rongoā, but also to Māori realities, health and help-seeking behaviour, and barriers faced in terms of whānau seeking to access and utilise rongoā. The last results chapter will present: What will be? – relating directly to whānau aspirations for rongoā in future and possible mechanisms for ensuring rongoā revitalisation and sustainability.

Introduction

The previous chapters presented results related to whānau past and current perceptions and understandings of, and historical changes to, rongoā systems. This chapter presents the research findings for the overarching theme of 'What is happening now?' What is happening now is a context that explores the current experiences of Māori whānau in Aotearoa when thinking about accessing and utilising rongoā Māori. Although the key focus of the research was on rongoā Māori, participants explained that rongoā use was impacted directly by broader factors, namely: whānau realities; experiences within Western healthcare; policy influences; mental health contexts; and rongoā knowledge-sharing in practice. Many participants talked about rongoā in the context of the New Zealand health system and healthcare options that are currently available in Aotearoa. Participants identified the invisibility of rongoā in the health sector landscape, including an absence of rongoā literacy, availability and access. Examples of rongoā use were often given as requested options as a last resort at end of life, or as a deliberate movement away from Western medical healthcare solutions. Mental well-being and ways of understanding spiritual/wairua experiences from a Māori perspective was a particular priority. Table 9 describes the four sub-themes of: What is happening now? Table 10 further summarises the sub-theme of Whānau realities.

Whānau realities

The findings of this research show that whānau perceptions of health and well-being are both significantly different from Western health concepts and significantly impacted by broader Māori realities and priorities, and therefore that these factors impacted on whānau behaviours in terms of health-seeking in significantly different ways.Having largely referred to rongoā Māori as a process of healing, participants contextualised this by also explaining Māori concepts of health and ill health (i.e. that which we might need healing from). When discussing whānau access to and use of rongoā Māori, participants shared their perceptions of and attitudes towards health, illness and wellness.

Table 9: What is happening now?

Sub-theme	Description
Whānau realities	Whānau struggling to survive, disconnection from Te Ao Māori, illness as a physical manifestation of life demands and poverty
Healthcare experiences	Culturally inappropriate and ineffective mental healthcare, unnecessary labelling and medicating
Governance/Policy	Laws regulate rather than support rongoā. Regulations support appropriation and commercialisation
By Māori for Māori	Negotiating use of rongoā for healing, survival and whānau development, whilst maintaining tikanga and kaitiakitanga – for what purpose?

The struggle is real

In many cases, participants shared insights into the busy, demanding and challenging nature of their daily lives, and the fact that this impacted on their prioritisation of and attention towards personal health needs. Participants importantly raised concern that for many Māori whānau, the struggle just to survive is real and that urgent priorities included a lack of housing, food and basic living necessities. Further, that these priorities were significantly more urgent than addressing other 'personal' health needs, let alone considering ways to access rongoā Māori.

> *When you're just trying to breathe, the last thing you're thinking about is um what's going to make the hakihaki [scab] go away (GT).*

> *What does it mean for, you know, those whānau that are really struggling to survive. Let alone then trying to think about … wellness in a different way … it's important that we think about that … what does it mean to have rongoā accessible to those of our whānau that may not otherwise have access to that (NS).*

Participants explained that whānau help-seeking behaviour and healthcare decision-making processes were heavily influenced by busy work, family and other commitments. Participants explained that 'time pressures' often dictated whānau choice of healthcare solutions. In these contexts, participants identified that healthcare choices were ones of convenience (often health products/pharmaceuticals) noting the 'quick-fix' preference that provided the fastest and easiest option.

> *I just go and get some pills from the chemist and eat them, don't go to the doctor very often unless it's something major. But I haven't been to a doctor for years (TTK).*

> *Right now, if I got sick, I don't have the time, or … the will to go and source the plants and do the work to generate it. I'd rather just tough it out with my sickness, and carry on with my work, or go and get some*

Throaties (lozenges) or whatever from the dairy, and just carry on. Given how much work I've got on, that's kind of not really a practicality I could look at (TTK).

When considering use of rongoā as an option, despite identifying that their preference was for rongoā Māori, participants perceived rongoā to involve an increased effort and time commitment.

They have no patience for Māori style ... They just want a magic potion. That's why modern doctors have got more Māori patients than tohunga (JH).

People have different beliefs about the rongoā; that it takes too long, so they want a quickie … we take the easy, we go to the Pākehā and get the quick fix (OH).

We're a society of convenience, we just go out and buy everything now … We just do the easiest thing … go to the chemist (OH).

In addition, even when participants did seek rongoā health solutions, they identified difficulty in accessing rongoā Māori. Specifically, that rongoā, and/or the necessary resources for rongoā, was not available or in close proximity, despite potentially being more effective.

If there was someone else in my family that was free to do it … I'd actually prefer the Māori one. Because it's more likely to work, because my perspective would be, well, because I'm Māori, there's more chance that this drug is more suited to me, because our ancestors have figured out what's best for us … if it's Western science, well that's for the whole world, but this is just for Māori … it's got much more chance of working, it's more specific to me, it's more in my DNA. That's what, I'd take that every time (TTK).

The problem with the rongoā now is you don't have it, they can't go and take it from the bush, and they can't always have it available. It's not understood (OH).

It [rongoā] would work better. But it's not available at the moment … If it was in my backyard, then I would go and get it, use it all the time, course I would. Got some spare time too, if I knew what to plant, I could probably plant some stuff. But I don't know what to plant (TTK).

Physical manifestation of illness

The impact of the demands of daily life on personal health and well-being was noted by participants. Specifically, participants identified a pattern of depletion in terms of overall well-being. Participants also talked about a state of disconnection or imbalance or being 'off centre' in relation to their daily (chaotic) lives. Participants also noted a delayed acknowledgement of these experiences until a point at which (often a physical manifestation of illness) presented itself enough to warrant appropriate action. These insights were reinforced by examples where participants reported seeking rongoā Māori ways of addressing health needs (e.g. romiromi, mirimiri, seeing a

Māori healer or kaumātua) and recalled attention being drawn to underlying issues that they had not necessarily considered as contributing to their health concerns.

> *… When I go and get a romiromi for example … there's stuff that comes up, I'm like, oh my god, I've got to deal with this … I don't actually take the time out of what is a very busy life … it becomes again a very slow deplete … sometimes it's a big smack across the face. [I] Get really unwell … it's not until I go home that I will realise I was at that point … go to a, you know, a healer or romiromi that I actually go, oh, okay things are badder than what I let myself acknowledge … Other times it will manifest in chaos, so everything's kind of quite chaotic, both in terms of stuff that's going on, but also in terms of my own sense of self … it also manifests for me in my back … I have back issues … that's a pretty telltale sign for me that I need to go home … stuff you're maybe not ready to hear … stuff that you maybe didn't connect with what you're actually experiencing. So you know, you think you've got a sore back, but then it's actually other stuff that's impacting on that (NS).*

> *We found that when we cleared her [wairua], her eczema eased. When we forgot to clear her she flared up … her body was like a … indicator that wairua are in her space. And it wasn't, I didn't sense that it was a bad thing, just that she was aware of them and it just showed up in her body. And as soon as she learnt how to clear and we cleared, or we cleared for her, the symptoms went away (RR).*

Need for reconnection to Te Ao Māori

In response, participants spoke of a need to re-centre or reground themselves, and that actions that enabled reconnection physically and spiritually with Te Ao Māori provided appropriate and essential rongoā (healing).

> *We live in a society now that is constantly trying to push us off that centre point … for me and our whānau … rongoā is about bringing me back to centre (NS).*

> *In terms of grounding, you know, what did our tūpuna do, what did they want for us? That kind of shades out all of the noise that happens in your day-to-day life. Are there things that our tūpuna did that I can do in my day-to-day, that will actually keep me grounded, and keep me kind of focused (NS)?*

> *Our physical presence isn't there [ancestral home] all the time. So there is a sense of disconnection in terms of everyday practice … The way I interpret rongoā … one of the important things to me is maintaining connectedness, so that's THE most important thing. And that connectedness isn't just via Facebook or emails or texts to the cuzzie's back home, but it's actually physically being present (T1).*

> *You're always trying to find out how to get back to how you were. But when someone feels bad, they want to not feel bad … because you're going from where you were to where you are now; you want to go back there again (GT).*

One participant explained that Māori trauma victims were more likely to show better outcomes when connections to whakapapa were strong and/or strengthened during the healing process.

Resilience to overcoming trauma always falls down to how strong your support and whakapapa … networks are around you. It's often the difference between who comes out and who doesn't survive, whether it's physical life, or whether they've survived in a way that they're functioning and able to function, and live again, and heal. Often the difference comes down to the strength of their connections to community, family and whakapapa. And so if any sort of healing, like tā moko that could help facilitate reconnection, could be incredible (MD).

Table 10: Summary of whānau realities sub-theme – Outcome/impact

Category	Mana-misers	Outcome/impact
Health priorities	Whānau struggling to survive	Prioritisation of basic survival (housing, work) over health needs
Help-seeking behaviour	Time pressures/work commitments	Healthcare decisions driven by lack of time – ease of access
	Rongoā perceived as requiring increased effort/time	Preference for rongoā overridden by convenience of access to pharmacy products
	Rongoā perceived as more effective for Māori – but not available/accessible	Whānau unable to access rongoā in a way that coincides with other commitments
Health priorities	Inability to address health needs due to other pressures	Health needs manifest as physical health concerns, chaos, sickness
	Disconnection	Need to reconnect/ground in multiple ways as rongoā

Healthcare experiences – Western medicine

Although it was not the primary focus of this research to investigate whānau perceptions and experiences of the New Zealand healthcare system, many participants made reference to factors that operate within this system (predominantly delivering Western medical healthcare) in the context of whānau health need, available healthcare options, help-seeking experiences and satisfaction with care provided. In general, participants talked about the insufficiencies of Western medical systems in meeting the mental health needs of Māori. In particular, participants repeatedly provided examples demonstrating the inability of the Western/Pākehā healthcare system to provide culturally appropriate care that was conducive with Māori beliefs. Factors identified included: ineffectiveness of Western medicines; inability of health professionals to understand Māori families; misdiagnosis and unnecessary medicating; denial of Māori spiritual experiences; and lack of understanding of Māori realities. Table 11 provides a further summary of the Healthcare experiences sub-theme.

Mental healthcare system

Participants with experience within the healthcare sector, including working with mental healthcare teams, shared their insights regarding this context. Participants identified that, despite Māori seeking to access mental healthcare, the services provided did not currently meet the needs of Māori whānau. Participants clearly

articulated that health professionals in Western medical systems often misunderstood and were disconnected from Māori patients and their realities, and that this led to prescription of inappropriate or unnecessary treatments, medicines and interventions.

> *If the doctors were paid on everybody they cured, they'd be poor like the rest of us (KJ).*

> *Māori do go looking for help, you know, in terms of wairua and spirituality … we've got referral rates to [mental health] services … the help we're offering is not really what they're after. It's not right, I don't think it fits a lot of the time (NHC).*

> *The [non-Māori] psychologists couldn't talk to our kids, they sent us [Māori cultural advisor] in, because we had an understanding of these kids and … we knew them … you had a lot of people with degrees working with our families. They had no real connection to our families, um, until we went in as Māori and helped connect our psychologists and these Māori families to get some help that some of them needed; and some of them didn't actually need the help (GT).*

> *Māori patients … if you look at them holistically then it's not just oh my job that is weighing them down, there's a whole heap of things. And quite often, I think, mainstream, they don't look at that, and like you say, here's a tablet, take this. Well actually there's other stuff that's, you know, influencing this, so not just a tablet, just put another label on you (NHC).*

Participants also noted that Western medicines failed to meet whānau needs, given that they 'masked health symptoms' rather than fixing the actual problems, and did not provide prevention. Further, that medical treatment remained 'medication' and 'symptom' focused and did not address whānau holistic and spiritual health needs or treatment preferences.

> *Most Pākehā medicines mask the symptoms, but don't fix the problem … Most medications hide the symptoms away, so you think you're over it, but as soon as you stop taking it, it comes back, so doesn't fix it. And the only thing that does fix it is the old style like … So they treat the symptoms, but don't fix the problem (OH).*

> *You'll go to a doctor feeling sick, they'll give you a medicine. But all you've done is taken care of the body. There's also a spiritual connection to the earth and everything else that needs to be looked after. So yes you've looked after the cough … but what about your wairua, what about your hinengaro, all of those Whare Tapa Whā Māori rongoā 101 stuff (GT).*

> *In mental health and particularly with Māori is they actually don't want tablets, they don't want to take the pills, they want something different … I remember just last week talking to a girl and just having a conversation with her, you know, about where I'm from, where she's from, seemed to be more uplifting for her … we do need to have a different approach to our people (NHC).*

Māori mental health services

My little brother who's 21 now, 'bout three years ago tried to kill himself, tried to jump off a building in town. And anyway, we were referred through mental health services. I went with him and they says, you know, who would you prefer, I said Māori mental health, I said because I know we've had issues with him. He's been through Marinoto (Child and Youth Mental Health Services), been through all this stuff and just didn't engage. The very first time that we went and we sat there with someone from the Māori mental health team, the whole approach was different for him. He was engaging, there was that respect as well, like he just sort of almost, I don't know whether it was respect or fear because there's a big Māori fulla looking at him asking him questions, but very gentle. And he felt free, and comfortable to just talk openly. I'd never seen him do it before, you know, it was completely different. When I'd seen him go through Marinoto and stuff like that, he just wasn't listening (NHC).

Misinterpretation of Māori world views

Participants identified that mental health professionals were not open to understanding Māori experiences from a Māori world view. Specifically, participants explained that intangible (spiritual/wairua) experiences were denied or not recognised by mental health professionals. Participants further identified that experiences considered 'normal' for Māori were often misinterpreted and then misdiagnosed as 'abnormal' by mental health professionals. Participants recognised that in these instances Māori were often medicated unnecessarily based on Western misinterpretations.

> *You can't measure spirit. You can't measure what you can't see, what you can't touch, and those intangibles … so they dismiss it. Psychology is so fixated on being accepted as a science, as a valid science, that it has prioritised those things that are tangible (BMA).*

> *There is so much fear around what people [non-Māori] don't understand [intangible and Māori world views] … there's just so many barriers (BMA).*

> *It doesn't need a pill to say that you're nuts. It actually requires the normalisation, as you say, that whatever people are perceiving in this world, that it's actually okay (RR).*

Risk of engagement with mental health services

Participants reported that current social institutions (society, education, health, employment) were not conducive to Māori world views, and that, in particularly common instances, it was both dangerous and risky to share and express these views. Participants reported that whānau risked consequences of social isolation, reduced credibility and loss of employment and access to education if Māori understandings were shared. Some participants reported having 'escaped' mental health systems that misdiagnosed and inappropriately medicated and treated Māori based on Western views of health.

The normalcy of talking about that [Māori spiritual experiences] has been denied us. And when I use the word deny, it's because we're fearful of talking about that, for fear that we will have some kind of retribution. Maybe not get burnt at the stake like witches were, but people will stop trusting us and might not see us as having the kind of skillset and abilities to do our job. And therefore, you know, start whispering things, and hello, no longer on funding applications (BMA).

You know how we've been discussing wairua episodes … it's so stupid (laugh); that we are being dictated to in terms of what our wellness should look like, and it's not from our world view. So yeah, it's no wonder we're top of the negative statistics in all areas, because those definitions of wellness and, you know, success in every other thing weren't defined by us (BMA).

Normalising wairua connections to Te Ao Māori

We found that our daughter was, was great at communicating with all things. Like the birds and the plants and the trees from her cot. You know, so the little birds would come to the table and talk to her and she'd giggle and you know … So an example would be with my daughter, she's, who's 11, when she was younger … she was out in the lounge one night, sleeping, and the next morning she came in and she looked very, very, what's the word? She looked like wiped out, I was thinking, oh my God, what happened there? And she says, what she said to me was that her, she was kept up all night with the talking. So I says … so instead of going, that's bloody rubbish, it was okay, so who, who was talking? Thinking it was the next-door neighbours or, you know, then I needed to move in whether it was wairua or not. And she goes, oh it was the little people in the trees out, outside, they were yapping all night. And I went, oh okay, so you, you heard them and they kept you up? She goes, yeah, she goes, I just, you know, I should have told them you know, to go away or to be quiet. And I said, so why didn't you? And she goes, I just didn't wanna interrupt. But, but kept her up. So I said to her, I go, so next, the next night if that's, you know, she didn't, she wasn't, she didn't have a problem with sleeping in the lounge and it was there, just that it was keeping her up. So the next night she came into my room the next day and she was, she was all good. And I said, okay, so they weren't there? She goes, oh no they were there. I says, cool, so what happened? And she goes, so I just said to them, I says, hi, I can hear you, I can see you, I need to go to sleep and they, they just, all it was, was they, they realised that she could sense them and could feel them and could hear them and could see them and so they then got respectful and think, oh sorry and then they toddled off (RR).

The story below shared by one participant illustrates the fear and caution experienced by Māori whānau when engaging with 'education and health systems' that are not inclusive of Māori world views. This participant talks about the real risks to Māori children of being labelled within education systems and funnelled into mental health systems due to misinterpretations of behaviours and beliefs by non-Māori.

Medicalisation of the education system

So the conversations are about helping [Māori kids] to find ways to protect themselves … how much you reveal … be careful who you say these things to … kids can say something in passing to a Pākehā teacher and they're like um, I think we need to make an appointment for this child … [teachers] having no qualifications, no skills whatsoever, [if kids are] fidgeting, not listening while [they] teach … [teachers make determinations like] we think [this kid's] got ADHD, we want to make an appointment for them to see a psychologist … Get the fuck

out of here … No [you are not] qualified to make that kind of diagnosis … So it's … starting to challenge their pedagogy … Principals … do all those kind of tactics to dominate the space … that's the same strategies … used for every other Māori … for 20-odd years. … it's terrible, this is the system that our kids are getting put into. The kind of aggressions, the traumas that they have to live through every day … when I'm talking about protection, it's those kind of things … teaching Māori kids to have filters and it's really hard. So why is it okay to say here but not there … it's for their safety … unless you've got caregivers … who are going to go in and have that scrap, who are articulate, educated … know their rights. Other caregivers who, you know, are labourers, unemployed, have had bad experience with education themselves, they're going to be intimidated right from the outset … And so it's just going to be perpetuated, and those kids are going to be probably stood down, expelled, and then on another trajectory in the education system … It's putting them on an expressway straight to prison, or the grave. And it's taken out of [whānau] hands, whānau have no control of what follows, what's in the system … and no one questions the teacher's skillset to be able to make those kind of diagnoses, put those labels on … but [Māori kids] have to go back to that teacher every day … that teacher [can] set back kids' attitude of themselves, and their ability to learn … And that [starts from] the first year at school (BMA).

When asked about the potential outcome for Māori who have experienced barriers to receiving appropriate mental healthcare, one participant shared the following quote:

> *Worst-case scenario, death [suicide] … In some ways it ends up being a release, they've been so badly treated in the system. But there aren't the resources and the supports to offer these people the services that they need from … a Māori view that would help them … it's about diagnosis … this type of treatment or this medication, boom you should be fixed. And that's not how it works … Yeah we work as psychologists, in a system that is not open to operating in Māori-friendly, Māori-oriented spaces that privilege our ways of flourishing (BMA).*

As an alternative to provision of mental illness labels, 'tablets' and 'psychologists', participants outlined that ensuring access to kaumātua and Māori psychologists, or someone they are able to trust who is non-threatening, would align more appropriately with Māori world views.

> *The way we frame things up is such a westernised view, particularly around primary mental health, that actually what we're offering isn't the right service … I think about if rangatahi that have got mental health issues had access to things like a kaumātua they can talk to, someone they could trust, someone who comes across non-clinical and non-threatening, you know … I wonder if that's the sort of thing we should be trying to do for our people, instead of you've got depression, here's a tablet, or you've got depression, you need to see a psychologist. Because actually that's not really how we think, our view (NHC).*

> *If they go to a Māori psychologist there might be a way to provide an intervention that doesn't necessarily require restraint, seclusion, medication, but it's some kind of intervention. So you don't get that when you're Māori and you go and see a Pākehā psychologist. The intervention is pretty much prescribed, you know, it's drugs, it's restraint, it's those kind of compartmentalised responses (BMA).*

Table 11: Summary of mana-misers (barriers) and mana-maxers (facilitators) in the healthcare setting

Category	Barriers/Mana-misers	Outcome/impact
Health professionals	Non-Māori health professionals disconnected from Māori families Mental health services not meeting Māori needs/expectations	Discontinued help seeking Provision of unnecessary treatment Inappropriate labelling, medicating, and restraint-focused solution Suicide sought as alternative solution
Monocultural health frameworks	Mental health assessment fails to consider Māori realities/priorities/challenges	Failure to consider broader determinants of health
Wairua	Monocultural world view of mental health professionals – not open to Māori world views	Denial of Māori spiritual experiences Medicating and labelling as 'abnormal' rather than validating and normalising Fear of sharing Māori understandings, for risk of social consequences Fear of system engagement
Medication	Western medicine – physical symptom focused	Failure to address underlying cause of problem Failure to address holistic health needs (wairua, hinengaro)
Category	**Facilitators/Mana-maxers**	**Outcome/impact**
Decolonisation	Changing social preferences for alternative healthcare options Increased preference for self-sufficient living	Changing perception and help-seeking behaviour Increased potential for rongoā revitalisation Active pursuit of Eastern (non-Western) healing (including rongoā)
Tino rangatiratanga	Māori psychologists and healers meet Māori health needs in culturally appropriate ways	Increased preference for healthcare from Māori world views Increased valuing of Māori healers

Governance and policy context

Participants identified that Māori access to and use of rongoā Māori was heavily influenced by the political context as determined by the New Zealand Government. The obligation of the New Zealand Government to ensure Māori access to, support and funding for rongoā Māori has been repeatedly affirmed within legislation. Despite these stated commitments, participants identified the clear lack of formal government support for rongoā Māori. Participants expressed an avoidance of interaction with New Zealand healthcare and government policy systems and identified ingrained institutional racism within these systems. Participants noted that areas of racial contention included: continued demand to 'prove the efficacy of rongoā healing using Western scientific models'; demands for sharing of rongoā knowledge with non-Māori/systems with risk of appropriation; failure to respond to Māori policy documents affirming rangatiratanga over rongoā; minimisation and categorisation of rongoā as simply plants and healers; and failure to acknowledge rongoā Māori as a complete health system – demanding integration *into* Western health systems rather than support for rongoā systems *independent of* Western systems.

Failure to provide traditional healing

From an ethical perspective, participants found it ironic that despite high Māori health needs, health inequities between Māori and non-Māori, and the need to address Māori health concerns, rongoā – the traditional Māori system of healing – was still not supported to be made available as a healthcare option to Māori in New Zealand. Participants felt that the lack of support for, and investigation of, rongoā as a potential solution to Māori health concerns was inevitably 'locking out' potential solutions.

Surely you would want to try everything possible to reduce those numbers [Māori health inequities] … and yet the environment that we've operated in in New Zealand is that that's a 'no-go' zone so a whole potential pathway for better health is deliberately cut off … and it all comes down to institutional racism and wanting … rongoā to meet scientific standards as if current medicines meet proper scientific ethical standards … it's allowing people to make good choices about what they're willing to try … I've been given a gift of rongoā in fact from Manaaki Mama [rongoā product label] … and I just used that for my sore throat and it worked perfectly (AM).

The quote above rightly identifies that deliberate oppression of rongoā Māori (alongside promotion of Western medicine) fails to meet ethical standards of practice that require the provision of all available information/options in order for Māori (patients) to make autonomous, fully informed healthcare decisions.

> *If Māori have health problems, wouldn't we want to search for the full range of options for that condition and healing to make that person better? Why would they lock out a potential cure or remedy? And he goes: 'oh yeah, I guess you're right there.' But there's just this perception that it must automatically be that 'cause it hasn't been there before (AM).*

Failure to uphold Indigenous rights

Participants identified that when policies and reports such as Ko Aotearoa Tēnei, and the Mataatua Declaration directly affirm our rights as Indigenous people to our cultural taonga including rongoā Māori; the government response to these obligations are often delayed or absent. Participants recognised that, in addition, rongoā Māori was often overlooked when some government support did exist for other areas of Māori development.

> *Since the [WAI 262] report came out, government has never formally responded to it and Te Puni Kōkiri (Ministry of Māori Development) has lead responsibility for co-coordinating the Crown's response … TPK are just fricken useless on this issue … there was a whole chapter on rongoā Māori … they were definitely advocating wider use … I was actually asked about rongoā Māori and the interviewer said something like … does this mean that we're going to have … have rongoā in our hospitals, and I said, well why not, like that's a problem (AM).*

> *If that report Ko Aotearoa Tēnei is about Aotearoa and we are saying that reo is important to our well-being, we are saying that professional measures of health are important, why aren't we also giving rongoā the same focus (HL)?*

They went underground with their knowledge, um, for many years even though it was legislated, the way rongoā Māori was preserved was by going underground so you got it going underground and once there, then we started losing the controls over it, you know, so that the practitioners could then conjure up um some real weird rongoā with no real restrictions (MM).

Regulation legislation and appropriation

What government action has occurred regarding rongoā Māori has focused on attempting to *regulate* rather than *support* the use of rongoā alongside other natural and alternative health 'products'. Participants reported that policy and regulation development often occurred without Māori input and did not include a Māori voice. Hence, regulations posed additional culturally inappropriate barriers to healers being able to practise rongoā, and operated in a way that threatened to open up rongoā knowledge to the risks of appropriation in the public domain by demanding transparency and sharing details of knowledge, ingredients and practices. In order to protect rongoā knowledge, rongoā practitioners had largely kept rongoā 'underground' and operated outside government systems as a 'survival strategy'.

It got classified as medication, and then it went through that whole pharmaceutical debate about … how you prepare medication … coz at that stage they were just doing it in the kitchen in the clinic, and then they had all this criteria that they had to meet to be able to produce it and give it as part of natural medicine. It's the Natural Medicine Act, or something like that, that came in, and I think that really made it even harder for them to practise, because it was policies and guidelines and that around what they could and couldn't do. And then there was also stuff happening around the same time where you had big international or national producers that were trying to, like, take the honey debate, you know. When you think about mānuka honey now and what they're trying to do over in Australia, duplicate, replicate it. There was that whole ownership, and people trying to take ownership of rongoā (NHC).

The [Ministry of Health rongoā] contracts … will not pay for … rongoā rākau … it's as much a safety issue for the healer as it is for the … contractor … you're getting into the realm of … the Medicines Act … it says we [Ministry of Health] won't pay for it but it doesn't say you can't do it … you only make up this … concoction … on a one-to-one basis. You don't make it up so that you're … dishing it out for everybody (W1).

You don't want the state interfering in the practices of gathering and foraging and finding the plants (HL).

In order to get a patent, you have to fully disclose the plants you've used, how you've used them, how you've harvested them … You have one system that's … tried to just get rid of it completely, and you've got another system tha'st saying, well, if you do develop a product you're going to have to fully disclose the ingredients … so is that an environment that practitioners even want to get into? And maybe part of the survival strategy is … that it's underground (laughing), it's basically hidden underground, a very informal system that operates on the margins, maybe that's how it survives, I don't know. I don't know because we don't have any really high-profile advocates in this space (AM).

We had a bioprospecting[4] hui up there about 10 years ago … MFAT, NZTE, one of those agencies, and there was some international policy being developed … they were talking about bioprospecting, lots of big companies are going around the world taking plants, trying to get the rawa [goodness] out of it, and to profit. And the old government was saying we want to protect your knowledge on your behalf, Māori, so tell us everything you know about your plants so that we will protect that for you on your behalf … Yeah, I don't know where that policy ended up, but probably something worth checking that to see who round the world now owns kawakawa and kūmarahou (NB).

When the system doesn't work

Participants expressed frustration at New Zealand social systems that were not conducive of the aspirations of Māori for rongoā, and in fact inhibited the use and survival of rongoā. In many accounts, participants reported having to manipulate/or negotiate (avoid) regulations in order to overcome system barriers and achieve intended outcomes.

When the systems aren't doing what they're supposed to do … you have to find other ways (MD)

We still abide by the regulations given to us from Ministry … but we can also manipulate the policy to suit us … we can have a look at the way the Government have said something … it's about upskilling our whānau to do the job. We're not making money out of it, but we need our whānau … to have ownership of the stuff out there, and then for them to do their own research so they can carry on doing it (KJ)

Through Government funding, we have to follow results based accountability … that's where there's a tension … we don't necessarily want to see numbers coming through the door we want to see is there greater ownership amongst the whānau. How do you measure that? How do you know that whānau know about traditional ways of using plants to keep themselves well or to practise or karakia or, what are the different types of therapy that they might use rather than going to the GP? … The fact that we have it [rongoā services] under Whānau Ora [funding] rather than just health has enabled us to focus on Indigenous rights and how a whānau can be self-determining about the way they manage their lifestyle (HL)

Knowledge is power

Participants explained that Māori caution around sharing of rongoā knowledge, engagement with government policy contexts and regulation development was driven by current and historical appropriation, exploitation and commercialisation of traditional Māori knowledge by non-Māori. In addition, policy contexts failed to fully understand rongoā practice and its foundational knowledge systems, and therefore operated to fragment and categorise rongoā (e.g. chemical properties of plants). The risks associated with sharing rongoā knowledge were

[4] Bioprospecting is the process of discovery and commercialisation of new products based on biological resources. Bioprospecting may involve biopiracy, the exploitative appropriation of Indigenous forms of knowledges by commercial actors (https://en.wikipedia.org/wiki/Bioprospecting)

identified as significant barriers to rongoā intergenerational transfer. Participants identified that colonisation, Western health systems, government policies, companies, and non-Indigenous peoples presented a real risk to Mātauranga Māori, Indigenous knowledge, Indigenous peoples, rongoā Māori and atua (natural environment). The risk was that (as explained above) this knowledge and rongoā resources would be used for unintended purposes, including economic and power gains, whilst exploiting the natural environment (in direct conflict with kaitiakitanga).

> *Once knowledge is out there, it's out there … I would be worried about how accessible it is, because … it's hard to come by. But I've had a lot of people phone me … well what do you want it for? I've had people come and get it off me, and they're selling it on the side of the road for $50 a bottle. Kūmarahou is another one … now it's all gone, because people are accessing kūmarahou, making it and selling it on the side of the road (MAI).*

> *How much control do we want to maintain as Māori, or is that just the trade-off that we'll need to consider if we actually want it to come back and be freely available? Yeah, and that's the whole Treaty claim Indigenous flora and fauna, but also intellectual knowledge that's been talked about for decades, that intellectual knowledge stuff. But how do we sort of walk that balance of, we don't want to lose it, we need more of us to know about it and share the story of it, otherwise we will lose it … how do we maintain the integrity of our knowledge, and make sure that it still looks like, the principle of it maintains the purpose of rongoā, and the principle of it is maintained (MD)?*

Participants talked about the appropriation of Indigenous knowledge by non-Indigenous peoples/multinational companies and the dominant economy. Participants shared that reaffirmation of Mātauranga Māori and ensuring this knowledge is shared with Māori is currently challenged by economic, political and social contexts that seek to: either appropriate Mātauranga Māori for commercial exploitation; or, deny its validity in order to protect other commercial market monopolies. In this context, it was identified that current social movements for self-sustainability, self-determination and health sovereignty pose a threat to health and social systems that profit from consumerism (e.g. unhealthy people relying on medical treatments).

> *The theft of Indigenous people's seed stock and then the hybridisation, commercialisation, loss of diversity of food and loss of control … how can we get as many whānau, Māori, as possible having rongoā as part of their daily, weekly health, wellness, just living (NB).*

> *There are actually corporations actively trying to patent that away from us. And to the point where they want to be able to sue you if you go and do it yourself (MD).*

Participants highlighted that the appropriation of mātauranga was about power and control, and that this knowledge had been taken from Indigenous peoples to be used for commercial gain. It was clear to participants that companies sought to dominate a competitive 'consumer health' market. In addition, given that participants had highlighted that access to Mātauranga Māori empowered people to live sustainable lives, companies and

the Western system had employed strategies to grow and maintain their domination of the market. This included labelling Indigenous practices as 'high risk', and marginalising and stigmatising Indigenous knowledge.

> *There's two sort of layers of policy that are really impacting … in that [rongoā] context … all the companies that have invested millions of dollars and … are obviously wanting to cut out as much of a competitive market as possible. So they do everything they can to try and diminish traditional medicines … downgrade them and call them high risk. There's a whole strategy that they are using which is about protecting their market, and then there's the intellectual property side through patents, which is about commercialising the product, but once you commercialise a product you have to reveal your formula, and the minute you reveal your formula, it's open for use by others (AM).*

> *The whole issue of appropriation is around power, effectively, right? So who has the power to define, who has the power to pick and choose which bits of our rongoā they take and which they leave, or which bits of our mātauranga they take and what they leave? Who has the power, in terms of profiting, and whether that's economically profiting, or profiting in terms of their career, off that mātauranga? … Appropriation implies a very different thing … appropriation is about a person or a collective who has some form of power to take our mātauranga, often out of context, and apply it in ways that can sometimes put that mātauranga at risk. That can sometimes be used in a way that leads to them gaining some of kind of profit from it, or from them becoming an expert in that area (NS).*

Tikanga-ā-Rongoā – by Māori for Māori

Participants expressed an aspiration to share Mātauranga Māori, including rongoā Māori knowledge and resources through generations. Participants identified the potential benefits of revitalising the use of rongoā Māori and facilitating access to rongoā for whānau in a normalised, everyday way. Participants were also clear that the purpose of rongoā was for knowledge-sharing/retention, well-being and empowerment. Participants talked about the sharing of rongoā knowledge, selling of rongoā products and healing services, and teaching of Mātauranga Māori by Māori in ways that aligned with Māori aspirations and tikanga. Participants stressed the importance of the intention of the sharing, and that whilst money was sometimes accepted as koha, the amount was for the purposes of sustaining services or affording living costs, rather than gaining profit. Further, that rights to share knowledge were determined using Māori tikanga.

> *We were selling our pani (balm), you know, real cheap for our people, it was just enough to cover the cost of the material (KJ).*

> *I have no problem in selling my work, but what I do is, when I cut the flax for this piece, my thoughts are towards what is going to happen to this piece. So I cut the flax knowing that what I'm going to make out of this flax is going to be sold, so I don't become attached to it (VH).*

One participant explained that traditional sharing or gifting of rongoā/taonga did not involve money per se; however, it did include reciprocity in other forms. The underlying purpose of this sharing and reciprocity was for both survival and acknowledgement of manaakitanga through means of equal or greater value. Sharing was carefully controlled in terms of who had access and what the intended purpose was.

> *My nanny never used to charge money to teach. But I bet you whoever she was teaching brought her bread, or filled her car up with petrol, or cleaned her house, repaid her in some way, koha (VH).*

Participants also expressed frustration and disapproval of others (non-Māori) who did sell rongoā (out of context) for commercial profit.

> *My other pet hate is going to markets and seeing other people selling rongoā that's been made from kawakawa, just seems to be thrashed and used as a universal rongoā (KJ).*

> *This lady was selling home-made natural ointments with kawakawa, and on the label was a picture of an old kuia … I said, Do you know who this is? and she says, no, I got it off the Internet (KJ).*

> *This Pākehā lady who had tried everything for her child with eczema … somebody … said, oh you can make your own balm. So she made it out of kawakawa, and now she's selling it. That sort of thing grates on me, but then you think, oh well, you know, what are we doing, is it about making money, or is it about upskilling our people and building capability and capacity amongst them to get out there and look after themselves (KJ)?*

For what purpose?

Participants repeatedly raised concerns about the underlying intentions (or purpose) of rongoā activities, and whether these aligned (or not) with tikanga Māori (values). The need to share Mātauranga Māori of rongoā was an area of conflation whereby there was a range of mediums through which this was happening, that did not always align with tikanga Māori. Participants were clear that the Indigenous people's relationship with rongoā Māori is one of reciprocity, whereby the benefit should be mutually beneficial, and that rongoā was not something to 'take from' or 'take out of context' with nothing given back.

> *So that to me is what appropriation is; there's a power differential there between saying, I'm going to make a kawakawa tea for myself and my whānau, or, I'm going to package, promote and sell this as a Māori rongoā. But I have no relationship to that taonga, you know … that's always a risk with our mātauranga, it has been a risk since colonisation happened … that idea of reciprocity is so important, right. Not only do we gain something from rongoā, we owe something to rongoā, and I don't know whether that is understood by people who just take it out of context (NS).*

Participants explained that multiple challenges were being faced in the context of the sharing of rongoā. Participants noted that negotiating the tikanga around koha, potential financial benefit, changing demands and protection of knowledge continued to be a contentious issue for Māori.

> *"How dare you be giving our knowledge away to anyone? How dare you be teaching non-Māori how to weave? What gives you the right to give our knowledge away? Who do you think you are?" … I know who I am, and what gives me the right to give that knowledge away is my great-grandmother, she started it. What gives me the right to teach non-Māori? I don't teach everything that's in my mind … I know who I am, and I know what gives me the right to share this knowledge. But 'Ko wai koe Rita Baker? Find your thing and teach that. She is giving it away. YouTube is freely available to anyone. But my lessons you pay for (VH).*

Participants talked about a new need to share and teach in ways that challenged old tikanga in order to maintain the survival of the knowledge and practice.

> *My Nana Rangimarie, she broke an old tradition which was you teach only your daughters, your granddaughters, those people of your whānau, your hapū. And she didn't want the art of weaving to die out, and so she opened her teaching arms to whoever wanted to learn, Māori, Pākehā, men, women, if you want to learn I will teach you. And my mum had the same philosophy, and I have the same philosophy. If you're willing to learn, if you want to learn and you're willing to work hard, I will teach you (VH).*

> *The successful times we've had, there's been someone on a wage and a salary, so they can keep on top of it. So that tells me that if there is a way we can make it someone's job, a group of people, then it sustains itself and you need the income stream and the revenue. Whether that's to supplement people who are on their last legs or seeking an alternative, it could be an option. It's always been talked about in association with tourism as well as this stuff. So there's been dozens of tourism plans … over the years. All of them include Māori medicine alongside the kapa haka and the hāngī and the carving. But again that could be another way of at least sustaining the kaupapa, the real kaupapa (NB).*

From an alternative, opportunistic perspective, participants noted that the sale of rongoā could provide an opportunity for financial gain for iwi/hapū (who often experience high levels of poverty) and highlighted how, for example, a by-product of Rotorua's Māori tourism industry had been the strengthening of kapa haka for that area.

> *You look at Rotorua. They're guns at kapa haka because of being able to maintain a level of proficiency in their style of haka through the outward-facing tourism part … So I guess it would be just about being clear and open about that and up front around the kaupapa, hey this is up front and $80 a bottle, but the real kaupapa we all know is this, and we need that to help support this. As long as people are aware of that, I think that's all right. And we have control of it, I guess it's an initiative, and control is the main thing (NB).*

There's some other quite good opportunities around, we have a lot of people who are interested in massage, the development of facial creams, and weekends away … that's an unexplored area. In Rotorua … where the pools are, you've got some of those things … Pākehā people who are running a business, so it's basically in an area in which, you know, Māori used to live … they used to bathe in the hot waters and they would, you know … rongoā could be health promoting. But it also could … generate income by looking at what kind of assets do Māori have around developing, you know, mud pools and all sorts of things like that … you're probably thinking oh you're crazy but … Yeah, yeah, people spend a lot of money, you know (W1).

Participants also shared multiple stories of sharing of rongoā resources such as plants to different iwi, given that plant varieties were not always available in different climates.

They used to go and hīkoi (travel) around the country, they used to take plants with them to regions that didn't have those trees. And the thing was reciprocated back from all of those areas as well. So that was just the exchange of rongoā due to different climates. Christchurch can't grow kawakawa and Auckland sometimes receives rata back from down there, so it's a transfer of plants amongst iwi (OH).

Discussion

This chapter presented the research findings relating to the overarching theme of: What is happening now? Participants identified that whānau ability to access and utilise rongoā Māori is impacted and determined by broad whānau realities and social and political contexts. Further, participants provided insights into the way in which government health, policy, education and justice systems operate to prevent rongoā revitalisation and intergenerational Mātauranga Māori transfer. One aim of this research was to identify what rongoā looks like in contemporary Aotearoa, and to identify barriers/mana-misers to and facilitators/mana-maxers of whānau participation in rongoā Māori. Whānau provided contextual insights that described how rongoā participation is influenced and determined by whānau realities, perceptions of and attitudes towards health, ill health, healthcare options and health-seeking behaviour.

The findings of this study highlight the challenging realities of Māori whānau that involve multiple time-heavy commitments (e.g. work) in order to meet essential whānau needs and responsibilities. This aligns with socioeconomic data showing high levels of poverty, homelessness and lower income per household, which drives whānau to work more hours (Ministry of Health, 2015; Waitangi Tribunal, 2019). Whilst whānau did have a preference for rongoā as a healthcare option, it was perceived that accessing rongoā required a significant investment of time and was not easily available. Whānau explained that the struggle to survive is real for Māori whānau, and the basic necessities of living often take priority over addressing health needs. Further, whānau then seek healthcare solutions that are 'fast'/'quick', such as over-the-counter pharmaceutical products, due to a lack of available time (McLeod, 1999). These findings also contribute to understanding data that shows whānau unmet need, unfilled prescriptions and lower rates of engagement with health services (Ministry of Health, 2015).

Whilst connection to Te Ao Māori was identified in previous results chapters as a direct determinant of whānau well-being, the results in this chapter reveal that whānau experience ongoing disconnection due to high work/life demands, and that this manifests in physical illness requiring reconnection to 'home' (e.g. tūrangawaewae). These findings present a significantly different discourse to the determinants of Māori health concerns, and indeed, new insights into what whānau consider to be their main priorities in terms of health. Whilst many of the available health status indicators point to health risk behaviours, social determinants of health and racism (Harris, Cormack, et al., 2013; Ministry of Health, 2011; Robson & Harris, 2007; Tane, 2011), the findings in this study highlight that the culmination of unrealistic social systems within which whānau operate are detrimental to whānau well-being. For example, high rates of poverty, social norms of city living, high workload, low income and multiple commitments in the struggle for survival result in depletion of well-being and disconnection from Te Ao Māori. Further, a preference to move to self-sustainable living, utilising natural resources, was increasingly popular.

Participants' experiences of engagement with Western health services, and in particular, mental health services, failed to meet whānau healthcare needs. Specifically, participants explained that mental health professionals: had difficulty connecting with Māori whānau realities; were not open to Māori world view interpretations and beliefs; denied Māori spiritual experiences; and misinterpreted whānau experiences and health needs. Failure of mental health professionals to understand Māori whānau repeatedly led to inaccurate diagnoses, and then 'almost by default', inappropriate labelling (misdiagnosis) and unnecessary medicating of whānau (despite whānau preference for non-medication-focused solutions). Whānau further noted that Western medication was symptom-focused and failed to address spiritual and non-physical health needs (Kopua et al., 2019). Whānau responses to mental healthcare experiences included: disengagement with services; resistance to sharing beliefs for fear of systemic repercussions; and, in one example, increased potential for suicide as an alternative 'escape'. Alternatively, participants identified positive examples whereby Māori staff/health professional involvement provided culturally appropriate understanding, and sharing of mātauranga by kaumātua achieved positive outcomes. Participants were clear that Māori spiritual experiences needed to be validated and normalised rather than labelled and medicated (Kopua et al., 2019). These findings have been echoed in other recent reviews of the New Zealand healthcare system's ability to meet Māori mental health needs (Paterson et al., 2018; Waitangi Tribunal, 2019).

However, whilst a need for culturally appropriate care, incorporation of Māori world views and Mātauranga Māori, and acknowledgement of wairua and spiritual aspects of holistic Māori well-being have been identified, there is a lack of specific articulation and depth in literature as to what this care might actually look like in practice (Ministry of Health, 2014a; Paterson et al., 2018; Waitangi Tribunal, 2019). Some key examples are provided within the results of this research. For instance: normalising interaction with spiritual entities such as patupaiarehe (supernatural fairy-like beings of the forest), or ancestors who have passed on; viewing physical

illness as a manifestation of other causes of ill health and disconnect from Te Ao Māori; and a requirement for routine frequent connection to Te Ao Māori (e.g. tūrangawaewae, papakāinga, marae, whānau) in order to sustain wellness (Kopua et al., 2019; Ngata, 2014; Reinfeld & Pihama, 2007). These findings support Indigenous health workforce development aims to increase cultural concordance. In addition, comprehensive Indigenous health professional training should include a traditional Indigenous healing curriculum, in particular, Indigenous understandings of spiritual health (wairua) in order to ensure health professionals are equipped with the necessary knowledge and tools to meet Māori health needs (Kopua et al., 2019; Rangihuna et al., 2018).

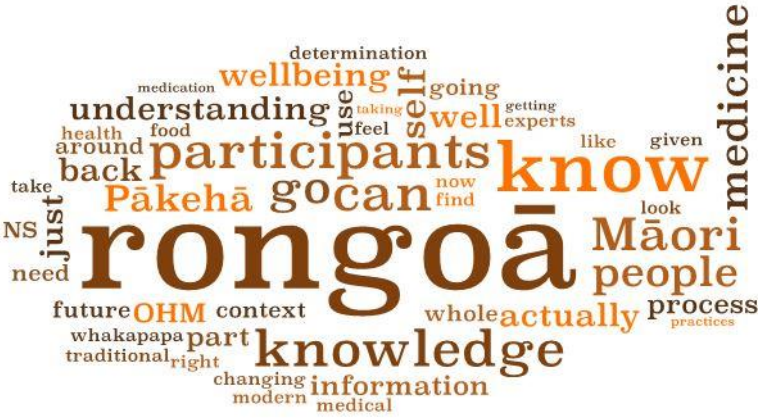
Participants identified that Māori access to and use of rongoā Māori was heavily influenced by the political context as determined by the New Zealand Government. The obligation of the New Zealand Government to ensure Māori access to, support and funding for rongoā Māori has been repeatedly affirmed within legislation. Despite these stated commitments, participants identified the clear lack of formal government support for rongoā Māori. This finding is not new (Institute of Environmental Science and Research, 2009) but importantly needs to be reiterated here. Disappointingly, this finding reinforces the fact that, despite government strategic commitments and obligations to ensure rongoā availability to Māori, there is an ongoing absence of urgency or development in practice. This positioning echoes the recently released Waitangi Tribunal enquiry that shows little change in Māori health status over the last few decades (Waitangi Tribunal, 2019) and the absence of response to the Ko Aotearoa Tēnei (WAI 262) report (Sullivan & Tuffery-Huria, 2014), despite government promises. As identified by participants in this study, what government action has occurred regarding rongoā Māori has focused on attempting to *regulate* rather than *support* the use of rongoā alongside other natural and alternative health 'products'. What the government and health sector *are* interested in advancing, though, is the regulation and appropriation of 'natural health products' through bioprospecting from Indigenous resource and knowledge bases, and other Indigenous healing methods for commercial profit (e.g. medicinal cannabis, mānuka honey) (Ministry of Health, 2019). Participants expressed an avoidance of interaction with New Zealand healthcare and government policy systems and identified ingrained institutional racism within these systems. Participants noted that areas of racial contention included: continued demand to 'prove the efficacy of rongoā healing using Western scientific models'; demands for the sharing of rongoā knowledge with non-Māori/systems with risk of appropriation; failure to respond to Māori policy documents affirming rangatiratanga over rongoā; minimisation and categorisation of rongoā as simply plants and healers; and failure to acknowledge rongoā Māori as a complete health system, demanding integration into Western health systems rather than support for rongoā systems independent of Western systems.

Notwithstanding the Tohunga Suppression Act (1907), a lack of funding, legislation that threatens to prosecute whānau for selling rongoā, critique from the medical sector, dispossession of our lands and natural resources, and the influence of colonisation on our whānau perceptions of rongoā, there still exists whānau who have carried Mātauranga Māori and rongoā practice through generations into today. These whānau predominantly operate either outside the system (e.g. sale of Māori arts/weaving/rongoā products online or at local markets,

healers working from home) or have utilised what support is available within the system to ensure rongoā and mātauranga survival. In other spaces such as social media (i.e. Facebook), whānau are sharing rongoā information in both 'Open' and 'Closed' groups as needed for whānau well-being. The Closed Facebook Group 'Rongoā Māori' (Māori Herbs)' now has 14,000 members and a substantial searchable database (posts and comment threads) for most common health concerns, including members with knowledge of plant locations and the ability to share rongoā if needed. Whānau noted that in spaces where Māori do retain control of rongoā or mātauranga, the revitalisation and continuance of practice generally sustains momentum when a funding source and/or funding to employ someone, is available. Importantly, the concept of koha (reciprocity) still exists (monetary or other) but remains tied tightly to concepts of manaakitanga – where the purpose of sharing/selling is for survival or revitalisation, or for whānau well-being, as opposed to commercial profit. Sadly, many tohunga report the appropriation of mātauranga for financial gain (often by non-Māori).

Summary

This chapter has presented the findings for the overarching theme: What is happening now? The findings of this chapter discussed how changing whānau realities and life demands, as well as historical impacts on perceptions of rongoā, impact on whānau understanding, and interaction with health and healthcare options. It was noted that everyday demands on whānau further disconnect us from Te Ao Māori and tūrangawaewae as sources of wellness. Whānau reported experiences when seeking mental healthcare as mana-mising (mana diminishing), inappropriate and not conducive to Māori world views. Whānau were fearful of disclosing wairua experiences to non-Māori. Government systemic lack of support for rongoā continues to be significantly detrimental to whānau access to and use of rongoā. Further, whilst policies lack rongoā backing, there does exist support for policies that allow bioprospecting, commercialisation and regulation of use of Indigenous knowledge and resources for profit. Finally, when whānau do seek to share rongoā and mātauranga for knowledge survival purposes, the space remains contentious when negotiating multiple threats to traditional practices. The realities and challenges discussed by whānau when aspiring to utilise rongoā are multiple and complex. Real threats exist between whānau aspirations and political and social realities. Some efforts to overcome these challenges exist; however, a lack of systemic investment means little traction in rongoā development. The next chapter presents the overarching theme: What will be? – and identifies whānau aspirations for rongoā in future and potential mechanisms for realising these aspirations.



Introduction

The previous chapters presented results for the overarching themes of: What was/is rongoā? What happened? and What is happening now? These three results chapters provide deep insights into whānau understandings of rongoā in pre-contact Aotearoa, the impacts of colonisation on traditional Māori health systems, the realities whānau are facing in current contexts, and ongoing issues facing rongoā availability, vitalisation and sustainability. This chapter presents the research findings related to the overarching theme: What will be? As noted previously, a key aim of this research was to gather whānau aspirations for rongoā in future, including ideas for mechanisms to realise these aspirations. Participants shared aspirations for the advancement of rongoā Māori in multiple and varying ways. Key to the future of rongoā for whānau was the necessity to reaffirm Māori sovereignty over our own well-being and healing systems. Reaffirming our position of authority over our own wellness, as Māori, intrinsically incorporates: revaluing of our Mātauranga Māori; ensuring access to rongoā as a healthcare option; giving ourselves permission to take action in the face of inaction; embracing and normalising our own ways of being and doing; and developing and implementing strategic direction despite a lack of government support. There were aspirations for further research and development that informs future directions, including working together with Pākehā health systems so that health concerns are understood from Māori-centred paradigms. With specific relevance to rongoā rākau, participants expressed a desire to be able to access and utilise specific information linking health concerns with rongoā solutions. The potential of online and social media platforms to support rongoā mātauranga sharing was well supported, and participants suggested platforms that enabled whānau interaction, decision-making and self-care. The broad range of suggestions for the future of rongoā aligns with the findings in the previous chapters that support whānau self-determined rongoā specific to diverse needs and contexts, fundamentally underpinned by Mātauranga Māori, whakapapa, tikanga and tino rangatiratanga. Table 12 presents a description of the sub-themes for the overarching theme: What will be?

Table 12: What will be?

Sub-theme	Description
Reclaiming health sovereignty	Reclaiming sovereignty over our own well-being as Māori by decolonising our minds, having confidence in our own mātauranga, and self-determining solutions to our well-being
Strategic planning/governance	Multilevel governance and strategic planning, community-driven initiatives, and teaching of tamariki
Access to information	Investment in rongoā information-sharing, database and resource development, use of media and technology tools to promote interaction and self-determined care

Reclaiming health sovereignty

Intellectual sovereignty

A key finding throughout all four results chapters has been the need to reaffirm the validity of Mātauranga Māori (i.e. intellectual sovereignty) and rongoā for whānau. Participants identified that colonisation impacted on whānau perceptions of rongoā and mātauranga, and taught whānau to rely on Western medicines and 'expert' health professionals. However, changes in whānau realities, priorities and experiences with healthcare services has seen a shift in whānau perceptions and behaviours. Participants expressed a desire to both reclaim traditional Māori ways of knowing, being and doing, and shift to more self-sustaining ways of life. In alignment with aspirations for self-determination, participants identified the importance of reaffirming the validity of mātauranga and rongoā Māori in future, including resisting negative social stigma attached to traditional knowledge.

> *It's about having confidence in our own rongoā, so actually reclaiming some of that mātauranga around that, and having the confidence to be able to use it on a day-to-day basis for ourselves (NS).*

> *How do we reinstate confidence in our rongoā Māori (MM)?*

> *Getting that knowledge back but also being confident to go … this is a tried-and-tested method, this is something that we know worked for our [people] (NS).*

> *The revival of tā moko (traditional tattoo) is incredibly exciting. And see, we haven't been afraid of that … it's around the world now, celebrities are doing it, more and more people … So that could be used as a positive example of how we have reclaimed some knowledge, we have revived it, there is no hope of it dying, and it's okay (MD).*

Participants talked about knowledge as a rongoā in itself. In this context, it was noted that the information/education we are given in the current system teaches us to rely on/trust in authorities and experts with regards to health and well-being. Further, that reliance on 'experts' denies Māori the opportunity for self-determination.

We get taught that there is authority and experts … and they know what's best … actually we are our own experts … with the right tools, we can actually filter through that information. We know how to ask the questions, we know who to ask the questions to … that requires a level of self-determination … that not everyone has (NS).

In the health context, participants identified that provision of all information (including rongoā healthcare options) would enable self-determination when making choices around health and well-being. Participants therefore expressed a right to access all knowledge (not just Western medicine and system-reliant health solutions) as a way of reclaiming sovereignty over our own well-being. Examples of rongoā as knowledge included knowing how to grow our own food, harvesting and using plants, and more living sustainable lifestyles.

Whānau can claim back a bit of sovereignty over their own well-being and that is about, you know, growing your own food, living a more sustainable lifestyle, and it includes learning about rongoā and knowing what plants to grow and how to harvest them and how to use them and having a network of healers, that's all part of the strategy of how you become self-sufficient, and that's a part of the knowledge that's necessary to be self-sufficient (AM).

Knowledge is empowerment

In the broader context, participants identified a recent social change in that people were looking for alternative options for food and healthcare rather than rely on Western systems. Participants described a resurgence/revitalisation movement whereby traditional and natural ways of knowing, being and doing informed by our tūpuna were increasing.

We're starting to look for alternatives, as opposed to, you know, Western medication … We're going back to whakapapa, how do we fix it. Swim in the moana (ocean) fixes you … straight away (OH).

There's still enough people around who can re-establish connections for those who have lost it … if people can enact whakapapa physically by spending time back home, spending time with the people, getting into quarrels, you know, because it's not all bloody, well like I said before, utopia. But seeing the conflicts, understanding the dynamics, I think those are all important too (T1).

Resurgence … Rebirth … All coming back again … Like rongoā revitalisation (OH).

It's a whole kettle of stuff that we need to be doing, eh, not just taking the rongoā. It's changing the mindset, changing our lifestyle, having more positive influences around you, getting rid of negative people. It's just a whole holistic change (KJ).

The willingness to learn … society is looking at organic alternatives, food, so it's not just Te Ao Māori, everyone's kind of going in that – I'm not going to say ancient practices … from their tūpuna (OH).

There was emphasis on looking 'within' to our own mātauranga and whakapapa – consciously – and having an understanding of this in the context of rongoā. Participants described rongoā as self-determination, and allowing for diverse ways of enacting core Māori roles and values depending on unique world views.

… I was just fascinated with … how not in-touch Pākehā people are with what they can't see, what they don't understand … I have enough of an understanding and grasp of what makes me feel well, and that's all that matters in terms of rongoā, you know, that's what keeps me well. I can, so I rationalise it, I get advice, I seek help, I talk to people and I process through. That's my rongoā, part of it (laugh). I can't say that's the whole package, but yeah that's to well-being, not flourishing but well-being (laugh) (BMA).

That's actually … a real shift for whānau to turn inwards and go, ah, actually if we look to our whakapapa kcrero, if we look to our places and the kōrero that's embodied in those places, we can find the messages that we need to be well … But that requires … a level of cultural connectedness that not all our whānau necessarily have at this stage. So what is there for them in terms of accessing some of these pūrākau and this kōrero tawhito (ancient knowledge) (NS).

Normalising rongoā

Normalisation of rongoā was described by participants as making rongoā a normal/routine part of everyday life. Participants acknowledged the urgent need to normalise the use of rongoā for all. In this context, participants acknowledged both the loss of rongoā (to near extinction) and the need to revitalise rongoā to the extent to which its practice would inevitably become normalised and therefore rather 'invisible'.

For rongoā to be stopped being talked about as rongoā … Just to be normalised … that has to start within our own homes, own marae (GT).

the way we think has changed … We just need a bomb to reawaken everything (KJ).

Moving rongoā away from health clinics is a good idea … In that kitchen, that's where rongoā belongs … a health clinic you immediately associate with a deficit, but rongoā isn't, rongoā shouldn't be thought of like that … Those charts about what each plant is and why they exist could be up in every kitchen and every marae so we can know, ahh choice, we can put some of that in this kai, you know, little things like that ... The reo space is another real good space for it, there's a real big disconnection … they're teaching reo and no one's teaching rongoā. Whereas you could be killing two birds with one stone … you can't have rongoā without your reo and … the reo has the whakapapa … once you know the whakapapa then it's easy (GT).

Participants described simple and easily accessible rongoā Māori health solutions. Participants noted the potential of these solutions to be considered 'first resort' or a part of general household first-aid care.

> *Kūmarahou is the lemon drink of Te Ao Māori (laughter) and it should be at that level of knowledge, it should be one of the first home remedy go-tos that we have (MD).*

> *It's not about saying that we are all … healers or rongoā experts. But that actually we can do things every day that are grounded in Te Ao Māori to take care of our health and well-being (NS).*

> *Those things that we can do every day as whānau to take care of our health and well-being as Māori. And then when do we go to, you know, tohunga or our own rangatira in that space, as opposed to maybe always deferring to doctors or, you know, the Western medical practitioners? Not saying there's not a place for that, but yeah (NS).*

Strategic planning/governance

In the policy context, participants foregrounded the need to establish multilevel, formal rongoā systems. It was clear that participants wanted a united, high-level strategic planning and development structure for rongoā. Participants identified that rongoā knowledge capture, recording and transfer was critically important and suggested both top-down and bottom-up approaches, indicating a need for rongoā governance and implementation at all levels.

> *Developing a system … Strategy to build, around how to build a network (OH).*

> *To capture and record the knowledge of rongoā … practices … something that comes through doing. … Karakia is not words, it's a feeling … to capture knowledge, so that we can pass it on … it has to be available (OH).*

A need to coordinate rongoā Māori governance strategies was expressed, that included people with necessary skills and knowledge to be able to combat the current legislative system.

> *In order to be effective in anything, you have to be organised … you can't expect to affect a system on a random, ad hoc basis - so is there a traditional healer's network (AM)?*

> *Not just rongoā, supporting traditional knowledge and Māori knowledge as well … we have long understood the problem … status quo currently is insufficient … any sort of Māori healing … I still don't think our policies are advanced enough to where they should be … we're the only ones (Green Party) acknowledging that it's even a problem (MD).*

> *There is always something going on in government … the only way you would find out what is happening or why it's important is because someone from a particular group or a hapū or a Māori organisation alerts people*

… it starts to mobilise so that Māori voices aren't invisible … that just because Māori haven't written submissions doesn't mean they don't have views, it's more likely that the timing of it all they didn't know … it's such a complex policy environment they have to navigate (AM).

Māori healers were part of WAI 262 … but they've tended to operate as a fairly low-profile network so no one really knows if they're around, if they still exist or not, you know, they're quite invisible in spaces where you'd think they should have something to say (AM).

Community collaboration

Participants recommended rongoā development strategies that included mobilising whānau connections at the community level.

Knowledge-sharing, collaborative, community-driven projects, awareness raising, and mind frame, I mean, change of thinking, changing mindsets (MD).

The empowerment has to come from the community, from the whānau, from the hapū. So we have to have buy-in from everyone … We have to have an iwi response, hapū, whānau response (OH).

Participants suggested holding regular wānanga for multiple purposes including: development of rongoā research programmes; sharing of practical rongoā lessons locally; planning and governance; and regional and national networking.

Regular wānanga, marae based, hapū based, I think we definitely should do those around plant ID and then their use, how to use them … setting up a lab of some kind where we're turning a bit more to some kind of commercial product as well … That's one way you could actually make it sustainable, that it's got an income stream and revenue, and people actually employed to at least keep that kaupapa going (NB).

Have a rongoā wānanga in different areas that is actually organised, so to explore what the rongoā resources in that local area [are] … start developing the whakapapa around, who knows … at a national level … who to contact, what their speciality is, on a website. So if people are moving through the country, they can tap in, maybe where they're from, their whānau name. So it's local and it's national (MAI).

Action despite lack of systemic support

Participants offered suggestions for activities that were simple, effective and could be operationalised, despite perceived real and potential threats from policymakers.

The woman warned me about putting up kawakawa information in the light of understanding that corporations will not like it. And that made me like, yeah, I'm going to do it again (laughter), I'm going to keep doing it (MD).

I think what can be done is they're brought to account in other ways. So whether that is, and you see that happening already, where locals are able to raise it on social media, or on media … When the systems aren't doing what they're supposed to do … you have to find other ways (MD).

Ngāti Whātua are a fantastic example. They have made a point of letting Auckland organisations, Auckland Council, Auckland regional authorities know that they are not to be messed with. And they pay dearly for that, … They paid dearly for their strength that they have today, people know now … anything that happens needs to happen alongside Ngāti Whātua ki Ōrākei … boy have they made it clear that they need to be a key part of anything that happens (MD).

Ngāti Whātua are amazing … they're in an urban setting … one of the busiest tourist locations in the whole country, they are trying to maintain a sense of sustainability and ecological harmony with everything. And the fact that they are doing that work in one of the most challenging contexts, and they are balancing all sorts of incredible dynamics and it's not always smooth sailing, even among themselves … what they are managing to achieve … with their whenua … the kaimoana programmes … in the foreshore there, down at Ōrākei. The forest regeneration, the house building, the planting, all of it is just bloody mind-blowing (MD).

Teaching the next generation

When discussing future aspirations for rongoā Māori, participants repeatedly made reference to ensuring rongoā knowledge is available for Māori tamariki (children) and mokopuna (grandchildren), as future generations. Participants suggested that rongoā should be taught in kura (school) and identified that children express unique attributes (in comparison to adults) when learning about rongoā. For example, participants referred to the openness to learning and normalising rongoā of tamariki. This eludes to positioning of Māori tamariki in early years when influences of racism and social stigma may not be as 'ingrained' as in adulthood.

Hui and stuff, share knowledge … embedding it in the society … younger generation. … into schools … starting off with the kura … that's a good place, coz we're in charge of kura (OH).

That's magic … you're pushing ancient kōrero into them … How do we, as adults, teachers, keep adding building blocks to our kids in a way that they don't fully realise it's not a Western teaching thing but in a way that they are keen as (GT).

Kids are amazing with rongoā, they just know, they just know what to do, and they can do it. It's us who have our hang-ups (KJ).

Research and development

When speaking about future aspirations for rongoā Māori, participants described the need for work to be done that brings traditional Māori healing practices into the present and then the future. Participants described a

process of development whereby the practicality and usefulness of traditional healing was needed in order to utilise modern technologies to support rongoā practice in future.

> *Trying to find out what it is, what that pre-contact knowledge is and what knowledge we have today and how it compares to back then, to me it's really about the evolution of our knowledge (T1).*

> *Traditional practices and then how did they look in a contemporary society and what elements do you take from them? … So we're drawing from the tradition … not trying to bury culture back in the past but trying to bring it into the present and then into the future and that's how you actually keep culture alive … the normalisation of rongoā then is taking it into a contemporary context where it works alongside modern medicines (GH).*

In addition, some participants described the many successes that were happening in Māori communities that contributed to ensuring the necessary wider resources for rongoā use were available. For example, provision of Te Reo Māori teaching, planting of native ngahere (forest), regular use of marae, parakore (zero waste) initiatives, and in some cases rongoā wānanga. However, these participants identified that, despite some availability of the necessary knowledge and resources, many whānau were not actually using rongoā. The challenge of translating knowledge and resources into use is an important area identified in this research.

> *So at Ōrākei, in that wider holistic sense, we've got … pretty good housing … clean water, good access to education, babysitters all over the show, a developing ngahere. Our reo is developing, we've got kapa haka going, we've got mau rākau available, and we've got some level and sense of understanding, by most, around Papatūānuku. Most whānau are aware of parakore (zero waste), whether they follow it every day, all day … how do we get them to learn more about that plant and what its potential is … adding to all their other stuff (NB).*

> *Now we've got 17 years of ngahere … the plants are there but then how do we get whānau to take the next step so that they know more deeply what the plant is, how it could be used to help and improve their life and their health. Not only physically but just the sense of being, of knowing what the plant is, what it can be used for, how to harvest it, how to make it into something … the physical part is either just the drinking of it, or the consuming of it, or the panipani on the hakihaki … how to do that (NB).*

Rongoā and Pākehā medicine

Participants highlighted current contentions between rongoā Māori and Western medicine and expressed an aspiration for both Pākehā medicine and rongoā Māori to coexist. Participants wanted medical professions to change their perceptions about rongoā.

> *I'd never go to a hospital to be well, eh (NS).*

Coexist with Pākehā medicine. That's exactly right. You've got to be careful when you give the Māori medicine to go with Pākehā medicine, because you can react against them (OH).

Changing the opinions of the medical profession towards the rongoā. Changing … modern medical professionals' understanding of rongoā (OH).

I use Metformin … only because the doctor said, oh this is a good thing for you because you've got Type 2 diabetes … but … with Aunty Atawhai … they go … take these mānuka leaves and that will help your diabetes. I did that for a little while but you know I always do the Metformin … I don't know why I stopped … I didn't really like the taste. Could they put it in a tablet (MW)?

Negotiating Western medicine using mātauranga Māori

And then the other thing I do sometimes is donate blood, and I've had some issues, whether that's the tikanga around that, should we be doing that, shouldn't we be doing that. And I didn't quite, I used to do it quite a lot, because when I was young, when I was at high school, my brother had a motorcycle accident, and I think he lost a lot of blood at the time, and then he lost a lot of blood over the next couple of weeks. And then I think they ended up putting like 11 pints in him, or 13 pints, and your body only has seven or something like that. So he really needed a lot of blood, and then he got the blood, it saved him, he came good, and you know, he's running around. And I remember thinking that because people donated their blood, my brother was alive … So from then on, I became like a staunch blood donor, and then I came back here to Waikato University, started learning more reo and tikanga, and then started to question ... Because you know, it's part of your wairua that you're conceding, you're giving it away, and how do we feel about that. So then I started questioning whether I should do that or not, and so I didn't give it for a couple of years, and then my aunty got sick and I wanted to give her my kidney. And then I talked to her about that, and then I said, how do you, you know, how should we feel about giving our kidneys? I want to give it to you coz I want you to live and have a better life. But Māori tikanga, how do we feel?

She said she talked to one of her nephews … and he said when Tāne created man he took a little bit from all the gods, put them together, and that was our first man [woman]. So we have, we can relate it back to our atua, have a history of giving parts of their body to create something. From that perspective, we can argue that 'he tikanga tōnu tērā' (it is a continuance of traditional practice), and then I was like, oh sweet aunty, oh now I can give you my kidney. But they're not going to give it to her anyway, coz we didn't match. But then I was thinking, well if I can give her my kidney, I can give blood, so then I started back on the programme giving blood again. But the first couple of times that we, I got some water and I just blessed it, just to clean it, make sure nothing, you know, nothing went away with me. But then the last couple of times, I just haven't, I've just given it a blessing. Yeah, well, that's, I think as you grow and develop and you form your own opinions, and you form your own tikanga, you have different ideas coming and they can change your opinion. So your own personal tikanga can evolve over time. So yeah, I think different stages of my life I've been looking at things from a different perspective. So, yeah, now I'm back on the programme, giving blood and I'm comfortable that it's not taking away my own mauri or damaging anybody else or anything like that. So, but that's all I can offer in terms of rongoā (TTK).

One participant suggested that rongoā revitalisation should include the ability to explain the commonalities between Western medication and rongoā treatments. He further noted that rongoā utilisation should involve the patient at all stages (i.e. rongoā gathering, preparation, karakia) including sharing of knowledge with the patient about rongoā (rather than a consumer model).

> *If we can find a practicality and a connection to Western medicine, that'll make people feel better. Like you know the kawakawa plant is a relation to the kava, its properties are this, that's why you feel this, when you do it, but it does this to you, which is exactly the same as this, but the process to final use is different. Whereas you go to the doctor, the process to final use of medication is: go see a doctor, he tells you what to do and you do it. But the process to final use for rongoā is: I feel a bit sick, I need to go to the ngahere, and going to the ngahere is part of your rongoā. Understanding why you need to go the ngahere is also part of your rongoā, saying your karakia is part of your rongoā but it's also upholding all of those tikanga, yeah, you're going to get a lot more fed through mātauranga, through your wairua doing it within a Māori world view than you would within a Pākehā world view. And that's ticking off your wairua, hinengaro, tinana, aroha (GT).*

Accessing information

Participants identified that currently there is a lack of information available and accessible about rongoā, and further, that they wanted to be able to have access to detailed information. Some participants provided details about the extent of the information that would be necessary in order to inform Māori use of rongoā. For example, participants wanted to be able to access information about: specific plants and their uses in terms of health conditions; information about where and how to access information and from whom; precautions around gathering and harvesting; and instructions for collection, preparation, administering and use.

> *It would be great if I can go and find out those things, like what kūmarahou is used for, how I can get it, certain kind of illnesses, where can I look for traditional practices based around certain illnesses. So at the moment, I can't go anywhere, I don't know anyone, so I don't do anything … it would be good if we could have a reliable source of information that we could tap into (TTK).*

> *You'd need to know if it grew in places you shouldn't take it from, as opposed to, there is it, let's go and take it. Maybe there's some tikanga around, maybe it's grown on the cemetery or something like that … it'd be good so it's pure and clean … you need to know like how to pick it … in a sustainable way, so that you don't kill them. Once you've got the leaves … what actually do you do with them. And once you've finished with creating your drink, what do you do with the by-products? … you need to know all of those things (TTK).*

> *we'd probably Google kūmarahou (laughter) … see what comes up, coz that's the thing; when most of us are trying to find information, we're on phones … so if Google was able to throw up a quick recipe card that had the location of the plant, a picture of the plant, method of preparation, you know, that would be a thing (MD).*

One participant outlined necessary information and steps involved when using rongoā Māori.

The word [rongoā] itself invokes images of traditional medicines … access to particular bushlands, access to various plants, knowing what they are, how to use them, when they can be used, when they can be harvested … all those traditional elements … then there's the associated rituals. So any particular kōrero might be relating to who can pick it, when, why, how much of it can you pick, how do you pick it, what parts of the leaves are used. Is it the up side or the other, the baby side or whatever? … not just … the stories … also any karakia that might go with it … The whole realm of the forest is opened up through one karakia and then the tree and then thinking about how you use that particular rongoā and then how you dispose of it. And who can be around when you're using that as well (T1).

Another participant talked about aspirations for access to information about rongoā online, and increasing access to rongoā whilst negotiating contention between actual use of resources when immediately available. This particular example identifies that, although the 'plant resource' might be available, without specific information we may not feel confident to actually use it.

If I could click on: this is what it looks like, this is where you get it, this is the time of year … I'd totally use that. In saying that I've got an envelope full of kūmarahou leaves … But I don't know the next bit, coz I haven't made myself time to actually do that next bit. They also said don't collect it from the side of the road, and I did that. The fumes or something, the car fumes. I don't know, is there a science behind that, coz they say it soaks up more of the bad stuff? I'm not sure (NB).

Technology and innovation

Having identified that access to information about rongoā was one of the major barriers to utilisation of Māori healing in practice, participants recommended making rongoā information available through the Internet, search engines and social media platforms. Participants noted that Google and Facebook access via smartphones were now the 'first option' for seeking information regarding healthcare. Participants were clear that if rongoā information was to be made more accessible, this should happen in places where Māori were already engaging (and most likely to look!).

The key thing around the technology is it can do whatever you want it to do. You just got to figure out what you want it to do (TTK).

where are the places that it should be? How do we put them there? … If I want to use it, that's where it should be. If Māori are sick, we want to use our traditional rongoā … <u>how do we make that information available to someone who's looking</u> (TTK)?

***Where do Māori access information?** On their phones. Pretty much … Do you use Facebook, or do you use Google, or? **Yip. I use, depending on what I'm looking for, if it's like a general thing, Google.** <u>Straight Google it right.</u> **<u>If it's a person, it's Facebook.</u>** Okay. So that's where we should go, and that's, <u>that's what our children</u>*

are doing, right. If they need to ask a question they don't go to their parents any more, they go straight to Google, straight to Facebook, so that's where the information must be. We must have it there, ready to give back to them, make it available (TTK).

I'd go on Facebook (laughter), Google. And then I'd go, you know 'has anyone got access to kūmarahou?' (laughter) (NHC).

Participants suggested that online information about rongoā should ideally be available as interactive online tools – allowing whānau to 'search' for specific information. For example, participants described being able to filter for information or enter information in order to obtain specifically relevant information to their needs. Participants also identified that the Internet could not only operate as a source of information, but also a tool and platform that could be used to mobilise rongoā information-sharing, and revitalisation movements.

A rongoā app for your phone … You could type in whatever symptoms you've got (MAI).

From a user's perspective, next time I got sick, if I could log on and say I've got this symptom and this symptom, tell me, you know … what are the solutions? … From the Māori perspective how would we solve it? How would our tūpuna solve it? And then go and have a look and see what's possible. That'd be cool (TTK).

How do we reignite rongoā knowledge … into our younger generation? Because – I think it's this, social media. It's what everyone's on. You can't tear me from my phone (OH).

Māori are particularly savvy at that, at social media and information technology … we're using it to promote and enhance reo, and there's a massive movement online … we're already doing it … what are the things that we've got at our disposal to use to get this information out to our people? … Perhaps there's a campaign that can be led, planned, about rongoā, rongoā knowledge … like something really simple, I reckon (MD).

One participant with expertise in computer programming and providing Mātauranga Māori tools and resources online was asked to comment about the potential for rongoā information to be provided online. This participant described the possibility of using the Internet as a tool through which whānau could access rongoā information specific to their needs. This participant then further noted that in order for this to become operational, a database of rongoā information would be required, as well as a system of storage and supply of rongoā (in this case plant) material.

To make it work we need to make those medicines available, we need a storehouse … where we can access those medicines and make them available … You need a source, no point diagnosing something and saying go and eat these trees, eat these plants, boil these plants, and then we don't get those plants … you need the database of what solves what, what fixes what, and then you need the medicine to be available (TTK).

From a technology perspective … our algorithms could diagnose something better than a standard doctor could, coz they access more information. So standard doctor would access his training and his experience, but in time, your system has a much broader perspective to look from. So if it can do all the training that the doctor has done, plus it's got, you know, all of its history cases, somebody has to put all of those in the first place. And in terms of, like in terms of Pākehā medicine … in theory, they should have all of those cases. You know, everybody's got a medical history, in theory, you should be able to access all that. I'm not quite sure how it's done, but somebody will know. So we would need to do the same thing for rongoā Māori, have a look at all of our ailments and all of our solutions, and then as people started using them, and started using this, do some of this, then that's recorded. And then the more things that are recorded, the more accurate the database becomes ... So from a practical perspective, you'd have to start small and you'd have to say, we can't solve it, but we can offer suggestions, so here's a possible diagnosis, and here's a possible solution. So that's how you'd have to begin with, this is a solution, this could help, and treat it like that … and then the more times we help you, the more times it worked, then start building up a case for them (TTK).

Participants were clear that use of rongoā was dependent on reliable, quality and trustworthy sources. Despite participant self-identified lack of knowledge of rongoā, participants firmly identified the power of rongoā to operate in and engage with spiritual realms, and in this context, participants were particularly cautious regarding use of rongoā. The stipulation for ensuring the source of rongoā was reliable existed regardless of the rongoā medium (e.g. information from the Internet, karakia from kaumātua).

We have the technology to do that, you can do pretty much whatever you want. Whenever I need to check up on things around tikanga now, I quite often go to the Internet, have a look what's posted, have a look who has posted it; if it's trustworthy enough, then I'll go with it, but if not, those guys don't know anything, then I won't go with it … So it would be great if there was a rongoā resource (TTK).

If I'm going to get kawakawa from someone, I want to know whose hands have picked it, I want to know where it's come from, how it's been processed … in that way I have the relationship and the connection with that person … I don't question where my antibiotics come from … there's something more wairua connected for me with rongoā Māori (MAI).

Participants emphasised that accessing rongoā went hand in hand with relationships with and connections to people (often whānau). Sharing of rongoā between those with knowledge and those in need was identified as an action that strengthened faith in rongoā, relationships and trust in kaumātua.

You've got to have faith about it, because there's a spiritual element of rongoā … you got treated by your nan, so did I. We just took it for granted they knew what they were doing, we had trust, right. So we've got to get that trust back into our children today. We've got to make it the normal thing for them (OH).

Getting that whanaungatanga … making the connections … recognising that somebody is in need of rongoā … and putting them in touch with each other (MAI).

Discussion

This chapter presented the research findings related to the overarching theme of: What will be? After having identified whānau understandings of rongoā in past and current contexts, and foregrounded challenges to long-term rongoā revitalisation and sustainability, participants were asked to share their aspirations for the future of rongoā. More specifically, participants shared ideas around what mechanisms might be enabled in order to achieve those long-term aspirations. Initially, it was anticipated that participants may identify key stakeholder organisations and make suggestions for implementing initiatives and strategies for rongoā access and facilitated utilisation (e.g. a smartphone app). However, participants tended to focus on whānau strategies for empowerment independent of unresponsive health and government systems.

The findings of this research show that reclaiming and reaffirming the credibility of our traditional mātauranga Māori knowledge systems is critical and paramount to achieving rongoā aspirations. Collectively, this shifts our focus to the reclamation of our intellectual soverieghty over our own thinking, theory, philosophy and therefore positioning as empowered decision-makers. In short, there is an urgent need to reclaim our intellectual sovereignty in relation to Māori well-being. Reclaiming our intellectual sovereignty means that whānau mindsets, thinking and perceptions of rongoā Māori and Mātauranga Māori have been colonised in ways that disempower our sovereignty over our own well-being. Mātauranga is therefore located as the key driver of Māori development and revitalisation of rongoā. Further, whānau recommendations for the utilisation of rongoā in future, in practice means reaffirming our sovereignty, authority and rangatiratanga over our own wellness. These findings support and build on literature that describes rongoā in terms of the utilisation of Te Ao Māori for healing purposes (Reinfeld & Pihama, 2007). However, these findings also provide significantly new focus points and insights into what might constitute rongoā now, and moving forward. Whilst it is important in healthcare contexts for rongoā services/solutions to be available and work alongside what benefits Western healthcare might offer (Mark, 2012; Mark et al., 2018), the findings of this research point to a critical need for a change in the political and intellectual standpoint in the Māori health context. The findings of this research identify acts of resistance, decolonisation and emancipation from mental slavery as rongoā in and of themselves. Participants in this study recognised that we, as Māori whānau, hapū and iwi, 'are our own experts', and having confidence in finding our own solutions through Mātauranga Māori offers empowering mechanisms for rongoā in future.

A need for multilevel, comprehensive rongoā governance and strategic planning was stipulated by participants. In light of a lack of government and systemic support for rongoā, participants reported and recommended alternatives such as: mobilising community-driven projects and campaigns; empowering whānau, hapū and iwi to change mindsets; holding regular rongoā wānanga; and political activism that holds systems to account using media and social media platforms. These findings, whilst seemingly small individually, demonstrate ongoing whānau frustration at government inaction, and reveal the underpinning immediacy of Māori health concerns. Having had to shift 'underground' as a practice in the time of the Tohunga Suppression Act, we as Māori continue

to be forced to seek ways to ensure the survival of our mātauranga and rongoā, often in direct resistance to systemic, political and social threats and consequences to ourselves, our whānau, hapū and iwi. Standing Rock, Mauna Kea, Bastion Point, The Māori Land March, Parihaka, Ihumātao, and Hands off our Tamariki are all examples of Indigenous people being forced to protect (protest) against direct injustices against our ways of knowing, being and doing (Gilio-Whitaker, 2019; Harris, 2004; Lee, 2018; Little, 2017). These examples demonstrate both the frustration of Indigenous peoples, and their unwillingness to graciously permit more time to colonial 'powers that be' to correct their wrongs - particularly when the unchanging picture of Māori health inequities, underpinned by colonial, government and commercial forces is routinely reported. In terms of innovation, the findings of this research identified whānau aspirations for access to rongoā information in online forums in order to self-manage health needs. Participants described a desire to be able to search for information using smartphones and social media platforms (via Internet) through user-friendly interfaces, supported by credible information sources. It was recommended that sufficient knowledge be accessible in order for whānau to identify, source, prepare and utilise rongoā mātauranga, rongoā healers or rongoā rākau (for example) for specific health needs. Participants were also conscious of ensuring adherence to tikanga, sustainable harvesting and safe practice when engaging with rongoā mātauranga. These findings provide new insights into whānau aspirations for the utilisation of technology in order to support the revitalisation of traditional Māori health practices.

Summary

This chapter presented the findings relevant to the overarching theme: What will be? The findings presented here offer clear whānau aspirations for rongoā Māori to be available for access and use to Māori in contemporary ways that maintain the tikanga/integrity of our ancestral mātauranga. Whānau-articulated aspirations for the normalisation of rongoā and its framing in spaces of wellness rather than illness. Whānau prioritised the teaching of rongoā knowledge and practice to tamariki and mokopuna. There were clear drivers for a comprehensive rongoā development strategic plan and structure that offered both top-down and bottom-up elements. Whānau recommended traditional means of knowledge sharing such as wānanga, as well as development of online and social media tools for rongoā utilisation. In light of historical wrongdoings and continued battles against systems, policies and regulations, participants reported needing to adopt alternative solutions that held governments to account and/or negotiated or directly opposed systemic barriers in order to gain access to our rights as Indigenous people. The findings of this chapter offer a range of local and national strategies for achieving long-term rongoā aspirations. Key to supporting these aspirations and underpinning all four results chapters is the need to encourage and support whānau sovereignty over our own well-being and self-determination of the ways in which to achieve this. Hence, rongoā Māori (as understood by whānau) was whatever it was, is whatever it is, and will be whatever whānau, hapū and iwi determine it to be. The next chapter will bring together the four results chapters and provide a brief overarching discussion of the research findings with relevance to current literature and broad national and international contexts. Identification of strengths and limitations of the research will be made and implications of the findings discussed.

Introduction

The previous four chapters presented the findings of this research across four overarching themes: 1) What was/is rongoā? 2) What happened? 3) What is happening now? and 4) What will be? Each chapter presented: an introduction to the overarching theme; detailed explanations of sub-themes with examples from participant Key Informant interviews and focus groups; a discussion of the research findings with reference to relevant literature; and a summary of the chapter. This chapter brings together the findings of the four results chapters and the research project overall (Table 13). A high-level discussion is provided that reflects on the research findings within local, national and global contexts. Strengths and limitations of the research are acknowledged. A discussion of the implications of the research findings is presented and linked to recommendations for change.

Summary of results chapters

Results Chapter One – What was/is rongoā? – outlined whānau understandings of rongoā in traditional and current contexts. Whānau exemplified the underpinning belief systems of Te Ao Māori, whakapapa, mātauranga and tikanga Māori as fundamental to rongoā systems. Importantly, whānau explained the interconnection of all physical and metaphysical things and that human health was determined by our connection and relationship to, and interaction with, such things. Rongoā was described as a complete and complex holistic healing system that aligned with Māori concepts of health, ill health and healing. Much more than tohunga, kawakawa balm and karakia, whānau viewed rongoā as a key facet of Māori ways of knowing, being and doing. Hence, use of the natural environment for health purposes (rongoā) *was* and *is* a natural, normalised part of being Māori.

Results Chapter Two – What happened? – described the impact of colonisation on rongoā systems and whānau, collectively. The destruction of Māori health system infrastructure, knowledge translation systems and the marginalisation of rongoā and tohunga, systematically outlawed our traditional ways of healing. Simultaneously, reinforcement of Western ways of healing and 'being' in line with Pākehā idealism saw Western medical healthcare systems become dominant and relied upon for the majority of health concerns. The subsequent ongoing impacts of colonisation have seen whānau perceptions of rongoā change over time, kaumātua are struggling to pass on their knowledge, whānau are impacted by stigma and scepticism, and a lack of rongoā availability and visibility means that many younger generations are not even aware of rongoā as a healthcare option. However, on the other hand, whānau are moving to preferences for Māori practices such as Te Reo, tā moko and self-sustaining ways of life. There is increasing preference for learning about and utilising rongoā Māori, whilst the lack of satisfaction and effectiveness with Western healthcare persists.

Table 13: Summary of overarching themes and sub-themes

Sub-themes	Description
What was/is rongoā?	
Te Ao Māori	Understanding and reaffirming connection to Te Ao Māori, atua, whakapapa and mātauranga for sustenance, safety and survival
Wairua	Alignment of actions (life) with spiritual guidance, whakapapa and rangatiratanga
Mauri	Understanding and protecting the mauri and whakapapa of the natural environment through tikanga
Tohunga	Roles as knowledge facilitators, philosophers and researchers
Mātauranga transfer	Traditional Māori knowledge systems, taonga, indirect learning, tuku iho
What happened?	
Rongoā suppression	Historical, systematic and legal outlawing of traditional Māori healing
Imperialising Western medicine	Support for Western medicine, social acceptance, ease of access, proximity and affordability
Colonisation of intellectual sovereignty	Idealised, imperialised Western medicine, forced assimilation, creation of internalised racism, marginalisation of rongoā
Denial of mana rongoā	Use of 'scientific evidence' as justification for denial of Māori knowledge/rongoā credibility (mana)
Mātauranga disruption	Destruction and disruption of intergenerational knowledge transfer systems
What is happening now?	
Whānau realities	Whānau struggling to survive, disconnection from Te Ao Māori, illness as a physical manifestation of life demands and poverty
Healthcare experiences	Culturally inappropriate and ineffective mental healthcare, unnecessary labelling, and medicating.
Governance/policy	Laws regulate rather than support rongoā. Regulations support appropriation and commercialisation
By Māori for Māori	Negotiating use of rongoā for healing, survival and whānau development, whilst maintaining tikanga and kaitiakitanga – for what purpose?
What will be?	
Reclaiming health sovereignty	Reclaiming sovereignty over our own well-being as Māori by decolonising our minds, having confidence in our own mātauranga, and self-determining solutions to our well-being
Strategic planning/governance	Multilevel governance and strategic planning, community-driven initiatives, and teaching of tamariki
Access to information	Investment in rongoā information-sharing, database and resource development, use of media and technology tools to promote interaction and self-determined care

Results Chapter Three – What is happening now? – brought to light the realities Māori whānau are facing in current contexts. This chapter highlighted the changing face of health need for Māori and the shift in what whānau everyday life looks like. Whānau reported health problems that manifest as a result of overwhelmingly demanding pressures to make ends meet. Whilst not necessarily the case for all Māori, participants in this study identified that some whānau are struggling to 'put food on the table' and 'put roofs over their children's heads' literally, and therefore health concerns fall far down the priority list for many whānau. For some whānau who

reside in urban settings, social structures create ongoing and increasing disconnection from 'home', from Te Ao Māori and from whakapapa connections to wellness. In addition, Māori mental health and addiction problems continue to rise (Paterson et al., 2018). The findings of this research clearly show that those mental health services that are available are unsafe and inappropriate for Māori whānau. Whānau are being unnecessarily medicated, labelled and incarcerated; whilst Māori experiences in wairua spaces are denied rather than validated. Whānau are scared to share their thoughts and experiences 'as Māori' for fear of the system. Further, any government systems that do exist for Māori ways of healing and rongoā availability, operate in ways that restrict rather than support access. Efforts to share rongoā and mātauranga are met with: economic threats of appropriation and commercialisation; health sector critique of validity, safety and effectiveness; and social stereotypes as 'weird', 'scary' and 'ineffective'. Nevertheless, many whānau are realising their creative potential through sharing, teaching, learning, innovating and developing rongoā and other forms of mātauranga.

Results Chapter Four – What will be? – initiated a discussion of both challenges and opportunities moving forward. Rather than making suggestions for implementing health strategies, whānau stipulated the importance of reclaiming and reaffirming our sovereignty over our own well-being as Māori, including having confidence in validating and supporting our traditional Indigenous knowledge and healing systems. Whilst aware of the political, financial, health system and social barriers facing rongoā recentralisation, whānau were of the opinion that action (often in direct conflict with policies and legal obligations) in the face of inaction was critical and urgent if we are to achieve Māori health aspirations. Many suggestions were made for resources that would facilitate whānau access to and use of rongoā Māori, and this reinforced the need to support whānau (through useful fundamental tools) to self-determine what rongoā might look like to them in diverse whānau, hapū and iwi contexts. A key finding of this chapter was the bringing together of whānau preference for connection with Te Ao Māori, and whānau current and future means of operation, connection, information-seeking and self-care management. Whānau were open to the potential for rongoā access and mātauranga transfer through technology, social media and Internet mediums as tools of revitalisation.

Overarching discussion and implications

The overall aim of this research was to investigate ways by which use of rongoā Māori (traditional Māori healing systems) could be renormalised within everyday life. The findings of this research show that at the whānau level, rongoā Māori is considered a holistic form of healing that requires fundamental understanding of and connection to Te Ao Māori, Mātauranga Māori and whakapapa in ways that enable whānau to self-determine their own healing practices. In essence, these research findings show that whānau rongoā realistically involves reinforcing our ways of knowing, being and doing as Māori. In terms of the overall aim of this research, the renormalisation of rongoā within everyday life might then simply mean normalising being Māori. Whilst simple in theory, normalising being Māori critically includes taking for granted the validity of Mātauranga Māori, including the importance of atua Māori, the validity of wairua and spiritual (non-physical) sources of well-being, and supporting and ensuring access to Te Ao Māori. Within a broader context, the notion of normalisation of a Māori-

defined healing system, whilst valid and essential, simultaneously implies a constant state of 'ill health' whereby 'healing' is constantly required. Given the emancipatory aims of Kaupapa Māori research, it is perhaps then more appropriate to normalise Māori ways of life, in which there is nothing to heal 'from', therefore rendering healing systems as irrelevant. Rather, Māori ways of life operate to maintain Māori well-being as a natural and inevitable outcome of the nature of the systems in place. This aligns with what is known about the role of Indigenous knowledge internationally, in that it is the basis of decision-making about health, derived from Indigenous understandings of the world and our existence within it (Walters et al., 2018).

Connection to Te Ao Māori, Mātauranga Māori and whakapapa were repeatedly identified within the realm of rongoā. In this context, ensuring intergenerational knowledge translation is critical. As well, this project sought to focus on Māori participation in healing practices (not just knowledge). The findings of this research showed how rongoā concepts operate at multiple levels that include knowledge, as well as physically connecting with, and utilising atua Māori. Understanding the deep and complex ways both understanding and connection happen is important so that rongoā operation does not remain at the surface level. In similar ways, Mātauranga Māori is often generalised as Māori knowledge, something to be learnt and known. Rather, Mercier, Stevens and Toia (2011) discuss how information can exist in varying ways that move from simply data, to information, knowledge, and then on to understanding and wisdom/enlightenment (Mercier et al., 2011). This research also acknowledges that Mātauranga Māori does not simply exist as knowledge. Poia Rewi affirms that "knowledge is not knowledge if it is not passed on" (Rewi, 2018). Knowledge of and connection to atua, Te Ao and Mātauranga Māori was therefore considered to include moving from understanding, to empowerment, tino rangatiratanga and the realisation of creative potential. That is, not just understanding, but having the knowledge, tools and resources necessary to take what information is afforded from Mātauranga Māori, combine this with Māori world views and our whakapapa, our rights, roles and responsibilities, and then utilising these tools to 'action' or 'enact' tasks and activities self-determined for our own well-being purposes.

Mā te tū i runga i te whenua ka rongo, Mā te rongo ka mōhio, Mā te mohio ka mārama,
Mā te mārama ka mātau, Mā te mātau ka ora!
(By standing on the land you will feel, in feeling you will know, in knowing you will understand,
in understanding comes wisdom and then life!) (Watson, 2017)

Similarly, when specifically referring to the health sector, despite the identification of multiple issues that reiterate the culturally inappropriate nature of the Western-dominated New Zealand health system, participants provided new and diverse understandings of health, ill health and healing. The findings of this study did not focus on disease statistics, 'health risk' behaviours or 'screening and immunisation' rates. As stated above, wellness was discussed in the context of connecting with Te Ao Māori, ill health linked to a disconnection from the same, and healing therefore with reconnecting. What was identified, though, was that colonisation had not only impacted on our physical well-being (body sovereignty), but also on our intellectual sovereignty in terms of belief

in our own traditional Indigenous knowledge systems. Indeed, recent literature has identified that "attacks on traditional healing systems had the effect of weakening Indigenous beliefs that gave meaning and structure to life. And such belief systems can be the very things that sustain people through periods of pain and struggle" (Kopua et al., 2019). If this is the case, then perhaps achieving mental well-being in the rongoā context could be described as the process of realising our intellectual Indigenous sovereignty (i.e. conscientisation) and decolonising our perceptions of wellness. This is a key point, worthy of additional consideration. In explicit terms, realisation of our own traditional understandings of well-being might then offer alternative explanations for mental health issues that validate Māori beliefs and experiences from a Māori world view.

When assessing 'Māori health status', in light of changing Māori health needs over time, perhaps the culmination of the range of Māori health needs can be viewed collectively as symptoms of oppression (rather than diseases requiring treatment). For example, 'health risk' behaviours such as alcohol and drug use require reframing as 'coping strategies' (Brown, 2018). In this example, the difference in causation is pivotal. When behaviours are framed as a 'health risk' – focus remains on the responsibility of the individual. However, when these same behaviours are framed as 'coping strategies', we are forced to ask 'what are we coping with'? This analysis then draws necessary attention to the systems of oppression that Māori have been forced to 'cope' with. If rongoā is whatever we determine it to be, based on Māori world views, and in response to changing health priorities, then perhaps the rongoā of today involves healing from historical trauma (Evans-Campbell, 2008; Lawson-TeAho, 2013; Pihama et al., 2014; Wirihana & Smith, 2019). Essentially, rongoā is simply, the healing from that which threatens our well-being as Māori.

Whilst this research sought to investigate how traditional rongoā practices might be brought forward into future contexts, it has also highlighted that traditional rongoā systems were fit for purpose. That being, colonisation and change over time has imposed new health concerns and priorities for Māori whānau that did not exist in pre-contact Aotearoa. That is not to say that traditional Māori rongoā systems are not potentially useful in current and future contexts. Indeed, rongoā systems are fundamentally underpinned by Mātauranga Māori, whakapapa and tikanga that provide the tools necessary to self-determine our own solutions to current and future health problems. This aligns with identification of Indigenous knowledges internationally, whereby fundamental theories, knowledges and values provide the 'Original Instructions' for Indigenous peoples' self-determination (Walters et al., 2018). Rather than focusing on physical health ailments, the (not-so) new form of health concern comes in the form of colonial oppression; explicitly, the causes of the causes of health concerns for Māori. If this is the case, then contemporary rongoā is seen in the form of action, protest, research, and resistance against ongoing oppression. For example, occupation of ancestral land in resistance to land confiscation is rongoā; community action in spite of government inaction is rongoā; and, calling out systems and businesses that seek to misappropriate our traditional Māori knowledge is also rongoā.

The findings of this research identified that there lies somewhat of a disconnect between generations, in that older generations aspire to share traditional knowledge through traditional means such as wānanga, spending time at home on tūrangawaewae, at marae etc. Younger generations share similar aspirations, to learn and pass on traditional knowledge; however, they are challenged to meet the multiple obligations of their realities. Hence, they see opportunities to develop rongoā systems that utilise contemporary (technological) tools to enable better whānau access to and utilisation of rongoā (i.e. Mātauranga Māori, access to Te Ao Māori, ways of connecting).

In recent decades there has been increasing use of and demand for healthcare that sits 'outside' of the dominant Western health system model (a focus on primary, secondary and tertiary level healthcare, medication, surgery, pharmaceuticals and the biomedical model). In particular, demand and supply of natural and alternative health products has increased, resulting in multimillion-dollar markets, and common use of products that are marketed to promote health. For New Zealand and Māori, we have seen a change in behaviour that increasingly seeks, obtains and uses these 'alternative' modalities. For example, complementary and alternative medicine, acupuncture, mindfulness, meditation, moon cups, spa retreats, sports, Mātauranga Māori, maramataka, wānanga, workshops, online sharing, social media, and Shakti mats. Other social changes include, for example: the banning of plastic bags and plastic straws, parakore (zero waste strategies) and reusable coffee cups. These are areas of research and development that Māori are embracing that are conducive with values of kaitiakitanga, sustainability and health promotion. In this broad context, can innovative rongoā include the combination of traditional practices with a range of other health modalities and activities that are beneficial to us and align with our world views?

The culmination of the results of this project bring to light multiple interconnected factors that impact on Māori well-being and our ability as whānau Māori to access and utilise our traditional ways of healing. This research has taken a broad, anticolonial view that critiques the structural power imbalances that perpetuate health inequities. Shifting from a focus on factors operating within the current health sector, this research aimed to explore the potential of rongoā Māori as a health system in and of itself, whilst investigating what broader, upstream mechanisms might also be operating. A key term used within this research refers to the 'renormalisation' of the use of rongoā Māori in everyday life. We have already established that rongoā was colonised away to the margins and classified as 'other', alternative and complementary. We have therefore mostly focused heavily on ways to renormalise (or recentralise) rongoā. However, what has also come to light are large-scale problems with the 'current' norm. Despite initially seeking to explore ways by which the use of rongoā Māori could be 'normalised' by Māori in everyday life, it has become apparent that the process of normalisation is also problematic. As Foucault describes, normalisation refers to "social processes through which ideas and actions come to be seen as 'normal' and become taken for granted or 'natural' in everyday life". This idea alone may seem aspirational; however, as Foucault used the term, normalisation involves exerting social control via punishment and reward systems linked to idealised norms (Hokowhitu, 2009; Mika & Stewart, 2016).

Considering that these processes of normalisation through disciplinary power are present in New Zealand social structures, we must be careful not to remove ourselves from one system of social control and then unwittingly develop a new system as such, of the same, but different. If we consider our findings above, it is perhaps more appropriate to provide tools with which we are able to determine for ourselves our own life choices. For example, it is hoped that this research provides a critique of the current health conceptualisations, and that this critique can be used as a decolonial tool for Māori engaging in this space. As well, through presenting 'new' insights into Māori understandings of rongoā and foregrounding our access to natural sources of well-being, it is hoped that whānau can determine for themselves in what way they might utilise these gifts.

Lastly, and potentially most importantly, it is necessary to foreground the clear differences in priorities, agendas and values between rongoā Māori healing systems and the predominantly funded Western medical system in New Zealand. Whilst both systems claim to offer solutions to population health problems and to achieve health equity and overall well-being, accountability of the current New Zealand health system against these targets demonstrates poor levels of performance. Rather, New Zealand health targets are framed around increasing (not decreasing) the demand for and utilisation of medical services. This model of care is conducive to healthcare delivery as a business model whereby consumerism, exploitation and commercialisation is encouraged and empowerment and independence is not. This rationale also provides insight into the way in which rongoā is (and is not) funded, limited to the provision of 'products' and 'services' for 'purchase'. As stated within the results chapters, is it both enlightening and disheartening to discover that the same health policies that promise to revitalise rongoā Māori, in reality, constrain and limit the natural healing practice that is rongoā Māori. Rongoā Māori, however, as with other Indigenous healing systems, prioritises health of populations, health promotion, empowerment over well-being, protection of the natural environment and sustainability, and is therefore currently considered of lesser 'value' in economy-driven health systems. This approach is unsustainable and does not achieve health equity for Indigenous peoples. Hence, realistic solutions to health problems of populations and of the planet should be guided by Indigenous healing systems based on Indigenous knowledges.

Strengths and limitations

This project brings together aspirations for Māori and Indigenous health equity with Indigenous rights to traditional healing practices. This project specifically aimed to decolonise traditional Māori health practices and to place a critical lens upon future plans that might potentially be perpetuating inequities. The findings of this research unpack rongoā Māori and provide a deeper understanding of Māori whānau perceptions of and attitudes towards rongoā use. This project builds on previous work by ensuring that broad contextual realities are considered alongside changing health and living priorities for families. Kaupapa Māori research methodology was deliberately implemented to ensure the research was of benefit to Māori and aligned with tikanga Māori. The conceptualisation of Mātauranga Māori throughout this research has allowed the privileging of traditional Māori narratives which helped to inform the research questions. Importantly, the research methodology and

methods were flexible and accommodated learnings from the literature review and data collected throughout the research process. This project was driven by community aspirations for access to and use of rongoā Māori as an accessible healthcare option. This research presents a new way of considering traditional Māori healing practices and provides a framework on which to build self-determined Māori health practices. This research incorporated Māori whānau and Key Informant perspectives of rongoā Māori. Whilst this was the target group, the realities of the research parameters limited the inclusion of rangatahi, tamariki and other diverse representation within the participant group.

Potential pathways forward

Sovereignty

- Take for granted the validity of Mātauranga Māori including the importance of atua Māori, validity of wairua and spiritual (non-physical) sources of well-being, and supporting and ensuring access to Te Ao Māori.
- Empower whānau with the knowledge, tools and resources necessary to take what information was afforded from Mātauranga Māori, combine this with Māori world views and our whakapapa, our rights, roles and responsibilities, and then utilise these tools to 'action' or 'enact' tasks and activities self-determined for our own well-being purposes.
- Recognise Māori and Indigenous methods of knowledge development, transfer and quality assurance as valid and credible.
- Reaffirm our sovereignty over Māori well-being through knowledge of Te Ao Māori, whakapapa, mātauranga and Te Reo Māori.
- Enact tino rangatiratanga and kaitiaki rights, roles and responsibilities.

Environment

- Recognise connection to ancestral lands as a fundamental determinant of Indigenous people's health.
- Cease the forced removal of Indigenous people from our ancestral lands.

Policy

- A whole of system approach to rongoā is required, with development of appropriate policy and funded activities across all ministries.
- A government-wide commitment is required to:
    - improve Māori access to clean and safe traditional whenua, wai, and ngāhere
    - teach Māori history and rongoā from kōhanga through to tertiary levels of education
    - keep our tamariki safe and halt intergenerational trauma
    - improve housing; reduce poverty
    - achieve equity in health outcomes.

- Support for iwi, hapū, whānau to develop their own 'Rongoā Strategy' is also recommended.
    - Given that the current state for rongoā Māori is a consequence of Crown breaches, such support should come from Crown funds including Te Puni Kōkiri, Ministry of Health, Ministry for Business Innovation and Enterprise and the Health Research Council.

Support connections

Participants describe multiple sites of disconnection from rongoā knowledge and access to rongoā. These include but are not limited to:

- Plant growth and access to plant use
- Knowledge versus use; preference versus use
- Knowledge-sharers not sharing; people with knowledge not using
- People with plants not being allowed to harvest
- People with knowledge not being allowed to share; people wanting to learn not being taught
- People with healing abilities not being allowed to heal
- People with reo separate from rongoā.

There was an overwhelming sense that people and knowledge and activities are working in silos all over the place, but no one is connecting it all together. Looking forward, the development of strategies to reconnect people and rongoā is recommended. One example that participants spoke of was the opportunity to develop rongoā systems that utilise contemporary (technological) tools to enable better whānau access to and utilisation of rongoā (i.e. Mātauranga Māori, access to Te Ao Māori, ways of connecting). Support for wānanga is also recommended as these provide *he wā*, that is space and time, for people to reconnect with their local rongoā whakapapa, mātauranga and practice.

An information strategy

- Investment in a rongoā information strategy is recommended to ensure that information is shared, stored and governed in safe and sovereign ways.
- The development of resources, including media and technology tools to promote interaction and self-determined care, must be prioritised in any such strategy.

Decolonise the health system

A review the ability of the current New Zealand health system to serve its purpose is required that considers changes in health priorities for Māori (poverty, historical trauma, mental illness, substance abuse/addiction).

- Health professional priorities need to align with the priorities/realities of Māori whānau.
    - Health priorities are no longer located within primary, secondary and tertiary care – these are just symptoms of bigger cross-sector problems.

- To decolonise the health system we need to decolonise our minds and our perception of what is and isn't health and health systems. Our current solutions are positioned within the health system and aim to increase access to Western medicine (screening, medication scripts, immunisation, visits to doctors, enrolment in PHOs). This buys into the business model of health whereby product/service consumption is encouraged. Health system targets should aim to *reduce* need for healthcare intervention (and promote health) rather than *increase* healthcare consumption.
- Ensure the healthcare system reflects the range of population diversity. Decentralise Western medicine as the only healthcare option, and reframe it as one healthcare option alongside rongoā.
- Support and fund the full scope and infrastructure of rongoā Māori as a complete and complex traditional Māori healthcare system reflective of Treaty partnership and Māori population needs.
- Include Mātauranga Māori, whakapapa and deep understandings of Te Ao Māori pedagogies within health curriculum.

Workforce

- First and foremost is a recommendation to better understand the human resource delivering rongoā, their training requirements and how best to support their ongoing development and practice. An appraisal of the rongoā workforce should inform a development strategy, and appropriate budget, to identify, train and support them.
- The second recommendation relates to building the capability and capacity of hauora Māori services and workers in the area of rongoā Māori. An example of this could be the development of local protocols to refer whānau for rongoā.
- Finally, the thesis acknowledges the limitations of how rongoā is taught to all current Māori and non-Māori health professionals. The current health education system teaches about Māori within our current health system, including disparities along healthcare pathways and in health outcomes. The introduction of rongoā Māori into mainstream health programmes is necessary if we are to create a 'rongoā system'; however, any such steps must be undertaken carefully.

Rongoā and research

Importantly, the findings of this thesis align with the recommendations made in the CERLS Report (Mark et al., 2018), specifically in regard to the following areas:

- Cultural – such as maintaining the integrity of rongoā and upholding the values of aroha, wairua, kaitiakitanga, utu and equity
- Ethical – including comprehensive consultation and addressing all ethical issues
- Legal – particularly the full disclosure of intellectual property rights
- Research – appropriate expertise in any research team and governance of data
- Science – is conducted in ways that maintain the mauri and ecology of rongoā, particularly rongoā rākau and wai.

Further recommendations regarding rongoā and research are also presented here, in response to the findings of this thesis. Given the focus of the study on Ngāti Whātua, a better understanding of the practice of rongoā for other iwi, hapū and whānau is recommended. This should of course be led by them. In addition, research that explores ways to integrate rongoā into 'daily lives' and its contribution to well-being is also much needed.

International examples

Internationally, some Indigenous peoples have maintained and continued to develop Indigenous healing systems. Ayurveda for example is a traditional indigenous health and cultural practice originating in South India, and includes diagnosis and treatments and a vast array of health products. It is also a highly successful business domain. Different business models are applied from glitzy spa centres to more simple and 'authentic' centres, with the local people acknowledging that all have their place in this complex society. Importantly, Indigenous scholars consider it a tool to decolonise the current health system in India (set up when India was colonised) and revitalise their own beliefs and practices (Kanagarathinam, 2019). A key outcome from this study has been a Prime Minister's Scholarship for Asia (awarded in July 2019) that will enable Māori students of various disciplines to travel to an Ayurvedic centre and examine the resurgence of an Indigenous health system and how this could be applied here. Importantly, the students will explore the tensions between Indigenous knowledge and practices and contemporary commercialisation, analyse mechanisms developed for the protection of intellectual property rights underpinning an Indigenous health system and explore relationships between Ayurveda and rongoā Māori. Further opportunities to learn from international examples are recommended.

Conclusion

Rongoā Māori was the culmination of traditional Māori knowledge, whakapapa, and tikanga that ultimately operated to ensure whānau well-being and survival in a holistic way that encapsulated all of the physical and metaphysical realms of Te Ao Māori. Rongoā Māori remains as such; however, some whānau perceptions of rongoā have been influenced by systems of imperial colonisation and oppression, and enforced Western concepts of health, ill health and healing. Rongoā flourishing and intergenerational knowledge transfer are challenged by contentious political systems that are both 1) threatened by rongoā as a method of Indigenous health sovereignty, and 2) threaten to appropriate Indigenous intellectual property and resources in direct conflict with kaitiakitanga. Rongoā Māori will involve decolonisation, emancipation and the realisation of Indigenous health sovereignty. Rongoā Māori was what it was, is what it is and will be what whānau self-determine it will be.


Tikanga Rongoā...
(Quality Traditional Māori Health & Wellbeing for our people)
NOW...
Existing:
Atawhai Teneti
Rene Hawke
Arohanui Hawke
Melissa Wikaire
Marsha Monk
Mere Tipene
Maria Potaka
-Draft to Present to the board
-Planting already exist
ENROL
Core Working Group
-Trust Board
-Marae Committe
-Pukaki
-Researchers
-recording
-Admin
-Kaiako
-Kaimahi
-Whanau already working in health sector
-Develop ongoing complementary
-Relationships with all health & Community Services
STRONGER
SKILLS
-Matauranga
-Tautoko
-Administator
-NEED Practical workers on "Whenua"
KNOWLEDGE
-Atawhai & Kaiawhina
-Ti Tiriti O Waitangi (WAI262-Rongoa)
RELATIONSHIPS
-Internal "iwi"
-Trust Board
-Marae Committee
-Pukaki
-Tumenako
-Orakei Clinic
BLOCKS
-PUTEA
-NO VENUE
-WHARE RONGOA MATAURANGA
-NO BUY IN
-PEOPLE ORGANISATIONS
FIRST STEP
PLAN 1
Research & Draft
NGAHERE
-Atawhai & Pukaki
-Hikoi ki te whenua
WHARE
-Design plan "Atawhai"
PUTEA
Researchers cost
PEOPLE
-Contact key governance people
TE REO
QUARTER WAY
PLAN 2
JULY 2012
NGAHERE
-J.V with Pukaki "Planting"
WHARE
-Confirmation of site for "Whare"
PUTEA
-Funding Proposal
PEOPLE
-Presentation
-Appropriate People
TE REO
HALF WAY
PLAN 3
OCTOBER 2012
NGAHERE
-Identify plants, sites & P.A.T.H map
WHARE
-We should know if we need to renovate/ Build
PUTEA
-Accessed Equipment
PEOPLE
-Strong relationship joined internal & External
TE REO
POSITIVE & POSSIBLE
April 2013
- 1. Ngahere Mara
- 2. Whare "Rongoa Matauranga"
- 3. Putea, Equipment & Tangata Whenua
- 4. People, Health & Te Reo
HE MOEMOEA - FUTURE
-Sustainable Ngahere
-"Rongoa Matauranga"
-Furniture, Equipment & Distribution
-Future Generations
-Te Reo "Matauranga"
-Employment
-Spiraling of knowledge/Income
-Putea
-Whare Tohunga
-Moving forward with EXCITEMENT
-Engagement
-Acknowledgement
-Awareness
-Ongoing Progress
VALUES
-Matauranga
-Positive
-Excited
-Moving Forward
-Healing

MĀORI PARTICIPATION IN TRADITIONAL MĀORI HEALTH PRACTICES (RONGOĀ)

PARTICIPANT INFORMATION SHEET KEY INFORMANT INTERVIEWS

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The University of Auckland
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Auckland, 1142 New Zealand

What is this? This is a three year Kaupapa Māori research project funded by the Health Research Council (HRC) that will look at how rongoā (traditional Māori health practice) is used by Māori in everyday life. The purpose of the project is to find out how to make it easier for Māori to access and use rongoā now and in the future. The research is **not** looking at the effectiveness or the efficacy of rongoā as a traditional medicine.

Who's doing it? PhD student Erena Wikaire (Ngāpuhi, Ngāti Hine) and her supervisors Dr Matire Harwood (Ngāpuhi) from The University of Auckland and Assoc. Prof. Leonie Pihama (Te Atiawa, Ngā Māhanga ā Tairi, Ngāti Māhanga) from the University of Waikato. This research is based within Orākei and is supported by Whai Maia Ltd (Ngāti Whātua Orākei Tribal Development) and Ngāti Whātua o Orākei Rongoā Steering Committee whom Erena has been working with since 2013.

Why are we doing this project? Rongoā was the traditional Māori health system. However, use of rongoā has declined over time and is now often used as a last resort. Mainstream health services are not meeting Māori health needs and there are calls for rongoā revitalisation as a way for Māori to regain control over our own health and wellbeing. This project seeks to understand how rongoā was used regularly by Māori communities in past generations. We also want to understand how rongoā is used now, how we want rongoā to be used in future, and how we can make this happen.

The research project will involve:

1. Reviewing all relevant literature to gather background information
2. Holding wānanga/focus groups with Māori in Orākei
3. Interviews with key informants with specialist knowledge, roles and responsibilities

Who can participate? We are looking for key informants who have knowledge and expertise in areas such as but not limited to rongoā, Māori health, and / or Ngāti Whātua o Orākei. You ***do not need to be an expert*** about rongoā. Potential participants will be identified through referral or recommendation and invited to take part in the study.

What do you need to do? You are invited to take part in an interview which will take approximately 1½ - 2 hours of your time and will be held at a place that is convenient for you. We will ask you about your knowledge of rongoā Māori, Māori health and / or Ngāti Whātua o Orākei. You are free to decline the invitation to participate if you wish and this will not affect you in future. Interviews will be audio recorded, transcribed (written down), reviewed and summarised. If you are happy for people to know that you participated in the study, we will acknowledge you in the research findings. You may refuse to answer any questions and can withdraw from the research at any time without having to give a reason.

What will the study produce? Your ideas will contribute to an innovative resource that helps to make rongoā easier to use for Māori in the community. Your interview will also help to develop an Iwi-specific model for rongoā sustainability for Ngāti Whātua o Orākei. The project findings will be shared with Ngāti Whātua o Orākei whānau and relevant parties. Other study outputs may include research articles, conference and iwi presentations. If you wish, a summary of the research findings will be sent to you at the conclusion of the project.

What will happen with the information that you provide? Any information about you and your kōrero will be kept confidential and all files will be kept securely with password protection at the University of Auckland. After the interview, a copy of your interview transcript will be sent you for editing. Any editing will need to be sent back within two weeks. All information will be destroyed after six years.

What are the benefits (and risks) of participating in the research? We understand that korero about rongoā (or any traditional Māori knowledge) is sacred and important and will be treated with respect. Kai will be provided and a $30 koha (petrol or supermarket voucher) will be given. You will also receive a summary of the project findings and a copy of the rongoā resource.

For more information, contact:

PhD student:	Erena Wikaire (09) 9234320 e.wikaire@auckland.ac.nz,
Supervisor:	Matire Harwood (09) 9237866 m.harwood@auckland.ac.nz
Head of Department:	Papaarangi Reid (09) 3737599 p.reid@auckland.ac.nz

For any concerns regarding ethical issues you may contact the Chair, the University of Auckland Human Participants Ethics Committee, at the University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: ro-ethics@auckland.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 21/11/16 for three years. Reference number 018220.

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MĀORI PARTICIPATION IN TRADITIONAL MĀORI HEALTH PRACTICES (RONGOĀ)

PARTICIPANT INFORMATION SHEET
WĀNANGA / FOCUS GROUPS

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Who can participate? We are looking for a wide range of whānau members who have lots, some or little knowledge of rongoā. You ***do not need to be an expert*** about rongoā. You are eligible to participate if you:

- Self-identify as having Māori ancestry
- Have an association with Ngāti Whātua o Orākei
- Aged over 16 years old
- Are able to attend wānanga/focus groups held in Orākei, Auckland

The research project will involve:

1. Reviewing all relevant literature to gather background information
2. Holding wānanga/focus groups with Māori in Orākei
3. Interviews with key informants with specialist knowledge, roles and responsibilities

What do you need to do? You are invited to participate in wānanga/focus groups that will take approx. 2 – 3 hours of your time and will be held in Orākei. You will be asked about your experiences with, knowledge of and ideas for the future of rongoā Māori. Participation is entirely voluntary. You are free to decline the invitation to participate if you wish and this will not affect you in future. Wānanga/focus groups will be audio recorded, transcribed (written down), reviewed and summarised. If you are happy for people to know that you participated in the study, we will acknowledge you in the research findings. You may refuse to answer any questions and can withdraw from the research at any time without having to give a reason. Participants cannot withdraw data since its removal will affect the contextual meaning of the remaining data.

What will the study produce? Your ideas will be used to develop an innovative resource that helps to make rongoā easier to use for Māori in the community. The project will also develop an Iwi-specific model for rongoā sustainability for Ngāti Whātua o Orākei. The project findings will be shared with Ngāti Whātua o Orākei whānau and relevant parties. Other study outputs may include research articles, conference and iwi presentations. If you wish, a summary of the research findings will be sent to you at the conclusion of the project.

What will happen with the information that you provide? We ask that focus group/wānanga participants refrain from sharing personal information about other group members, however, we cannot guarantee that any information you share will remain confidential to the group. Any information about you and your kōrero will be kept confidential and all files will be kept securely with password protection at the University of Auckland. However, we cannot guarantee anonymity as the group of participants has specialised knowledge and you may be identified by others from your responses. All information will be destroyed after six years.

What are the benefits (and risks) of participating in the research? We understand that korero about rongoā (or any traditional Māori knowledge) is sacred and important and will be treated with respect. Kai will be provided and a $30 koha (petrol or supermarket voucher) will be given. You will also receive a summary of the project findings and a copy of the rongoā resource.

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For any concerns regarding ethical issues you may contact the Chair, the University of Auckland Human Participants Ethics Committee, at the University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 ext. 83711. Email: ro-ethics@auckland.ac.nz
Approved by the University of Auckland Human Participants Ethics Committee on 21/11/16 for three years. Reference number 018220.

Project Title: Māori participation in traditional Māori health practices (rongoā)

Researchers: Erena Wikaire (PhD student)
Matire Harwood (Supervisor)
Leonie Pihama (Supervisor)

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CONSENT FORM – KEY INFORMANT INTERVIEWS

This form will be held for a period of six years

I have read the Participant Information Sheet and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research
- My participation is voluntary
- I understand that I will participate in a key informant interview
- I understand I will be asked about rongoā Māori, Māori health and / or Ngāti Whātua
- I understand that I am free to withdraw participation at any time without giving a reason, and to withdraw any data traceable to me up to July 2018.
- I understand that a copy of my interview transcript will be sent to me and I will have two weeks to edit the transcript and return it to the researcher.
- I understand that data will be kept for 6 years, after which time any data will be destroyed.
- I understand that my participation in this study will be kept confidential to the researchers and that I may be identified using my real name or a pseudonym if I am directly quoted in the research reports.
- If I am quoted in research documents, I am happy to be named OR I wish to use the following pseudonym name: _____
- I wish to receive a summary of findings, which can be emailed to me at this email address: _____

Name: _____

Signature: _____ Date: _____

Verbal consent given (please circle) Y / N

Approved by The University of Auckland Human Participants Ethics Committee on 21/11/16 for three (3) years. Reference number 018220.

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

tōmaiora · rapua te mea ngaro

Project Title: Māori participation in traditional Māori health practices (rongoā)

Researchers: Erena Wikaire (PhD student)
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CONSENT FORM - WĀNANGA / FOCUS GROUP PARTICIPANTS

This form will be held for a period of six years

I have read the Participant Information Sheet and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research
- My participation is voluntary
- I understand that I will participate in wānanga/focus group(s)
- I understand I will be asked about my knowledge and experience of rongoā Māori
- I agree to not disclose information shared by other wānanga/focus group participants
- I understand that I have a right to withdrawn from the focus group/wānanga at any time by choosing not to answer questions or by leaving the room, however, any information provided up to that point cannot be withdrawn.
- I understand that data will be kept for 6 years, after which time any data will be destroyed
- I understand that my participation in this study will be kept confidential to the researchers and that I may be identified using my real name or a pseudonym if I am directly quoted in the research reports
- If I am quoted in research documents, I am happy to be named OR I wish to use the following pseudonym name: _____
- I wish to receive a summary of findings, which can be emailed to me at this email address: _____

Name: _____

Signature: _____ Date: _____

Verbal consent given (please circle) Y / N

Approved by The University of Auckland Human Participants Ethics Committee on 21/11/16 for three (3) years. Reference number 018220.

MĀORI PARTICIPATION IN TRADITIONAL MĀORI HEALTH PRACTICES

INTERVIEW SCHEDULE – KEY INFORMANT INTERVIEW

Mihi / whakawhanaungatanga

Research information / consent forms / research processes / ground rules

Interview schedule

- Describe your connection/roles/responsibilities with Ngāti Whātua o Orākei, Māori health or rongoā Māori.
- What knowledge or experience do you have of traditional rongoā Māori?
    - How has history and colonization impacted on rongoā Māori in general, or specifically for Ngāti Whātua Orākei?
- What is unique about the Ngāti Whātua Orākei context that may impact (positively or negatively) on how rongoā is made available for use?
- What are your aspirations for rongoā use in the future?
- What would sustainable rongoā Māori for Ngāti Whātua look like to you?
    - What factors do you think are necessary for rongoā to be sustainable?
    - Who are the key stakeholders/organisations that play a key role in determining the sustainability of rongoā for Ngāti Whātua Orākei long term?
- What challenges does Ngāti Whātua face in terms of ensuring rongoā Māori is sustainable?
    - What influence does policy have on rongoā availability and sustainability?
    - How can/are these challenges be(ing) addressed?
- What cautions/precautions need to be made?
- What else needs to happen to ensure rongoā is sustainable long term?
- Other comments / questions

Mihi whakamutunga

Koha, kai, mutu

Approved by The University of Auckland Human Participants Ethics Committee on 21/11/16 for three (3) years. Reference number 018220.

MĀORI PARTICIPATION IN TRADITIONAL MĀORI HEALTH PRACTICES

INTERVIEW SCHEDULE – WĀNANGA/FOCUS GROUPS

Mihi / whakawhanaungatanga

Research information / consent forms / research processes / ground rules

Interview schedule

- Describe your connection with Ngāti Whātua o Orākei?
    - What roles/responsibilities do you have in relation to your whānau, hapū, iwi, and also to Ngāti Whātua?
- What knowledge or experience do you have of rongoā Māori?
    - What is/isn't rongoā?
- What did traditional Māori health practices (rongoā) look like?
    - Why did Māori use rongoā? What was the purpose of using rongoā?
    - How was rongoā knowledge and skill passed on through generations?
    - How was rongoā practiced by whanau (i.e. at home)?
- What does use of rongoā look like now?
    - In what ways has rongoā use changed over time? How is rongoā used now? Why?
    - What are the barriers to or facilitators of using rongoā at home?
- What are your aspirations for rongoā use in the future?
    - Is there a preference for using rongoā? Why? / Why not?
    - How can we address some of the barriers listed above?
    - How can we use new innovative ideas and technologies to benefit rongoā?
    - What resources could facilitate use of rongoā? Be specific.
- What is unique about Ngāti Whātua Orākei that may impact (positively or negatively) on how rongoā is made available for use?
- What cautions/precautions need to be made?
- What else needs to happen to ensure rongoā is sustainable long term?
- Other comments / questions

Mihi whakamutunga,

Koha, kai, mutu.

Approved by The University of Auckland Human Participants Ethics Committee on 21/11/16 for three (3) years. Reference number 018220.

Appendix E: KEY INFORMANT BIOGRAPHIES

Dr Naomi Simmonds (Raukawa) (NS) is a lecturer and senior researcher at the University of Waikato. Her research interests include Māori and Indigenous geographies, Māori resource management, hapū and iwi sustainability initiatives, Kaupapa Māori theory and methodologies, mana wahine, childbirth and maternity care, mātauranga wāhine and traditional histories for whānau well-being. Her Masters and PhD work looked at contemporary understandings and relationships with Papatūānuku. Dr Simmonds was recruited for this project as her work is considered to be at the forefront of research regarding Māori connection to whenua in contemporary contexts.

Moe Milne (Ngāti Hine) (MM) grew up in Matawaia, Northland surrounded by a large whānau and the stories of Kawiti (Rangatira o Ngāti Hine). With her heart still in mental health, Moe began to break new ground in Aotearoa in regard to improving status of Māori; this would be her mantra for the following three decades in varying ways. For example, as Kaiwhakahaere for the Health and Disability Commissioner, Moe was integral in embedding the code of rights and developing advance directives for users of health services. Moe also completed Ngā Tikanga Tōtika: Guidelines for Kaupapa Māori Mental Health Services as an outcome from the first national consultation with Māori regarding mental health. Moe continues to be active in contributing to and ensuring high-quality services are available for whānau, at all levels – locally, regionally and nationally. Moe is known for her stance on Te Reo me ōna Tikanga, and has promoted Te Ao Māori perspective in mental health services, Māori workforce development, Māori health research, and Whānau Ora, being at the forefront in the development of many new initiatives.

Graham Tipene (Ngāti Whātua, Ngāti Hine) (GT) is a Māori design and tā moko artist. He has previously worked in iwi tourism development, Māori education and Māori mental health liaison roles. Graham is heavily involved in Ngāti Whātua Ōrākei iwi development activities including Te Reo Wānanga, representation of Ngāti Whātua Ōrākei on research projects, and has designed multiple art pieces throughout Auckland. Graham has an interest in the use of traditional Māori knowledge to improve Māori health and well-being. His mother Mere-Paea (Mary-Shan) Tipene was involved with driving rongoā development for Ōrākei before she passed away in 2014.

Joe Hawke (Ngāti Whātua) (JH) is a Ngāti Whātua Ōrākei kaumātua. The Hawke whānau have been instrumental in Ngāti Whātua Ōrākei historical and current development. Joe led the Bastion Point occupation. He has also been an advocate for rongoā Māori and Māori healers. He has used rongoā most of his life. Joe and Rene were asked to share their experiences of rongoā Māori in their early years, and any change they have observed throughout their lifetime. Of importance was their experience and knowledge specific to Ōrākei and the surrounding Tāmaki isthmus.

Tāne Tahi (Pseudonym) (T1) is a Māori male with expertise in Māori health and Kaupapa Māori.

Veranora Hetet (VH) is a traditional Māori weaver from the well-known Hetet and Digress families. Her family has woven some of the most important Māori cloaks and taonga in Aotearoa. Their family has passed down Māori weaving knowledge and skills through generations. Veranora now teaches weaving through online forums. She uses social media to share her work publicly. Veranora was recruited for this research given her experience regarding teaching and learning of traditional Māori knowledge into practice through generations, in particular, her use of contemporary technology (Internet or other) to share knowledge and skills.

Dr Te Taka Keegan (Waikato-Maniapoto, Ngāti Porou, Ngāti Whakaaue) (TTK) is a senior lecturer in computer sciences at the University of Waikato. He received a BA through the Te Tohu Paetahi stream (Māori immersion) and his MA thesis was on traditional navigation. He completed a PhD in 2007, titled *Indigenous Language Usage in a Digital Library: He Hautoa Kia Ora Tonu Ai*. Te Taka has worked on a number of projects involving the Māori language and technology. These include the Māori Niupepa Collection, Te Kete Ipurangi, the Microsoft keyboard, Microsoft Windows and Microsoft Office in Māori, Moodle in Māori, Google Web Search in Māori, and the Māori macroniser. In 2009, Te Taka spent six months with Google in Mountain View as a visiting scientist assisting with the Google Translator Toolkit for Māori. Further work with Google led to Translate in Māori. Te Taka was recruited for this research given his extensive experience linking Te Reo and Mātauranga Māori with information technology.

Dr Bridgette Masters-Awatere (Te Rarawa, Ngai Te Rangi, Tuwharetoa ki Kawerau) (BMA) is a senior lecturer, the convenor of the community psychology graduate programme, and co-director of the Māori and Psychology Research Unit (MPRU) at the University of Waikato. Her research speciality has been in the area of Indigenous evaluation research, and Indigenous social well-being. Project areas include: family violence; intimate partner relationships; women's and children's health; tobacco, alcohol, drug, use and reduction; positive learning environments (primary, secondary and tertiary institutions); cultural competency and evaluation training. Dr Masters-Awatere was recruited for this research given her expertise in Māori mental health, Māori psychology, Māori health and Kaupapa Māori research.

Ngarimu Blair (Ngāti Whātua) (NB) is a geographer with 20 years' experience in advancing a range of iwi issues in Auckland city. Ngarimu established the largest ecological restoration project on the Auckland isthmus at Bastion Point and has instigated a number of city art and urban design projects that have highlighted the Māori history of the city. He is a Treaty settlement negotiator for Ngāti Whātua and spokesperson on many matters. He guest lectures in a number of departments across Auckland University and AUT on Auckland Māori history, media, Māori development and planning issues. He is an elected representative and deputy chair on the Ngāti Whātua Ōrākei Trust, a director on Ngāti Whātua Ōrākei Whai Rawa Ltd, a Ddrector on Manaaki Whenua-Landcare Research, a co-chair of the Mana Whenua Kaitiaki Forum in Auckland city, a governance member of the

Building Better, National Science Challenge and on the boards of New Zealand Māori rugby and North Harbour Rugby Union.

Kerry Jones (Te Whānau a Apanui, Te Whānau a Maruhaeremuri, Te Aitanga a Mahaki, Ngā Ariki Kaiputahi) (KJ) is a Māori healer located in South Auckland. She was one of 30 graduates of the Diploma in Rongoā Māori based in Ōrākei in 2015, supported by Aunty Atawhai Teneti and delivered by Te Wānanga o Raukawa. She works within the Auckland region Kōhanga Reo organisations and has worked to integrate the benefits of rongoā Māori for Kōhanga Reo babies and their whānau with an aim to renormalise the use of rongoā on a daily basis.

Marion Wikaire (Ngāti Hine, Ngāpuhi, Te Kapotai) (MW) is of Ngāpuhi, Ngāti Hine and Te Kapotai descent and is Erena's aunty (Dad's oldest sister) and Melissa Wikaire's mum. Marion has been involved with the Atawhai Ora Steering Committee since 2011. She was raised in Auckland and Motatau and as the oldest female sibling, holds organisational whānau responsibilities for the Wikaire whānau. Aunty Marion (Nanima) was recruited for this research given her long-term involvement with the development of the Ōrākei rongoā PATH plan alongside Melissa. She has also provided whānau support throughout the research process and provides insights into whānau perceptions of rongoā as retold through the eyes of our kaumātua.

MP Marama Davidson (Ngāpuhi, Te Hikutu) (MD) is a Māori member of parliament and co-leader of the Green Party (currently in a coalition government agreement with the Labour and New Zealand First parties). Marama was raised in Whirinaki in Hokianga and currently lives in Manurewa, South Auckland and is a proud mother to six tamariki. Marama's ten-year career at the Human Rights Commission brought life to her activist and social justice foundations. Marama worked part time as the chief panellist for the Glenn Inquiry into Domestic Violence and Child Abuse. Marama is passionate about all areas of injustice, and is committed to using her voice wherever she can to elevate issues. She is inspired by community leaders who do the hard work and stay connected to the issues and the people in their neighbourhoods. Marama was recruited for this research for multiple reasons including: her role within New Zealand government; her whakapapa to Whirinaki which links with the researcher positioning; and her positioning with regards prioritisation of Māori, addressing poverty, and environmental protection.

Aroha Te Pareake Mead (Ngāti Awa, Ngāti Porou) (AM) is a political scientist who works across disciplines on Indigenous rights and sustainable development issues. From the Ngāti Awa and Ngāti Porou (Māori) tribes of the Bay of Plenty region, Aroha's particulars areas of interest and expertise are: Māori/Indigenous cultural and intellectual property issues; biocultural heritage and biocultural conservation; Māori representation and engagement in international processes; Indigenous perspectives on biotechnology, bioethics, synthetic biology; and Māori/Indigenous advancement and sustainable development. Aroha previously held a range of senior policy management positions in Te Puni Kōkiri primarily responsible for cultural heritage, resource management and

Indigenous rights issues. She has also worked for the Education Review Office, Human Rights Commission and as a journalist and documentaries researcher for TVNZ. For the past 15 years, Aroha has held governance positions in the International Union for Conservation of Nature (IUCN) and has been chair of the IUCN Commission on Environmental, Economic and Social Policy since 2008.

Wahine Tahi (pseudonym) (W1) is a Māori female health professional with experience working at a governance level within the New Zealand health sector.

Helen Leahy (Ngā tangata Wiwi, Kōtimana, Airini) (HL) is the chief executive of Te Pūtahitanga o Te Waipounamu (Whānau Ora Commissioning Agency). She was formerly ministerial advisor and chief of staff of the Māori Party, and during the same period she was national secretary for the Māori Party from its establishment in 2004. Ms Leahy was a member of the Child Youth and Family modernisation process review panel and is now on the expert panel for the Māori Design Group for Oranga Tamariki. Helen was recruited for this research particularly given her political experience in the area of health, especially Whānau Ora, Māori development, and implementation of Whānau Ora within an iwi-based health organisation. Te Putahitanga o Te Waipounamu was established by the nine iwi who hold mana whenua in Te Waipounamu (Ngāi Tahu, Ngāti Tama ki Te Waipounamu, Te Atiawa, Ngāti Apa ki te Rā To; Rangitane ki Wairau; Ngāti Koata; Ngāti Kuia; Ngāti Rarua; Ngāti Toa Rangatira).

Robyn Richardson (Ngāti Raukawa ki te Tonga, Ngāti Tukorehe) (RR) is a programme co-ordinator for Te Rau Puawai Māori Mental Health Workforce Development within the College of Health, Massey University since 2010. The programme was developed by Emeritus Professor Sir Mason Durie in 1999 between Health Workforce New Zealand (formerly Ministry of Health) and Massey University. Robyn became involved in the health sector in 1996 when she joined Enable New Zealand, then Te Runanga o Raukawa as a mental health support worker followed onto Public Health and Central PHO as a health promotion advisor. Robyn represents Te Runanga o Raukawa as her hapū delegate, is a trustee for Te Roopu Hokowhitu, and Central PHO Board. Robyn is also of Ngāti Tuwharetoa, Ngāti Hauiti ki Rata, Te Whānau a Apanui and Ngāti Whānaunga ki Hauraki descent.

Garth Harmsworth (Te Arawa, Ngāti Tuwharetoa, Ngāti Raukawa) (GH) is a senior environmental scientist based in Palmerston North and has worked for Manaaki Whenua – Landcare Research since 1992. His career spans over 28 years in resource management, land resource assessment, national environmental databases, GIS applications and Indigenous research. Garth pioneered much of the Māori-led research in Manaaki Whenua-Landcare Research Ltd, working on a wide range of projects with Māori organisations and regional councils throughout New Zealand, particularly in the areas of land use planning, ecosystem health, biophysical and cultural indicators, restoring Indigenous landscapes, climate change, sustainable iwi/hapū resource development, building Māori research capability, collaborative learning and Indigenous Māori knowledge and values. Major achievements and publications reflect an in-depth relationship and extensive networking during

the last 29 years, work in at least 40 Māori research projects, and a large number of consultancies/working relationships/supply of information to staff in iwi and hapū organisations, central and local government, and non-governmental organisations. Mr Harmsworth was recruited for this research due to his extensive experience with regard to kaitiakitanga (protection) and use of the natural environment for Māori purposes.

Whaea Dolly Paul (WD) is a kaumātua of the Faculty of Medical and Health Sciences, University of Auckland, and is hau kāinga of Te Puea Marae, Mangere. Whaea Dolly has supported the development of Māori and Pacific health professional staff and students for a number of years. She was recruited for this research given her expertise in Te Ao Māori, kāranga, Te reo me ōna tikanga. Whaea Dolly also shared her experience of passing on traditional rongoā knowledge and practice to her tamariki and mokopuna.

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RONGOĀ RESEARCH PARTICIPANTS NEEDED

- ✓ Are you of Māori descent?
- ✓ Associated with Ngāti Whātua Orākei in some way?
- ✓ Are you over 16 years old?
- ✓ Can you attend hui in Orākei?
- ✓ Are you willing to share your ideas about rongoā Māori?

If so, you may be eligible to participate in our rongoā wānanga/focus groups!

Ensuring the long term survival of rongoā Māori (customary Māori health practices) is important for future generations.

PhD student Erena Wikaire from the University of Auckland and her research supervisors Matire Harwood and Leonie Pihama are researching how to improve access to and use of rongoā. We are holding a series of focus groups/wānanga and we are looking for research participants to attend and share their experiences and aspirations for rongoā Māori.

You do not need to be an expert about rongoā. We want to talk to a range of whānau members with a little, some, or a lot of knowledge about rongoā. You will be given a $30 petrol or grocery voucher as koha. Kai will be provided.

For more information or if you would like to participate, please contact:

Erena Wikaire (09) 9234320, 027 549 0161, e.wikaire@auckland.ac.nz

Dr Matire Harwood (09) 9237866 m.harwood@auckland.ac.nz

This project is funded by the Health Research Council. Approved by The University of Auckland Human Participants Ethics Committee on 21/11/16 for three (3) years. Reference number 018220.

Project Title: Māori participation in traditional Māori health practices (rongoā)

Researchers: Erena Wikaire (PhD student)
Matire Harwood (Supervisor)
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TRANSCRIBER CONFIDENTIALITY AGREEMENT

I agree to transcribe the audio-recordings/video-recordings for the above research project. I understand that the information contained within them is confidential and must not be disclosed to, or discussed with, anyone other than the researcher and her supervisors.

Name: _____

Signature: _____

Date: _____

Approved by The University of Auckland Human Participants Ethics Committee on 21/11/16 for three (3) years. Reference number 018220.

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