

HE KŌRERO WAIRUA

Indigenous spiritual inquiry in rongoā research

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Abstract

The Ngā Tohu o te Ora research project was developed to investigate outcomes associated with rongoā Māori, in order that this practice might enjoy increased support as a funded service. The primary aims were to: 1) identify wellness outcome measures used by traditional Māori healers; and 2) develop and test a framework of traditional Māori wellness outcome measures.

The Ngā Tohu o te Ora research team met with healers in a series of workshops over 3 years. The process of inquiry that unfolded was guided and shaped by healers. This established a specific set of ethical parameters and processes influenced strongly by wairua, which thereby influenced the conduct of the research. What emerged methodologically was a variant of kaupapa Māori participatory research, resembling broader indigenous research approaches, with features of “spiritual inquiry”. This paper will outline this unique form of research, and implications for engaging meaningfully with healing communities.

Keywords

rongoā Māori, traditional healing, indigenous, research, spiritual praxis

Introduction

Rongoā Māori is a holistic system of healing based in Māori cultural traditions. Utilised by Māori over several centuries, rongoā Māori continues to be practised by small communities

of healers around Aotearoa. Since the 1990s, traditional Māori healing has been formally contracted and delivered within the public health system (Jones, 2000; O’Connor, 2007). In the interests of sustaining rongoā Māori practice and extending its benefits to wider populations

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through services, both healers and Māori health stakeholders have identified the need for more widespread understanding of the value and validity of rongoā Māori (Ahuriri-Driscoll et al., 2008). The Ngā Tohu o te Ora project was established in response to this aspiration, as a culturally and methodologically appropriate means of investigating and articulating the range of wellness outcomes associated with traditional Māori healing (Ahuriri-Driscoll, Hudson, Bishara, Milne, & Stewart, 2012).

This paper has three aims: 1) to introduce the Ngā Tohu o te Ora research project; 2) to describe an emergent methodology, a variant of kaupapa Māori participatory research that has features of “spiritual inquiry”; and 3) to identify the implications of these methodological developments for future healing community–research engagement.

Rongoā Māori scope and practice

Traditional Māori healing encompasses a wide range of modalities (Durie, Potaka, Ratima, & Ratima, 1993), including but not limited to:

- ritenga and karakia: rituals and incantations;
- rongoā rākau: physical remedies derived from plant materials;
- mirimiri or romiromi: physical touch or manipulation including massage;
- wai/hauwai: use of water or steam; and
- matakite: second sight or prophecy.

Due in part to the locally specific nature of rongoā Māori (that is, based on a healer’s connection to place: their whenua, rohe, iwi, hapū and whānau) and the skills or attributes of individual healers, there can be significant variation in the application of these modalities (Durie et al., 1993; Jones, 2000). One element is present consistently, however—that of te taha wairua. Wairua is central to a Māori worldview, perceived as “the source of existent being and

life” (Marsden 2003b, p. 47). This perception informed traditional beliefs that illness results from transgressing or not living in accordance with spiritual laws or restrictions (Jones, 2000; Parsons, 1995). Rituals of karakia seek to address these aetiological factors (McGowan, 2000), and are markers of authenticity in terms of healing practice: “Who decides who a traditional healer is? Many Māori are more secular than spiritual, but if someone was to seek out a healer they would expect the taha wairua” (participant cited in Ahuriri-Driscoll et al., 2008). However, despite a prevailing consensus regarding the importance of wairua for healers and healing practice (Durie et al., 1993; Jones, 2000; McGowan, 2000), this dimension does not yet enjoy the same acceptance as other rongoā modalities.

Te taha wairua

In the course of hui, healers discussed their approaches to sensing and working with wairua, alongside other wellness dimensions (physical, environmental, social, mental/cognitive/emotional): “Wairua is the first thing and everything you do” (kuia). Table 1 depicts the wairua “strand” of the wellness outcomes framework that emerged from the research. The strand articulates healers’ perceptions of wairua in the context of working with clients (what a poor state of wairua looks like, how it is assessed and addressed) and potential outcome goals to work towards (what a healthy wairua looks like—evident in states of peacefulness, contentedness and centredness). Starting with the application of tikanga rongoā, healers described a process or series of healing interventions, including assessing vibrancy, clearing fear, balancing energies, strengthening through faith/belief, enhancing synergy—the combined effects of client and healer, promoting a “lightness of being”, resulting ultimately in wai ora.

Healers spoke of wairua being supported by faith/belief in self, others and/or a higher

TABLE 1 Wairua states/outcomes identified by healers

Tikanga rongoā	Assessment	Clearing	Balancing	Strengthening	Enhancing	Promoting	Oranga
Wairua Spiritual domain	Vibrancy	Fear	Energies	Whakapono	Synergy	Lightness of being	Wai ora

power, connection and communication. They also spoke of a collective consciousness and intuition, but equally importantly, regulation of instinct—giving a sense of wairua as conscious and measured. This notion of spirituality is simultaneously bounded and macro-focused, consistent with accounts by both Durie (2001) and Rochford (2004). Durie (2001, p. 238) considers wairua in the development of a Whare Tapa Whā assessment schedule, measuring both the intensity and the quality of experience to assess the level of balance and need for intervention. In terms of intensity (high, medium or low), wairua might be assessed as enhanced, active or abated. In terms of quality (non-adaptive, reality-oriented or distressed), wairua might be assessed as diffuse, reality-focused or self-oriented. Rochford (2004; see

Figure 1) identifies te taha wairua as macro-focused, linked with the wider environment, while dealing in intangibles, in contrast perhaps to te taha hinengaro. Thus, the type of spirituality promulgated by healers is both collective and “grounded”.

The attributes of wairua noted by healers are supported by the findings of several studies conducted by Māori researchers. McLeod (1999), Kingi (2002), Palmer (2004), Valentine (2009) and Mark and Lyons (2010) have formulated conceptualisations of wairua based on investigations into its structure, dimensions and functions. Key characteristics noted include its intangibility but ability to be perceived, sensed and felt, relational/connective qualities, and contribution to wellbeing and personal contentment. Kingi (2002, p. 288) concludes that

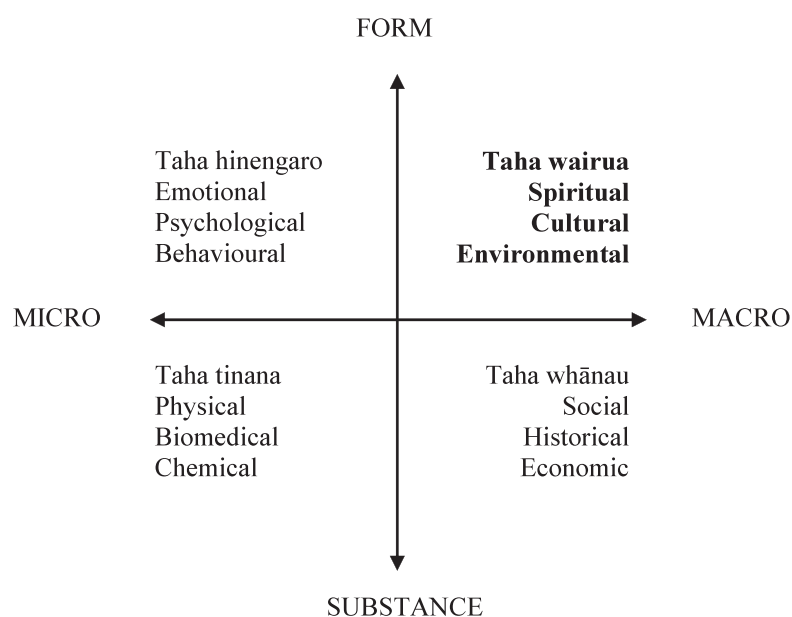


FIGURE 1 Te Whare Tapa Whā domains in terms of micro–macro and form–substance dichotomies (Rochford, 2004)

of all the health/wellness dimensions, wairua is the most difficult to operationalise. He links this to the metaphorical language employed to describe wairua that does not permit concrete definition or a singular interpretation.

Indeed, within the Ngā Tohu research healers debated whether wairua could or should be quantified and measured in relation to health/wellness. One healer reported, “The wairua of the mahi makes it hard to measure.” Several koroua and kuia maintained that while wairua needs to be acknowledged for its bearing on health, it ought not be explained: “The wairua takes care of itself.” However, some younger practitioners, drawing on the mental/cognitive/emotional dimension as an example, felt that although wairua similarly cannot be seen, “We can find some creative ways to measure it ... [with] someone skilled to spot it, itemise it.” This paper will not consider the measurement of wairua in any further depth; however, the challenge that intangibility poses in relation to research will be discussed in later sections.

Researching with traditional Māori healers

Key features of the broader healing context affect the ways in which research is perceived by, and can be conducted with, healers. Firstly, the Tohunga Suppression Act of 1907 forced healers and their practices “underground” and saw the subordination of mātauranga Māori to European knowledge (Waitangi Tribunal, 2011), subsequently generating mistrust of Pākehā institutions and authority, including research. Despite the repeal of the Act in 1962 and an altogether more supportive current-day environment, many healers remain “underground”, practising rongoā without formal recognition. This has two consequences for research: 1) a need to overcome healers’ misgivings if they are to become engaged in research, and 2) acceptance that there will be sectors of the healing community that will be either

unwilling to participate or inaccessible to researchers. Where healers’ agreement to participate in research is secured, the capacity of research to deliver benefit will continue to be questioned by healers nonetheless: “What is the quality of water, of a stone in terms of its uses? What is the quality of research in terms of its mobility, methodology and technique?” (Ngā Tohu participant).

Secondly, healing practice is firmly embedded in te ao Māori, guided by tikanga Māori as well as more specific tikanga rongoā. So, research in which healers engage must incorporate or be consistent with these tikanga. Kaupapa Māori methodology, conducted “by Māori, for Māori”, provides the optimal basis for overcoming healer mistrust and aligning with tikanga. Kaupapa Māori can be described as a best practice approach to research with Māori which maintains Māori control of the research process, aligns with Māori ethics and development aspirations, and values Māori protocols within the research design (Cram, 2003; Hudson, 2004; Hudson, Roberts, Smith, Hemi, & Tiakiwai, 2010; L. Smith, 1999b). Healers themselves stated the importance of research being led by Māori and in partnership with them as a prerequisite for their input and support (Ahuriri-Driscoll et al., 2008).

With a strong participatory ethic—that is, emphasis on community ownership and co-construction of research (Broodkoorn, 2006; L. Smith, 1999a)—kaupapa Māori provides a suitable methodological vehicle to enable healer leadership in research and give due recognition to healer expertise in Māori knowledge. Furthermore, an emphasis on community-generated action enables a dovetailing of whakawhanaungatanga and kaupapa focuses with research activities. This is particularly appealing to healers who, perhaps as a result of decades of suppression, place tremendous value on collectivity and opportunities to gather together and strengthen each other in their practice.

Beyond a focus on process, kaupapa Māori

methodology was also employed for its transformative, outcome orientation, specifically critiquing and challenging systems and structures that limit opportunities for Māori development (Eketone, 2008; G. Smith, 1997). The motivation for researching rongoā Māori is consistent with this focus, seeking to challenge traditional healing's tenuous position at the margins of the health system and facilitate its external validation. Also key to kaupapa Māori is the privileging of Māori concepts, values, understandings and knowledge. This provides an empowering, safe "space" within which rongoā practice can be explored and defined by healers and researchers, without constant comparison to or negotiation with others. This did not limit the ability to question or challenge the information shared and ideas generated within the project; however, through kaupapa Māori this was done in such a way that the mana and integrity of participants and their views were maintained.

Researching with wairua

As has been outlined above, the process of inquiry that unfolded in the course of the research project was guided and shaped by healers. Kaupapa Māori generally, and the principle of adhering to tikanga specifically, enabled healer leadership within the research and located research activities firmly within te ao Māori (conducted in a marae setting, in te reo Māori). However, in their practice healers assert a specific "tikanga rongoā", a set of customs and traditions that, due to the spiritual basis of rongoā, include particular ways of working with spirit. In Ngā Tohu o te Ora the primacy of wairua became increasingly evident, beyond healers' accounts of their practice, ultimately influencing the conduct of the research. As Ellerby (2006, p. 5) states, "to study indigenous healing is to study indigenous spirituality", affirming both the spiritual and indigenous epistemological bases of traditional

healing, while also noting that there are methodological implications.

Central to indigenous philosophy are the notions of interconnection, holism and balance. Within such a worldview, all living things, the earth and the universe are interrelated, bound physically and spiritually (Cajete, 2004; Lavellée, 2009). At a community level, this relational ontology supports a focus on harmonious kinship relationships between humans and the natural world (Royal, 2005). At an individual level, it supports mind-body-and-spirit integration, each dimension interlinked and equally important in maintaining holistic health and wellbeing (Mark & Lyons, 2010).

These notions have a bearing on what is counted as knowledge, and what are seen as valid ways of knowing. In terms of indigenous knowledge (Royal, 2009), interconnectedness corresponds with "participatory epistemology", the world and reality known through experience, to the extent that "to know the external world is ultimately to know oneself" (p. 114). Holism corresponds with an assertion that "one comes to know the world by using all one's faculties, not merely rationality" (p. 114). Balance corresponds with a value-laden purpose for knowledge, to understand how to live well in, and with, the world. Valued sources and forms of knowledge thereby include convergent perspectives from different vantage points over time (empirical observation), knowledge passed down through generations (traditional teachings) and knowledge from the spirit world and ancestors in the form of dreams, visions and intuition (revelation/epiphany) (Chilisa, 2012; Lavellée, 2009). As noted by one of the kuia involved in Ngā Tohu:

Knowledge doesn't belong to you ... I'm worried that what I know isn't getting out there, to whānau ... Karakia, rongoā iti, rongoā in the whare. Mahi matakite is a gift, feel and listen. Dreams, music, got to listen, learn, it's how the tipuna talk to us. Trusting yourself as the tool.

The personal and direct experience of reality is also crucial, not just observation for the purpose of quantification. Beyond description then, interpretation and meaning-making are equally important facets of knowing and knowledge (Cajete, 2004; Ellerby, 2006; Royal, 2009).

These ontological and epistemological divergences from the positivist paradigm pose challenges for research in which indigenous “subject matter” is the focus. Researchers will likely experience a tension between representing their indigenous participants’ realities in full, and conforming to the convention and rationality of the research world in which their work is situated. Integral to the indigenous worldview, spirituality speaks of something beyond the phenomenal world. Unable to be affirmed or justified by conventional scientific method renders spirituality outside the scope of human knowledge in the eyes of positivists (Miller & Thoresen, 2003), in the domain of belief rather than truth.

It is at this point that an increasing number of researchers are calling for methodological change/development in place of the well-tread path of dismissal. As Ellerby (2006) asserts: “Any study of indigenous healing beliefs or practices of any kind (psychological, physiological, ceremonial, botanical etc), must ... implicitly integrate and address the spiritual paradigm of the community under investigation” (p. 5). Ellerby proposes a modified phenomenological design incorporating several spirituality-specific functional principles (for example, agnostic acceptance, mindset or attitude, conversance in indigenous integrative communication including symbolic sight, and sensory expansion) in order that the worldview of the participating communities and individuals is engaged and the application of any research tool or data collection method is transformed.

Williams (2007) notes the need for research methodology aligned with core indigenous values—spirituality as the core cultural value, collectivism as the core social value, and autonomy the core political value. As he notes,

collectivism and autonomy are well catered for methodologically; for example, negotiation and collaboration in participatory research, and critical deconstruction, reflection and education in critical social theory—each of these are strands employed in kaupapa Māori. In contrast, however, “spiritual praxis” has enjoyed relatively less attention in research.

Spiritual praxis in Ngā Tohu o te Ora

Indigenous spiritual thinking underpinned healers’ engagement in Ngā Tohu o te Ora, and, at the hands of healers, came to inform research activities and practice. In the course of the project, the research team had the privilege of being part of two instances of “indigenous spiritual inquiry”:

- The starting point of the first instance was observation. At the initial healers’ hui at Waipāhīhī marae in May 2009, the research team members were party to a collective wairua healing that healers agreed to conduct for a hui attendee. Healers drew on their individual healing skills to sense, assess and address the tūroro’s need.
- In the second instance the starting point was direct experience. Prior to a research hui in May 2010, the research team members were the subjects of a whakawātea process, undertaken by healers to eliminate mental, spiritual or energy blockages. The clearing process was undertaken primarily by one healer, who sensed and removed blockages with her hands without direct physical contact. While she did this, other healers observed and instructed her on her progress, whether the healing was sufficient or needed to be continued. This whakawātea was felt in terms of physical effects; for one researcher a relief of physical discomfort, for another a sensation of energy leading to heart palpitations. The healing was accompanied by a personal

message or piece of advice for each research team member from the healers, related to what they had sensed.

Following each instance, healer-led debriefs were conducted. In the first instance what had transpired during the intervention was discussed collectively and healers identified the key components of their healing practice/action. A “water logic” flowscape method (de Bono, 1993) was then utilised to explore and depict the connections (or “flow”) between the various components. The post-healing de-brief/reflection thereby evolved into a structured research activity, drawing on an initial spiritual interaction. This instance of spiritual inquiry focused on the link of healers to a transcendent spiritual and collective consciousness (Heron, 2001) and healing energies.

In contrast to the first instance, the second instance de-brief was more individually and internally focused (see the concept of immanent spiritual life; Heron, 2001). A hui of healers and researchers followed the whakawātea, led by another healer, who asked the group to share their insights and “soul connection to the kaupapa”. This required engagement at a personal and deep level, each participant locating him or herself in relation to the kaupapa of rongoā and articulating that to others. This instance was particularly powerful for its combination of direct, first-hand experience of healing with discussion about the broader kaupapa, resulting in the generation of some important personal and professional insights. This process resembles the sharing circles practised in Canadian and American First Nations cultures, “acts of sharing all aspects of the individual—heart, mind, body and spirit” (Nabigon, Hagey, Webster, & MacKay, 1999, as cited in Lavellée, 2009, p. 28). Sharing circles have also been used in Canadian and American indigenous research as “an open-ended method that invites story” (Kovach, 2009, p. 124).

Both instances resemble what Cajete (2004) and Royal (2009) refer to as “creative

participation”. A key tenet of indigenous epistemology, creative participation refers to experiences in or through which knowledge is created. Because “the world is knowledge” (Royal, 2009, p. 109), engagement with and reflection on it are necessary for the generation of insight. Although it is the natural world that Cajete (2004) refers to as the “foundation of both knowledge and action” (p. 51), the spiritual world embraced by healers might be similarly perceived. In the instances discussed, the active engagement with the spiritual domain was instrumental to both researcher and healer insights, and the transformation of the research.

Ngā Hua o te Rangahau—Research outcomes

The metaphor of raranga is especially pertinent to notions of interconnectedness, and also to the term rangahau (Royal, 2005), used to describe Māori research. Ngā Tohu o te Ora was a rangahau rather than research endeavour, weaving the hau and stories of many together. The weaving of spiritual experiences and insights through the inquiry was very fruitful. It built trust and learning between healers and researchers; healers came to know more about the researchers as people, with more than a professional connection to rongoā, and their confidence in the contribution that research can make to the kaupapa was increased. The researchers learned considerably more about healing, from first-hand experience as well as collective discussion; indigenous spiritual inquiry afforded a much deeper appreciation and awareness. Furthermore, these novel forms of inquiry enabled shifts in collective understanding, which helped the research project to move forward. One healer reported a sense of clarity or illumination as a result of the healing/flowscape activities: “We don’t verbalise what we do, karakia etc. We just do it, but [the] summary has enlightened me.” Nor was the

significance of these activities lost on research team members:

The process gave us the information we wanted for the flowscape, but in a way that we would never have designed ... the discussion was quite deep and required a break to allow the energy to be lifted. This was the most significant session of the day for the healers.

Having the hands on healing that we did have was actually the turning point in the whole two days.

The modelling of healing within the Ngā Tohu research, deemed necessary by healers themselves, reflects the centrality of wairua, and the need for rongoā research methods that can account for this dimension more fully and explicitly—“bringing the wairua back” according to one of the koroua involved. For healers, the spiritual alignment or tika of the research first and foremost is a form of quality assurance, ensuring alignment and correctness in all other matters thereafter. In summary, this organic mode of exploration yielded several lessons regarding how to research rongoā Māori appropriately: to engage in the kaupapa as “whole” people, valuing te ao Māori and human experience, open to other ways of knowing related to the wairua, according to tika and negotiated with tohunga/practitioners.

Implications for indigenous healing research

The research implications of these findings extend beyond rongoā Māori to the broader area of indigenous healing (for example, the therapeutic domain):

- **The importance of cultural and epistemological consistency.** The principle of methodological fit requires that investigative strategies both match the research focus (L. Smith, 1999a) and take account of participant “realities” (Durie, 2002). Kaupapa Māori methodology emerged in response to this and other concerns regarding the limitations of prevailing paradigms; kaupapa Māori aligns itself explicitly with Māori philosophy, ways of knowing and experiences. However, Ngā Tohu o te Ora highlighted that there are specific ways of knowing associated with rongoā Māori. Healers challenged the project researchers to engage in a way that honours the spiritual philosophy of traditional Māori healing: more fully and genuinely, connected to wairua and to the kaupapa, leaving ownership with healers. Only with the trust built from this level of engagement were the researchers permitted to continue researching.
- **Extending indigenous methods and approaches.** Recognising that there are methodological implications of working in these types of spaces gives the impetus for indigenous researchers and practitioners to develop their approaches further—as people first and researchers second, so that healing and research participants might see that this “knowing” is at a deeper level. Existing means of whakawhanaungatanga—that is, in a marae setting, through mihimihi—will certainly be followed, but these research findings indicate that healers are looking for something more in the process. What other research activities might enable a comprehensive response? Shared experience and connection to the spiritual domain played a significant part in demonstrating researcher “knowing” within Ngā Tohu o te Ora.
- **Balancing “belief” and support with objectivity.** Although objectivity has been contested comprehensively in qualitative (health) research (Aldridge, 2007), a degree of detachment remains a revered attribute of both researcher and research. Working in the healing/spiritual domain

poses some challenges therefore, because knowledge and experience of spirituality and healing does not exist without a relationship (Aldridge, 2007). Furthermore, in this context personal beliefs matter; researcher beliefs and spiritual understandings are counted as credentials by healers. This raises some interesting questions. Can an individual support “the kaupapa” even if they don’t believe? How does this impact on the research, if indeed what researchers believe matters to the participants?

In the context of indigenous philosophy, the professional *is* the personal. Therefore, if spiritual praxis is to be fully realised in research, it will be contingent on researcher orientation:

- **Metaphysical dynamism and fluidity/spatiality/flexibility:** for example, allowing research to move out of West-centric time constructs. This type of flexibility requires openness to other ways of knowing and seeing (Williams, 2007, p. 114), and may involve “unknowing”, undoing or deconstructing established metaphysical belief systems so that deeper spiritual insights are possible (Rothberg, 1994, pp. 10–12).
- **Phenomenological valuing of experience:** an open and receptive contemplative or meditative awareness that supports the researcher being “‘present’ with the phenomena of human experience in their breadth and depth” (Rothberg, 1994, p. 6). Beyond interacting with the indigenous spiritual world “on its own terms” (Ellerby, 2006, p. 12), some value must be attached to this experience as a legitimate source of knowledge (Chillisa, 2012).

Kia tae rā anō ki te wā e mārāma ai te
wairua o te tangata, tana hinengaro,
Kātahi anō ka kiia kua mōhio ia.

When the person understands both in the
mind and in the spirit,

Then it is said that the person truly
“knows”.

(Marsden, 2003a, p. 76)

Conclusion

As conveyed in the proverb above, Māori have always held an expansive view of knowledge, in which a depth of understanding is derived from both intellectual *and* spiritual pursuits (Royal, 2009). The materialist and positivist underpinnings of traditional academic research, however, have left the following legacy: firstly, an enduring suspicion of anything beyond the physical senses or that cannot be studied “scientifically” (Miller & Thoresen, 2003); and secondly, a dearth of methodologies able to elicit and examine spirituality (Ellerby, 2006). In a time when the value of indigenous knowledge (including healing and spirituality) is increasingly recognised for its contribution to the wellbeing of not only people, but also the planet (Royal, 2009), such a methodological deficit is significant.

The findings of Ngā Tohu o te Ora, supported by recent literature (Ellerby, 2006; Williams, 2007), provide some guidance as to how to address this deficit. Collective experience of healing/spiritual practice, explored through reflection and discourse, promises to yield new understandings, as it has for generations of ancestors past—*provided* that we are open to the emergence of these moments in our research.

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healers for their contributions to the research from which this paper was developed. Thanks also to Dr Sonja Macfarlane for her valued comments on earlier drafts.

Glossary

hapū	sub-tribe, clan	ritenga	custom, meaning
hau	wind, breeze, breath, vital essence, vitality of human life	rohe	area
hauwai	damp; type of healing known as body sauna	romi(romi)	squeeze, type of massage/bodywork
hinengaro	mind, intellect	rongoā	medicine, drug, antidote
hui	meeting	rongoā iti	minor healing interventions
iwi	tribe	rongoā Māori	traditional Māori healing
karakia	prayer	rongoā rākau	physical remedies derived from plants
kaupapa Māori	“by Māori, for Māori” approach	tapu	sacred/restricted
kaupapa	agenda	te ao Māori	the Māori world
koroua	male elder	te reo	Māori language
kuia	female elder	te taha	the mental/emotional domain
mahi	work, practice, occupation, activity, exercise, operation	hinengaro	
mana	prestige, charisma, status, position	te taha tinana	the physical domain
marae	whānau, hapū or iwi meeting area, focal point of settlement, central area of village and its buildings	te taha wairua	the spiritual domain
matakite	seer, second sight, prophecy, intuition	te taha whānau	the family domain
mātauranga	knowledge	tika	right/correct
mihimihi	greetings	tikanga	meaning, custom, obligation, traditions
mirimiri	stroke, form of massage	tikanga rongoā	healing customs/traditions
Ngā Tohu o te Ora	signs of wellness; a study of traditional Māori healing and wellness outcomes (see Ahuriri-Driscoll et al., 2012)	tinana	body, physical
oranga(nui)	welfare, health, living	tīpuna	ancestors
Pākehā	non-Māori, European	tohunga	expert, specialist, priest, artist
rangahau	to seek, search out, pursue, research	tūroro	sick person, invalid, patient
raranga	weaving	wai	water, liquid
		wai ora	complete/total wellbeing
		wairua	spirit
		whakapono	belief, faith, religion, trust
		whakawātea	to clear, excuse, free, dislodge
		whakawhānaungatanga	process of establishing relationships, relating
		whānau	family, immediate and extended
		Whare Tapa Whā	four-sided house; model of Māori health (see Durie, 1998) that notes the physical, mental, spiritual and family domains as cornerstones of health/wellbeing
		whare	house, building, residence, dwelling, home
		whenua	land

References

- Ahuriri-Driscoll, A. L. M., Baker, V., Hepi, M., Hudson, M., Mika, C., & Tiakiwai, S.-J. (2008). *The future of rongoā Māori: Wellbeing and sustainability*. Christchurch, New Zealand: Institute of Environmental Science and Research and Ministry of Health.
- Ahuriri-Driscoll, A., Hudson, M., Bishara, I., Milne, M., & Stewart, M. (2012). *Ngā Tohu o te Ora: Traditional Māori healing and wellness outcomes*. Porirua, New Zealand: Institute of Environmental Science and Research.
- Aldridge, D. (2007). Qualitative methods in CAM research: A focus upon narratives, prayer and spiritual healing. In J. Adams (Ed.), *Researching complementary and alternative medicine* (pp. 3–18). London, England: Routledge.
- Broodkoorn, M. (2006). *He puāwaitanga nō ngā ao e rua: The best of both worlds? An exploration of the relationship between kaupapa Māori and participatory action research methodologies in supporting Māori community development* (Unpublished MNurs thesis). University of Auckland, Auckland, New Zealand.
- Cajete, G. (2004). Philosophy of native science. In A. Waters (Ed.), *American Indian thought* (pp. 45–57). Malden, MA: Blackwell.
- Chilisa, B. (2012). *Indigenous research methodologies*. Thousand Oaks, CA: Sage.
- Cram, F. (2003, September). *Kaupapa Māori evaluation*. Paper presented at the Australian Evaluation Society Conference, Waipapa Marae, University of Auckland, New Zealand.
- de Bono, E. (1993). *Water logic*. London, England: Viking.
- Durie, M. H. (1998). *Whaiora: Māori health development*. Auckland, New Zealand: Oxford University Press.
- Durie, M. H. (2001). *Mauri ora: The dynamics of Māori health*. Auckland, New Zealand: Oxford University Press.
- Durie, M. H. (2002, November). A national leader in Māori-centred research. *Massey Magazine*, 13, 18.
- Durie, M. H., Potaka, U. K., Ratima, K. H., & Ratima, M. M. (1993). *Traditional Māori healing: A paper prepared for the National Advisory Committee on Core Health & Disability Support Services*. Palmerston North, New Zealand: Massey University.
- Eketone, A. (2008). Theoretical underpinnings of Kaupapa Māori directed practice. *MAI Review*, 1. Retrieved from <http://www.review.mai.ac.nz/index.php/MR/article/view/98/106>
- Ellerby, J. H. (2006). *Indigenous integrative phenomenology: Integrating indigenous epistemologies in traditional healing research* (Unpublished PhD thesis). Graduate Theological Foundation, Mishawaka, Indiana, United States.
- Heron, J. (2001). Spiritual inquiry as divine becoming. *ReVision*, 24(2), 32–41.
- Hudson, M. (2004). *Hematatika Māori: Māori and ethical review of health research* (Unpublished MHSc thesis). Auckland University of Technology, Auckland, New Zealand.
- Hudson, M., Roberts, M., Smith, L. T., Hemi, M., & Tiakiwai, S.-J. (2010). Dialogue as a method for evolving mātauranga Māori: Perspectives on the use of embryos in research. *AlterNative*, 6(1), 54–65.
- Jones, R. (2000). *Rongoā Māori and primary health care* (Unpublished MPH thesis). University of Auckland, Auckland, New Zealand.
- Kingi, T. K. R. (2002). “*Hua oranga*”: *Best health outcomes for Māori* (Unpublished PhD thesis). Massey University, Wellington, New Zealand.
- Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations, and contexts*. Toronto, Canada: University of Toronto Press.
- Lavellée, L. F. (2009). Practical application of an indigenous research framework and two qualitative research methods: Sharing circles and Anishnaabe symbol-based reflection. *International Journal of Qualitative Methods*, 8(1), 21–40.
- Mark, G. T., & Lyons, A. C. (2010). Māori healers’ views on wellbeing: The importance of mind, body, spirit, family and land. *Social Science & Medicine*, 70, 1756–1764.
- Marsden, M. (2003a). Mātauranga Māori, mātauranga Pākehā. In T. A. C. Royal (Ed.), *The woven universe: Selected writings of Rev. Māori Marsden* (pp. 73–79). Ōtaki, New Zealand: Mauriora-ki-te-Ao/Living Universe.
- Marsden, M. (2003b). The natural world and natural resources: Māori value systems and perspectives. In T. A. C. Royal (Ed.), *The woven universe: Selected writings of Rev. Māori Marsden* (pp. 24–53). Ōtaki, New Zealand: Mauriora-ki-te-Ao/Living Universe.
- McGowan, R. (2000). *The contemporary use of rongoā Māori: Traditional Māori medicine* (Unpublished MSocSc thesis). University of Waikato, Hamilton, New Zealand.
- McLeod, M. K. (1999). *E iti noa nā te aroha. A qualitative exploration into the realms of Māori*

- healing* (Unpublished MSocSc thesis). University of Waikato, Hamilton, New Zealand.
- Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion and health: An emerging research field. *American Psychologist*, 58(1), 24–35.
- O'Connor, T. (2007). *Governing bodies: A Māori healing tradition in a bicultural state* (Unpublished PhD thesis). University of Auckland, Auckland, New Zealand.
- Palmer, S. (2004). Hōmai te Waiora ki Ahau: A tool for the measurement of wellbeing among Māori—the evidence of construct validity. *New Zealand Journal of Psychology*, 33(2), 50–59.
- Parsons, C. D. F. (1995). Notes on Māori sickness knowledge and healing practices. In C. D. F. Parsons (Ed.), *Healing practices in the South Pacific* (pp. 213–234). Honolulu, HI: University of Hawai'i Press.
- Rochford, T. (2004). Whare Tapa Whā: A Māori model of a unified theory of health. *Journal of Primary Prevention*, 25(1), 41–57.
- Rothberg, D. (1994). Spiritual inquiry. *ReVision*, 17(2), 2–11.
- Royal, T. A. C. (2005). *Exploring indigenous knowledge*. Retrieved from <http://charles-royal.com/assets/exploringindigenousknowledge.pdf>
- Royal, T. A. C. (2009). *Let the world speak: Towards indigenous epistemology*. Porirua, New Zealand: Mauriora-ki-te-Ao/Living Universe.
- Smith, G. H. (1997). *The development of Kaupapa Māori: Theory and praxis* (Unpublished PhD thesis). University of Auckland, Auckland, New Zealand.
- Smith, L. T. (1999a). *Decolonizing methodologies: Research and indigenous peoples*. Dunedin, New Zealand: University of Otago Press.
- Smith, L. T. (1999b). *Kaupapa Māori methodology: Our power to define ourselves*. Paper presented to the School of Education, University of British Columbia, Vancouver, Canada.
- Valentine, H. (2009). *Kia ngāwari ki te awatea: The relationship between wairua and Māori wellbeing: a psychological perspective* (Unpublished DClinPsych thesis). Massey University, Palmerston North, New Zealand.
- Waitangi Tribunal. (2011). *Ko Aotearoa tēnei: A report into claims concerning New Zealand law and policy affecting Māori culture and identity* (Volume 2). Wellington, New Zealand: Legislation Direct.
- Williams, S. T. (2007). *Indigenous values informing curriculum and pedagogical praxis* (Unpublished PhD thesis). Deakin University, Melbourne, Australia.