

## Māori healers' perspectives on cooperation with biomedicine

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*In Aotearoa/New Zealand, Māori use of both general practitioners and rongoā Māori (traditional Māori medicine) services for health treatment continues, although traditional healing has gained little acceptance from medical practitioners. This research explores issues of cooperation between doctors and Māori healers from the perspective of the traditional Māori healer. Semi-structured interviews were conducted with 17 rongoā Māori healers. Data were analysed using a narrative analysis approach. Findings reveal that some healers promote cooperation between the 2 systems, arguing that they are complementary and could work side-by-side. Other healers resisted cooperation as a consequence of general practitioners' limited understandings and rejection of rongoā, and concerns about maintaining the integrity of rongoā. A model of pluralism is discussed as a way to address Māori healers' concerns and promote cooperation between traditional Māori healing and medical health treatment in Aotearoa/New Zealand.*

Traditional healing has been the basis of health treatment used for many generations in indigenous cultures (Tangwa, 2007), but traditional healing methods have often been under-estimated or dismissed by the scientific and medical communities (Marks, 2006). This may be due to differences in the conceptual framework between biomedical and traditional medicine (Sexton & Sorlie, 2009; Struthers & Eschiti, 2005), a lack of clear understanding about the limitations of the biomedical model, how indigenous healing functions (Janes, 1999), or a lack of knowledge sharing between health practitioners and traditional healers (Calvet, Reyes-Garcia, & Tauer, 2008). The different issues arising from both the medical fraternity and the traditional healing community indicate significant difficulties in reconciling their differing perspectives on health treatment. This paper focuses on exploring ways that practitioners of medical and indigenous healing systems could work together.

Traditional healing is often placed under the umbrella of complementary and alternative medicine (CAM, Tataryn, 2002).

Like traditional healing, CAM covers a variety of therapies that are not based on the biomedical model (Leckridge, 2004; Struthers & Eschiti, 2005). Literature about the integration of CAM into mainstream health care is abundant and reveals similar issues to these faced by traditional healing. There are concerns that biomedical practitioners are unable to give sound advice on CAM therapies because they lack knowledge about its uses, benefits and limitations (Giordano, Boatwright, Stapleton, & Huff, 2002). This lack of understanding of CAM by physicians would have negative impacts on possibilities for establishing collaborative and integrative practices (Hollenberg & Muzzin, 2010). This is important because integration of alternative and conventional medicine may require a blending of practices, and it is often the underlying worldview of practitioners that facilitates or hinders the success of integrative efforts (Barrett, 2003).

Rongoā Māori is part of a traditional system of healing that has developed out of the cultural traditions of the Māori indigenous population of Aotearoa/New

Zealand (Jones, 2000). Rongoā Māori is described as encompassing herbal remedies, physical therapies and spiritual healing (Ahuriri-Driscoll, Baker, Hepi, & Hudson, 2009; McGowan, 2000; Mcleod, 1999). This involves the use of Māori cultural values on health such those advocated by the Whare Tapa Wha (four sides of a house) Māori model of health. This encompasses the taha hinengaro (mental), taha tinana (physical), taha wairua (spiritual), taha whānau (family) (Durie, 1998). An additional factor of Māori health that is important in rongoā Māori healing is a connection with whenua (land), and Māori healers seek to provide a holistic healing treatment to address these factors of Māori health (Mark, 2008). However, McGowan (2000) maintains that the power of rongoā Māori is healing through taha wairua, reflecting the importance of spirituality to the Māori worldview (Valentine, 2009).

Rongoā Māori was once the exclusive domain of tohunga (traditional Māori priest) only, people who were specifically chosen for the role. Tohunga held prestigious positions in Māori society and helped to maintain the lawful and spiritual upkeep of Māori society. However, the Tohunga Suppression Act enacted in 1907 was intended by the government of the time to base health care solely on biomedical concepts and methods, and to restrict healing activities of tohunga (Durie, 1998). Although the Tohunga Suppression Act weakened confidence in Māori healing, tohunga represented a link with the past. With the authority of tradition behind them, Māori continued to consult with tohunga despite their practices being driven underground (Lange, 1999).

Tohunga are now rare and the status of Māori healers has changed to being a secondary and alternative form of health treatment in Māori society, with the biomedical system now providing the main form of health treatment for Māori (Durie, 2001). Māori healers today may not be specifically chosen or trained in the same

way as tohunga in traditional Māori life. Rongoā Māori classes are now taught at universities in Aotearoa/New Zealand and healers are often taught Māori medicine from within their families (Kominik, 1993; Tipene-Leach, 1994; Tito, 2007). The reduced status of Māori healers, now an optional form of health treatment, is one likely effect of the Tohunga Suppression Act. Despite this reduced status, Māori healers continue to practice rongoā Māori.

The Treaty of Waitangi is a document of agreement signed in 1840 between indigenous Māori and the Crown government of Aotearoa/New Zealand that granted Māori citizenship rights and full protection of their interests and status (Waitangi Tribunal, 2011). The Treaty of Waitangi is significant for rongoā Māori because it grants Māori the right to their own perspectives of health, the right to engage in their cultural traditions, and therefore the right to protect rongoā Māori is an obligation to be upheld by the Crown government of Aotearoa/New Zealand (Jones, 2000). The renewed focus on rongoā Māori can be seen as part of a worldwide agenda for indigenous efforts at decolonisation and to legitimise traditional knowledge and healing systems (Jones, 2000).

Research with tauīwi (non-Māori/European) general practitioners (GPs) has shown that most acknowledged their ignorance of traditional Māori health practices and regarded rongoā Māori with tolerance, as either harmless or of limited efficacy (McCreanor & Nairn, 2002). Although these GPs could name a few remedies or practices from Māori tradition, they felt that acquiring such knowledge was neither their responsibility nor in their interest (McCreanor & Nairn, 2002). In another study, Māori GPs were questioned about their patients' use of traditional healers' services and traditional forms of medicine. These practitioners understood the use of traditional Māori healing to be on the

increase and as able to be used in association with orthodox medicine (Jones, 2000). However there was very little interaction between healers and doctors, with referrals between the two types of service being the exception. These Māori GPs also concluded that the development of this partnership would be beneficial for both healers and patients (Jones, 2000). In further research, Sporle (1994) argued that many patients may find it difficult to reveal to GPs that they also use rongoā Māori, and that it would be beneficial for GPs to check on this to assess for possible interactions and side effects (Sporle, 1994). In light of all this, more interaction between the two types of practitioners could be beneficial for both their practice and their patients. This paper seeks to understand the possible linkages between these two forms of practices from the perspective of traditional Māori healers.

#### Methods

Seventeen rongoā Māori healers, with experience in the use of traditional rongoā Māori healing practices, were approached to participate. Healers were recruited through snowballing techniques through friends and family networks of the first author. Healers were located in a range of locations, from Auckland to Christchurch. Six were male and eleven were female, with ages ranging from 43 to 76 years. Ethical approval for the research was gained through the Massey University Human Ethics Committee. Semi-structured interviews were conducted with the healers, and aimed to encourage responses in storytelling form. Stories are an intrinsic part of Māori culture, providing multiple ways of sharing knowledge through mythology, history and nature (Metge, 1995; O'Connor & Macfarlane, 2002). Data were analysed using narrative inquiry techniques that allowed for an in-depth analysis of the identification of relevant themes and the healers' views. This began by examining the detailed stories of participants, both seeking to emphasise the content and meaning of their

stories, and to discover the themes that unify stories as well as differing perspectives between them (Josselson, 2011). This paper presents a specific analysis of these stories, focused on providing an account of the healers' views on cooperation between healers and doctors.

#### Findings and Discussion

When we examined the data, we were surprised to find that healers focused on the concept of cooperation, rather than separation or integration. However, healers' views on cooperation were mixed with some supporting cooperation and others resisting it. Findings are presented separately for these differing perspectives, illustrating how support and resistance respectively were achieved.

##### *Promoting Cooperation*

Arguments that supported cooperation held that medical practitioners and traditional healers could work together. Healers argued that cooperation could work and may be possible, even though healing processes involve different forms of health care, they may be able to work effectively side by side in a parallel manner. For example, Aroha stated:

I believe the future of health is where you have a clinical doctor with all that scientific and academic area with a healer or tohunga working together side-by-side. Um, you know, that is the future for me, of health and it's exciting...

The benefits of cooperation between traditional healers and health professionals are that this could lead to co-management of health (Calvet et al., 2008), the provision of culturally competent care, where traditional healing practices are respected (Broome & Broome, 2007), and create greater client adherence to combined health treatments (Courtright, 2009). As one healer stated, rongoā and conventional medicine are complementary, and could work out of the

same hospital or from the same marae (Māori meeting place), with a doctor and a rongoā healer functioning in a cooperative, side-by-side relationship, and each having access to the other. Perhaps if these benefits were advocated to both rongoā healers and GPs, then mutual professional respect would be fostered, and the complementary nature of the two systems encouraged (Al-Krenawi & Graham, 1999). Advocating the complementary, rather than the competitive, nature of traditional healing and mainstream medicine would promote a cooperative environment for health care. Jones (2000) found a positive reaction from Māori stakeholders to the idea of incorporating traditional Māori healing into primary health care, although the suggestion there was for rongoā Māori to be situated within a Māori primary health organisation rather than for client collaboration between healers and doctors. The healers in this study supported cooperation, and indicated a desire to see the provision of health treatment that encompasses the best of both worlds, with both indigenous and medical practitioners working together to provide health treatments in parallel to patients.

#### *Resisting Cooperation*

Other healers voiced a range of resistances to cooperation. They cited experiences where referral of patients to health professionals was not reciprocated, and where GPs had rejected their forms of treatment and training. These healers also argued that the health system was not a suitable site for rongoā Māori practice.

The tension between doctors and healers is shown when reciprocation of patient referral is non-existent, and especially when this is due to a lack of respect for professional boundaries impacting on patient management. Healers stated that they would refer patients to medical doctors, but that their referrals are typically not reciprocated. It appears that this is because medical practitioners often do not respect the

knowledge or healing methods of traditional healers and are not willing to share information or be open to learning from rongoā practitioners (Dagher & Ross, 2004; Ross, 2007). The practices of the two systems were perceived as incompatible because of healers' concerns about rejection of their healing treatments. As Kororia recounted:

So you see, that was really, you know, heart breaking to see. You know when you work and ... he was getting better. And what happened, he stubbed his toe and his blood got infected and he went to the doctor and he said, oh, that I been doing it [*treating this person with rongoā*] and he was stopped from seeing me. So ... I said, well that's me, I'm out of here. Can't work with the doctors 'cause they don't work with me. They want it their way.

This dismissal of healers' indigenous knowledge by the biomedical professionals may arise because this knowledge and training was not acquired in a recognised academic institution. However, indigenous healers do go through a rigorous apprenticeship with a practicing healer, a process that is overlooked by health professionals (Marks, 2006). Rongoā Māori is also now taught in universities in Aotearoa/ New Zealand which may assist in gaining legitimacy for the training of Māori healers. However, it is unlikely that this would be recognised as a parallel qualification with medical training by medical practitioners. Janes (1999) argues that the professionalisation of indigenous healers may be necessary to maintain the integrity of the medical system, but also that integration of biomedical and traditional medicine should not minimise traditional identities, and reduce traditional healers into poorly-qualified health workers in the biomedical system. Rather, professionalisation would ideally result in a reconciliation of the two health

care systems with mutual respect for differing values (Gessler, Msuya, Nkunya, Schar, Heinrich, & Tanner, 1995). The alternative indigenous process of training healers would need to be respected by medical practitioners in order to ensure that traditional healers are not submitted to professionalisation standards dictated solely by biomedical systems.

Healers also raised fears that the mainstream health system could not maintain the integrity of rongoā Māori. Traditional healers may be reluctant to seek cooperation due to fears of threats to their cultural heritage that may force them into a subordinate role with loss of independence. They may prefer to see a dual system of medicine promoted rather than an integrated system (Ramesh & Hyma, 1981). Therefore, it becomes particularly important to consider the challenge to indigenous medicine around whether indigenous cultural values and beliefs can be maintained in healing while at the same time incorporating medical concepts of health treatment and practices (Janes, 1999). In relation to this, Native American Elders felt it would be best not to transform Native American traditional medicine into a biomedical model by reducing it to the moment of interaction between healer and individual and to a 'treatment' (Hill, 2003). They believed that protection of the spiritual foundation of traditional medicine as an on-going healing journey for individuals was paramount (Hill, 2003). In our study, some healers felt that the only way the cultural integrity of rongoā Māori could be maintained is by keeping it out of the public health system. For example, Atawhai said:

Actually, doesn't belong, no it doesn't actually belong in public health system. It actually belongs back with our people so our people can have autonomy to give it back and give it the, the mana (prestige), integrity that it so deserves. Yeah, because I don't believe actually that the public

health have got a, a philosophy of hiha which is honesty, integrity and honouring the kaupapa (philosophy) as well as appreciating us as Māori. What I do believe is that those who take our kaupapa or, or be um, engaged in our kaupapa is for their own means. Which doesn't serve the purpose of rongoā Māori.

The danger of integration is that it may seek to promote subjugation of indigenous values. Consequently, indigenous healers challenge notions of integration because indigenous healing will not maintain its integrity. This group of healers largely resisted cooperation between the two systems and argued for some degree of separation between the two. These viewpoints indicate considerable difficulties in establishing any cooperation between rongoā healers and mainstream health professionals. However, healers also voiced a willingness to cooperate with medical health professionals, as long as that does not reduce the cultural integrity of rongoā Māori. Protective mechanisms against cultural integration, or loss, of indigenous healing into biomedicine are vital.

#### **Towards Cooperation**

These findings demonstrate mixed views on cooperation. Similar findings were documented in this study with Black South African healers (Dagher & Ross, 2004). In this study, some healers were open to learning concepts from medical treatment and had experienced some collaboration with doctors over patients. However, it was also found that doctors did not acknowledge or respect the beliefs and capabilities of healers. Therefore, some healers did not believe they would be able to collaborate with doctors due to this lack of belief (Dagher & Ross, 2004). It is important to highlight that the values and practices of healers and doctors will be fundamentally different, but cooperation implies that the two systems require some

form of alignment to work on the same health issues for a patient in the same way.

One way to address these issues of cooperation and collaboration may be for doctors and healers to become better informed about the philosophies, values and practices of the others' form of treatment, as Mere proposed:

... into the future we should be able to have a Māori provider who is working alongside general practice and gathering two ways, general practice to be able to give us Māori who may require this service, which means they need training in what that may be, and secondly, rongoā Māori providers, once people are on their road to wellness, to be able to access general practice services, in whatever shape or form that may be.

This healer's quote shows a way that GPs and healers could work together by training GPs in recognising patients who may benefit from rongoā treatment. This training could be expanded to include in-depth knowledge sharing about healing and health treatment practices. Health professionals could also become informed about indigenous health care beliefs and practices, and each group of practitioners could acknowledge and learn the worldviews and practices of the other (Dagher & Ross, 2004; Madge, 1998; Parks, 2003; Ross, 2007). In particular, the importance of holistic care involving spirituality for Māori healers during rongoā healing (Mark, 2008; McGowan, 2000; Mcleod, 1999) could be shared with doctors. It may also be useful for healers to become informed about basic concepts of biomedical practice such as recognising the need for patients to be referred for biomedical treatment.

In a South African study, despite a lack of appreciation from medical practitioners, traditional healers were open to receiving

training in biomedical approaches to establish a collaborative relationship and improve patient care (Campbell-Hall, 2010). This would help to improve communication between patients and both healers and medical practitioners, who would understand the contributions of the different forms of health treatment, and be able to provide respectful and critical feedback, guidance and coordination between the systems. Physicians would then be able to participate in informed discussion with patients about alternative medicine options and allow them to seek alternatives, which would open communication between the patient and physician. Similarly, healers could understand allopathic treatments and their relation to healing treatments. Active cooperation between the two modes of treatment could occur, with practitioners referring patients between modalities. Health care facilities where the different systems coexist may facilitate greater cooperation and less fragmented patient care (Kaptchuk & Miller, 2005). This mutual and transformative process would be beneficial for both systems.

The model of pluralism described by Kaptchuk and Miller (2005) could be seen as a potential way to address Māori healers' concerns. This model calls for cooperation rather than integration between CAM and medical systems. A pluralistic approach encourages cooperation, open communication and respect between practitioners, despite the existence of honest disagreements, and preserves the integrity of each treatment system. This model tolerates epistemological differences and recognises that both allopathic medicine and CAM have potential to offer valuable treatment options for patients, while maintaining integrity for those participating, and offering improved communication and better patient choices (Kaptchuk & Miller, 2005). This could provide a framework for a mutual and transformative process by which practitioners of both rongoā Māori healing and biomedical

health care could collaborate, and provide a way to ensure that Māori healers' worldviews and practices are acknowledged and respected in a spirit of cooperation, not separation or integration. This approach emphasises the patient's freedom of choice and shows how the two systems could complement one another while allowing the integrity of each to be maintained.

Primary health care is most often delivered to Māori by doctors and therefore, the interaction between Māori healers and doctors is a key factor in health treatment for Māori who choose traditional healing alongside medical treatment. While Māori healers' views are mixed on matters of cooperation, the views of medical practitioners in Aotearoa/New Zealand about cooperation with indigenous healers are uncertain as this has not yet been researched. Further research needs to be conducted on the most effective way to promote cooperation between doctors and Māori healers. This effort may even contribute to a more cooperative approach across medical, traditional Māori healing and CAM modes of health treatment, and lead to the ideal possibility of all New Zealanders receiving the benefits of a variety of coordinated and parallel health treatment options.

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#### Glossary

<i>Māori</i>	<i>Meaning in English</i>	<i>Māori</i>	<i>Meaning in English</i>
Aotearoa	New Zealand	taha tinana	physical
hiha	honesty, integrity	taha wairua	spiritual
kaupapa	philosophy	taha whanau	family
mana	prestige	tauwiwi	non-Māori/European
marae	Māori meeting place	tohunga	traditional Māori priest
mea	way	Whare Tapa Wha	Māori model of health (Four sides of a house)
rongoā Māori	traditional Māori medicine	whenua	land
taha hinengaro	mental		