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**INDIGENOUS HEALING IN NEW ZEALAND: AN ANTHROPOLOGICAL ANALYSIS
OF "TRADITIONAL" AND "MODERN" APPROACHES TO WELL-BEING**

by

Lillian T. Brice

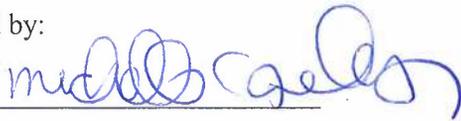
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Abstract

Drawing on contemporary anthropological approaches used by scholars of well-being and medical anthropology (i.e. Michael Jackson and Lisa Stevenson), I explore how indigenous healers in New Zealand blend “traditional” and “modern” elements to establish a creative and inclusive system. Specifically, I explore the use of herbal treatments, ritual chanting, and ceremonies that encapsulate Māori cultural values. I also explore the impact of biomedicine and New-Age wellness approaches on indigenous healing. I argue that Māori healing moves beyond the binary of “tradition” and “modern” as healers merge the past and present and combine the foreign and native. My research is based on published scholarly literature, participant-observation I conducted during my semester abroad in Dunedin, New Zealand in Spring 2019, and semi-structured recorded interviews with *tohunga* (indigenous Māori healers). During my five-month stay, I spoke with *tohunga*, experienced indigenous ceremonies and *karakia* (ritual chanting) first-hand, and attended the Christchurch Healing Expo where I shadowed a Māori healer during a *mirimiri* (sacred ritual massage). My research demonstrates that it is impossible to fully separate Māori healing from other wellness systems because “indigenous” healing has always incorporated healing practices from other cultures. My honors thesis addresses the historical and cultural origins of Māori healing practices, how these practices integrate in contemporary society, as well as how the indigenous population perceives health. This research contributes to the anthropological study of well-being by reevaluating the meaning of “indigenous” healing and identity in contemporary New Zealand.

Introduction: The Fluidity of Well-Being

The purpose of my honors thesis is to uncover how “traditional” and “modern” healing systems combine and intersect to constitute indigenous healing in New Zealand. I will also analyze the connection between cultural identity and local perceptions of wellness. In writing my thesis, I draw on three sources: 1) scholarly sources on Māori history, culture, and “indigenous” healing systems; 2) participant-observation from my semester abroad in Dunedin, New Zealand in Spring 2019; and 3) semi-structured interviews I completed with indigenous Māori healers from New Zealand’s North and South Islands. Together, these sources support my argument that it is impossible to fully separate Māori healing from other wellness systems because indigenous healing practices are fluid, inclusive, and have been influenced by Western society since European colonization in the nineteenth century. Moreover, the indigenous population has continued to adopt and re-make healing practices from other cultures by way of globalization.

In conducting the research for my thesis, I relied on anthropology’s primary method of participant-observation which involves taking part in local rituals and fully immersing oneself in a given cultural community. My research was also informed by the symbolic and interpretive theory of Victor Turner in which ritual symbols, such as objects, activities, or relationships are interpreted as units of meaning that become “associated with human interests” (Turner 2017: 302-303). For instance, the foundation of indigenous healing in New Zealand can be interpreted through psychiatrist Mason Durie’s Hauora model. This model of health utilizes the symbolism of the *wharenui*, the meeting house of the *marae*, to describe the four connected components of health: emotional well-being, physical well-being, social well-being, and spiritual well-being (Chant 2011: 113). According to Durie’s model, the walls of the *wharenui* must be balanced in

order for the structure to be stable, just as all aspects of individual well-being are interconnected and must be maintained. The Māori creation stories also contain “key symbols” (Ortner 1973), such as Father Sky and Mother Earth, that further emphasize the two major pillars of Māori culture and healthcare: *whenua* (land) and *whakapapa* (genealogy). The central idea behind these two cultural concepts is that people must be connected to the earth and their ancestral roots in order to achieve optimal health on social, spiritual, emotional, and physical levels. The arrival of European settlers in the late 1700s was detrimental to Māori health given that it threatened these foundational concepts. Not only did the Europeans confiscate sacred land, but they separated families, drained valuable resources, weakened support systems, and introduced foreign illness. At the same time, my thesis will uncover how the foreign methods of biomedical, spiritual, and New-Age healing became incorporated into indigenous health practices.

Drawing on more contemporary anthropological approaches used by scholars of well-being and medical anthropology, Michael Jackson (2009 and 2011) and Lisa Stevenson (2014), I explore the extent to which indigenous healing blends “traditional” and “modern” elements to establish a system that is both creative and inclusive. Furthermore, I consider the use of spiritual massage, ritual chanting and ceremonies that symbolize human connection to the land and ancestors. I also investigate the rise of biomedical and New-Age approaches to wellness such as surgery, massage, soul activation, and crystal healing. In my thesis, I argue that Māori healing moves beyond the binary of “tradition” and “modern” to establish healers’ unique capacity to merge the past and present and combine the foreign and native.

Ethnographic Site

North Island Marae Visit

In Spring 2019, I studied abroad at the University of Otago, New Zealand's oldest university, through the IFSA Butler Study Abroad Program. As an anthropology and sociology double-major interested in holistic health and indigenous studies, this provided me with the unique opportunity to enter *marae* communities and study Māori culture both in and beyond the classroom. As part of my program's orientation, our group of eighty international students visited a nearby *marae* in Auckland before separating for the semester to study at universities in both the North and South Islands of New Zealand.

The term *marae* refers to a communal and sacred meeting space where Māori populations enact their cultural identity and ancestral ties. *Marae* grounds consist of complex of buildings that made up of a *wharenuī* (meeting house, which may also be called a *whare tīpuna*, ancestral house, or *whare rūnanga*, communal meeting house), the *whare kai* (kitchen and dining hall) and *whare paku* (ablutions). It may also include a *whare karakia* (Church) and *urupā* (burial ground). These spaces strengthen the link to *whanau* (family) and *atua* (ancestors) through sacred rituals such as weddings, Christenings, reunions, *tangihanga* (mourning ceremonies/funerals), *kawe mate* (memorial ceremonies), and *hura kohatu* (unveilings), as well as more casual events such as *hapū* (sub-tribal) and *iwi* (tribal) gatherings, birthdays, and *kai* (feasts). Before stepping foot onto *marae*, our program directors dedicated several days to educating our group on key Māori terminology, cultural concepts, history, and proper protocol before entering such a culturally valued space. For instance, we were told to wear respectful clothing that covered our shoulders and knees, and learned about the welcoming ceremony known as a *pōwhiri* that must

be conducted in order for all guests to enter the *marae*. Those in our IFSA orientation group were considered to be *manuhiri* (guests) who needed to follow these procedures in order for the *tangata whenua* (people of the land, hosts) to discern our intentions. Women were at the front of the line, while men stayed in the back as a sign of respect. The female host performed a *waera* (protective incantation) as the *manuhiri* moved cautiously onto the *marae*. We removed our shoes before stepping foot in the *whareniui* to demonstrate our respect toward the sanctity of the space. Additionally, no food or drink is allowed in the meeting house and it is forbidden to sit on tables. As I will discuss in later chapters, the essential balance between the sacred and the profane (Durkheim 1912) is a recurring theme within Māori culture.

The *wero*, performed by a dressed Māori warrior from the *tangata whenua*, ensued. The warrior wore nothing but a grass skirt, his upper body covered in tattoos indicating his *iwi* (heritage group). During this portion of the ceremony, the men of the group sat in front of the women during this portion for protection. The historical reason for this gender segregation is the belief that a village with a hundred men and one woman will not survive, whereas a village with a hundred women and one man will survive. Our chosen chief, a male student displaying leadership qualities and good character, respectfully looked the warrior in the eye as he loudly chanted as a form of intimidation. As a peace offering, the warrior placed a *taki* (stick or leaf) on the ground, and our chief picked it up as a sign of respect and acceptance on behalf of the group. Once it was evident that we, as *manuhiri*, came in peace, it was a time to present our fern to our hosts and exchange Māori songs known as *waiata*. To further demonstrate our groups becoming one, each student and Māori host engaged in a *hongi*, the pressing of noses, to signify the culturally-significant breath of life and trust. A feast known as *kai* followed the ceremony to lift

the state of *tapu* (sacred restriction). A lovely meal consisting of chicken, pumpkin, potatoes, bread, melon, and cake followed in the *whare kai*.

The University of Otago (Dunedin, NZ)

I spent the majority of my time in New Zealand at the University of Otago, New Zealand's oldest university. Located along the southernmost coast of the South Island, the city of Dunedin is known for its secluded beaches, steep hills, and live music scene. Even in the summertime, lasting roughly from November to March, it was common to experience every season in a single day - the mornings were crisp and foggy, mid-day was typically marked by picturesque blue skies, and periods of rainfall settled in around late afternoon and evening time. When I first arrived in Dunedin in early February after my week-long orientation program, it was a hot summer day that left heat waves radiating off of the cracked sidewalk. The sound of pounding electronic music filled my ears before I turned onto my street. I tightened my grip on my backpack and duffle, desperately trying to swallow my first day of school jitters.

"616 Castle Street." I repeated the address in my head until it drowned out the drunken shrills of returning Otago students. As I turned onto my new street, several lawns were littered with battered couches and piles of plastic cups. I looked up from the broken glass that lined the street only to find Otago students standing on the roofs of their spray-painted flats in themed party clothing. Each flat had a unique name that was marked on a hand-made sign on the front door. The word "Fridge" was painted in black bubble letters on a wooden plank spray-painted neon green outside of a stain-covered white stucco house. Other flats were unkempt Victorian-types that were similarly tainted with spray paint and beer stains. After the initial shock of being

thrown in the midst of 20,000 new faces at a university on the opposite side of the world, I noticed an interesting distinction between the “kiwi” side of the street versus the “international” side. While the “kiwi” side was characterized by handmade signs, empty hard cider bottles, and run-down homes, the “international” side was pristine. The flats, or student housing, were surrounded by white-picket fencing, fresh flowers, and appeared to have a shiny new coat of paint. In contrast to the “Fridge” and the other “kiwi” flats, my home looked more like a condo in a retirement community than a college downtown house. I anxiously turned the key to enter my new home for the semester and although I was the first of my flatmates to arrive, I was immediately greeted by my host student who had decorated the interior of the flat with a large banner reading “Welcome to New Zealand!”.

Despite my initial impression of the university, my semester in Dunedin was, in many respects, an incredibly fruitful and grounding experience. Not only did my time in the mountainous regions of the South Island allow me to truly unplug and take in the natural environment, but my experience in the classroom and within the local community provided me with fundamental knowledge about Māori culture, national history, and the interactions between the indigenous population and those of European descent. I also took the course, “Māori Society,” which provided me with foundational knowledge about indigenous creation stories, colonization, *marae*, the application of *tapu* and *noa*, and the natural environment. This course was particularly helpful once I began collecting my own ethnographic research, providing me with the cultural context necessary to take all cultural considerations into account when speaking and interacting with indigenous healers. Furthermore, the bulk of my field notes draws from my participant-observation around campus and in Dunedin. My documented experiences include, but are not

limited to, meeting with healers in coffee shops, interacting with university faculty in the Māori Office of Development, and walking around pharmacies and New-Age healing shops.

Christchurch Healing Expo

My time in Christchurch was perhaps the most transformative experience that took place during my research, both anthropologically and personally. I had been in communication with a Māori healer from the North Island who specialized in *mirimiri* and *romiromi*. After sending an initial email explaining the intention of my research, the consent process, and the possibility of scheduling an interview, this healer was incredibly skeptical. He stated that he would be unable to participate in an interview unless we met face-to-face and got to know each other because “it is the Māori way.” He told me that he would be in the South Island working at a healing expo in the suburbs of Christchurch for a weekend in May and would agree to an interview if I made the trip. Knowing how valuable these connections are and how this could potentially be a once in a lifetime experience, I bought a ticket for the five-hour trip to Christchurch and booked an airbnb in the nearby suburb of Marivale.

My initial meeting with this healer was intimidating to say the least. It was approximately 8:00 pm; the sun had gone down hours prior and the cold winter air made my eyes water upon entering the coffee shop. A large man with full facial tattoos walked through the door and we performed a *hongi*, a formal Māori greeting I had grown familiar with over the course of the semester, but having my nose pressed against that of a stranger who was twice my size, I could not help but feel a bit anxious. I could feel the confused and partially concerned stares of everyone in the coffee shop. I strangely felt at peace, however, as soon as we sat down at the

table. He expressed his gratitude for my willingness to meet and immediately asked me to tell him my story. Not only did I share what I was studying, but I explained my cultural heritage, family life, aspirations, and past traumas. This did not seem like the skeptical healer I communicated with over email, but rather a familiar friend who could look at me and immediately know my innermost thoughts.

Sensing my open-mindedness and vulnerability, he explained that he would perform a healing on me because the best way to fully understand the significance and effectiveness of indigenous healing is to experience it myself. This process involved sensing my energy pathways (deep breaths, pressure points in arms, hands and head, *karakia*) and communicating with my ancestors and spirit guides. Although it can be difficult to enter new and culturally different situations from an anthropological perspective, I was fully invested in this healing session from the start. I began to feel a warm sensation in my body and a wave of nausea. Suddenly I began to cry uncontrollably like every emotion in my body was being released all at once. The healer explained that he was clearing blockages in my energy pathways and communicating with my spirit guides, angels, and deceased relatives in order to understand my pain and suffering. He said that I should also expect to have nausea and strange dreams into the night, but that I should feel significantly better in the morning.

The next day, I walked about fifteen minutes to the local elementary school where the Expo was held. Although my experience the night before made me realize that I had no idea what I was walking into, I could not have anticipated the mystifying new world of healing to which I was about to be introduced. I entered the gym of the school and saw about thirty tables, each decorated with a sign reading the type of healing offered. There were fairy healers, crystal

healers, mediums, traditional massage therapists, energy synchroners, and the one Māori healer. The majority of the people at the event were middle-aged or older, and based on my discussions with people as we floated from table to table, many were regular followers of the New Age Movement who used non-conventional healing practices in lieu of or alongside of Western medicine. The relaxed structure of the exposition provided me the opportunity to engage in casual conversation with healers and guests, and the space was incredibly open. Those who wanted to receive a reading or massage were completely exposed, and this sense of openness contributed to my willingness to receive a healing treatment of my own.

As soon as I saw my healer friend, I helped him set up his table and shadowed him during a *mirimiri*. During what initially appeared to be a deep-tissue massage, he whispered *karakia* (ritual chants) to communicate to the patient's spirit guides. I watched his hands hover over her body to "lift her negative energy" and allow it to pass through his own body. As I stood at her feet bundled in my winter coat, I was in awe of the fact that the healer was sweating profusely before even applying any pressure. He was obviously taking on an emotional load that affected his physical body in a way I had never before encountered. After about an hour on the table, the woman emerged from the black throw blanket in what appeared to be a serene state. She noted that since receiving regular *mirimiri* and practicing crystal healing, she had felt less anxious now that her energy pathways were cleared. Although shadowing the *mirimiri* was an intimidating experience and the thought of exposing myself on the table made my stomach turn, my discussion with this regular customer left me feeling more eager than fearful.

As we began the session, the healer told me that the more pressure I was willing to endure, the better my results would be. My heart raced as I rested my body face-down on the

table. The healer informed me that my deceased grandparents were at my feet and my spirit guides stood by my head. I listened to the deep and soothing hum of his voice as he began chanting *karakia* to ask the spirits for permission to start the healing. He positioned his hands over my body, starting with the head and ending with the feet. He first applied pressure on my hands and feet, then moved to my limbs, back, and neck. The force was almost unbearable, but the brief moments of relief between pressure points was almost worth the discomfort. Tears ran down my face, not from the pain, but from the wave of emotions that passed through my body. I do not know if it was the idea of my grandparents at my feet or the overall discomfort of traveling alone in a new city, but the lump in my throat passed as tears flooded my eyes. This session, in combination with my initial healing in the coffee shop, completely shaped my understanding of Māori healing as a holistic practice that encapsulates emotional, physical, and spiritual elements of well-being.

Tapu and Noa

The cultural concept of *tapu* refers to the sacred state or condition in which a person, place or thing is set aside by dedication to the gods and thereby removed from profane use (Newman 2019: Lecture Notes; Shirres 1982). Whereas intrinsic *tapu* descends from *atua* (ancestor/god) and is associated with the spiritual realm, extrinsic *tapu* is the recognition of primary *tapu* as it applies or extends to specific times, places, or context (Newman 2019: Lecture Notes). For instance, during menstruation, women are considered to be highly *tapu*, and *tapu* can also be applied in public health settings to avoid infection and contamination. *Noa*, a neutral state, is considered to be the natural companion of *tapu* and has a much lesser degree of

restriction (Newman 2019: Lecture Notes). Cooked food is regarded as a major agent of *noa*, which is why the welcome ceremony ends with *kai* in order to lift the restricted state of *tapu*. *Mana*, *tapu*, and *noa* are three dominant cultural concepts in Māori society that work as complementary parts of a self-sustaining system. Not only do these concepts apply to life and practice on the *marae*, but they have a major influence over Māori conceptions of well-being.

Overview of Literature

Māori Origins

The origins of indigenous healing can be traced back to the trade-dependent Māori ancestors who migrated from the Pacific region of China to what is now known as the North Island of New Zealand (Tapsell 2018: 102-103). *Marae* were at the heart of the earliest Māori communities and continue to reinforce foundational concepts such as *pā-kāinga* (kin community), *whakapapa* (genealogy), *whenua* (land), and connection to *atua* (ancestors). Key cultural concepts, such as *tapu* and *noa*, continue to play a role in every aspect of Māori life and must be in balance to maintain physical, spiritual, and emotional health.

Grounding concepts centering around balance, family connection, and respect for the land allowed the ancestors of *marae* communities to develop a distinct cultural identity prior to facing the oppression and disease brought on by Dutch, French, and English settlers in the eighteenth and nineteenth centuries (Tapsell 2018; Van Meijl 1996). The cultural core of Māori society stems from pre-colonial *marae ātea* where rituals surrounding *tapu* (sacred or separate) and *noa* (neutral state), *mana* (authority or prestige), *whakapapa* (genealogy), and connection to the *whenua* (land) are upheld and strengthen the connection between local people (Tapsell 2018:

107). Moreover, the Māori understanding of health incorporates physical, mental, social and spiritual wellbeing. Ill health for Māori is not only considered at an individual level, but at a familial and community level. For instance, non-Māori health professionals are more likely to positively impact the health of the indigenous population by collaborating with the Māori to provide holistic practices that can be used in tandem with biomedical healthcare (Cram, Smith, and Johnson 2003).

Māori people recognize the significance of a person's *whakapapa* (genealogy) and the social and emotional support that comes with the connection to immediate and extended family. Furthermore, the conception of *whanau ora* is rooted in families being united and supported to achieve optimal health and well-being (O'Hagan, Reynolds, and Smith 2012). Te Whare Tapa Wha, a well-being model that focuses on health as a balance between *taha wairua* (spiritual health), *taha tinana* (physical health), *taha hinengaro* (psychological health) and *taha whanau* (family health) incorporates a more inclusive understanding of wellness and recovery that extends beyond mental illness and Māori communities (O'Hagan, Reynolds, and Smith 2012). The wider New Zealand population has begun to acknowledge and embrace the Māori conception of health since 1998 when the national government first promoted physical and emotional well-being through *whanau ora* and the Te Whare Tapa Wha holistic health model (O'Hagan, Reynolds, and Smith 2012). I found that exposure to this model led to greater acceptance of indigenous culture and unconventional wellness practices. For instance, non-Māori are increasingly open to environmental and spiritual life forces, as well as indigenous remedies and rituals that they once considered “sorcery” or “witchcraft.”

Western Influence and Missionary Work

In order to gain a more complete understanding of what Anderson et al. (2006: 1777-1778) refers to as the “sum effect of these historical processes,” namely the “repression of Māori cultural practices, language, and institutions, socioeconomic deprivation” that has continued through the 20th and 21st centuries, it is first necessary to discuss the role of British colonialism, the role of missionary work, governmental power structures, and continuing efforts to make “progress” in the indigenous health sphere.

The first encounter with Europeans on record occurred when Tupea, Cook and Banks landed in 1769, which brought the first wave of firearms and disease prior to the Treaty of 1840 (Tapsell 2018: 111). Furthermore, Māori communities relocated their *pā-kāinga* with *marae ātea* at its core, but a series of economically-driven conflicts emerged as the Crown attempted to gain more control over the fertile land and resources by dividing kin communities and wiping out a large portion of *pā-kāinga* (Tapsell 2018: 112-113). Widespread disease weakened the Māori population in terms of their health and numbers, allowing European settlers and Asian laborers to uproot native communities and gain control of the land (Finney 1999: 10). I suggest here that the deeply-rooted health issues of the Māori can help shed light on the obstacles and changes indigenous communities have faced in recent decades.

Marae ātea was not only the cultural center of the *pā-kāinga*, but the physical center in close proximity to crucial *hapū* (clan) leaders and accessible to the “outside worlds,” exposing *marae* communities to European explorers after three hundred years of isolation (Tapsell 2018: 109). This exposure to foreign cultures resulted in differing levels of acceptance between indigenous groups, instigating warfare between Māori communities in the early 1800s. A

prolonged period of unrest and conflict led to population decline and a loss of hope among indigenous populations (Van Meijl 1996: 319). Seeking influence over newly discovered and vulnerable civilizations, British missionaries worked to convert struggling Māori to Christianity (Van Meijl 1996: 319). The Māori were largely receptive and many embraced Biblical teachings, reading, and writing as a way of recovering, both physically and emotionally, from illness and warfare (Van Meijl 1996).

The early exposure to harm through colonization and assimilation has not only led to a significant decrease in the indigenous population, but the depletion of resources necessary for recovery, such as medical services and supportive social networks. Furthermore, scholars have found that historical trauma has increased the rate at which the Māori population suffers in the present day (Wirihana and Smith 2014). Although the Treaty of Waitangi (1840) largely represents the integration of European and Māori societies from a political, social, and cultural perspective, this piece of legislation originally served as a mediating contract between Māori and the Crown. Furthermore, it has been adjusted over time to aid social policy and guide the New Zealand government in their efforts to protect indigenous interests and well-being. The New Zealand Public Health and Disability Act, The New Zealand Health Strategy, and He Korowai Oranga: Māori Health Strategy are a few of the policies that have been established in recent decades in an effort to improve the health of the indigenous population, which is still recovering both physically and mentally from the introduction of foreign disease, violence, land confiscation, and centuries of assimilation efforts (Newman 2019: Lecture Notes). In order to combat this persisting trauma within the indigenous community, scholars Beddoe and Maidment (2014: 102) suggest that healing and forgiveness are crucial components of decolonization that

include “reclaiming wellbeing,” whether through organized religion, medical care, social work, or additional outlets that foster notions of “holistic health” and “recovery.”

Given their shared history of European colonization, the dominant views of health in New Zealand and Australia are very much influenced by a Eurocentric biomedical model (Beddoe and Maidment 2014). Consequently, the mental and physical health of Māori and Aboriginal communities have significantly suffered as a result of systemic racism and oppression. For the Māori, connection with the past, present, and future play a critical role in spiritual health, so the consequences of colonization and assimilation have made a notable impact. Processes such as colonization, urbanization, and environmental degradation undermine indigenous health and cultural identity. For instance, the Māori concept of *whanau* (extended family) and respectful interaction with *whenua* (the natural environment/land) are essential components of well-being. European land confiscation, abuse of natural resources, and assimilation efforts to separate families, however, undermined these aspects of indigenous health (King, Smith, and Gracey 2009). Consequently, many Māori struggle to retain their native language and remain connected to *whanau* and *whenua*, both of which are crucial components of physical, spiritual, emotional, and mental well-being. Indigenous people often respond to this sense of disconnectedness with substance abuse and lack the social and institutional support to combat such preventable health issues. As Bryder and Dow (2001) note in their analysis of Māori health history, the mental and physical health of Māori and Aboriginals has significantly suffered as a result of systemic racism and oppression. For the Māori, connection with the past, present, and future play critical roles in spiritual health, so the consequences of colonization and assimilation have made a notable impact

on their ability to connect to their cultural heritage, trace their genealogy, and practice indigenous medicine, particularly throughout the nineteenth and twentieth centuries.

In my analysis of “traditional” methods of healing and the influence of nineteenth-century British missionaries, I relate key cultural concepts, such as *tapu* and *noa*, back to Émile Durkheim's (1912) discussion of the sacred and the profane in *The Elementary Forms of Religious Life*. Additionally, I further relate anthropologist Michael Jackson's ethnographic study of wellness in Sierra Leone between 1969 and 1970 to cases in New Zealand that center around similar themes, such as the notion of illness, colonial oppression, slavery, governmental exploitation, abuse of the environment, and the link between cultural identity and health. Jackson's (2012) book, *Life Within Limits*, focuses primarily on this fieldwork, and the chapter entitled “Strings Attached” specifically explores native practices, such as spinning, weaving, braiding, and binding that are not only symbolic of social and spiritual bonds, but are intended to cement these connections and promote well-being. Jackson (2012: 168-169) recalls his interaction with Fina Kamara who, after the loss of one of limbs, is fighting to care for her child while facing the strains of a world shifting from tradition to modernity, one that largely involved the separation of families and the consequential weakening of kinship bonds.

The Rise of New-Age Healing

In addition to exploring the intersection of indigenous spiritual healing and Christianity, I consider the connections between Durie's holistic health model, Māori worldview, and “New-Age” approaches to healing. According to Levin and Coreil (1986: 889), “New-Age” healing practices gained momentum in the mid-1960s in the West and were initially viewed as a

conspiracy by those who embraced biomedical healing. While unconventional, the notion of “soul alignment” and “inner peace” attracted those looking to improve their mental and/or physical health through processes perceived to be closer to nature (Levin and Coreil 1986: 891). Crystal healing, massage, yoga, and energy syncing are gaining popularity in both Western and Eastern societies, exemplifying the ways in which the public perception of health is increasingly linked to connections between mind, body, and soul.

New-Age healing acknowledges the mind, body, and soul connection and thus promotes the notion of “holistic health” (Levin and Coreil 1986: 891). Although practices are largely individualistic, focusing primarily on internal satisfaction and soul alignment, there are aspects that incorporate the larger community, natural environment, and even something as abstract and vast as the universe. According to New-Age healers and avid followers, human beings are composed of “fragmented parts” that require a deeper level of consciousness in order to connect and promote individual mental, spiritual, and emotional health (Levin and Coreil 1986: 891). Familiarity with religious, biological, or psychological concepts helps foster these connections (Levin and Coreil 1986). In relation to energy syncing in particular, the seven chakras are located from the “base to the crown” and are said to be linked to glands and internal organs and expressed through a spectrum of colors ranging from infrared to ultraviolet. Crystals similarly portray specific meaning through color, vibrancy, and geometry, and are consequently used to heal based on “chakra-gland correlation” (Kozminsky 2012: 28-29).

The New-Age Movement as a whole largely opposes “old age religiosity” and the labeling of religious groups (Sutcliffe and Gilhus 2014: 110-111). It combines spirituality and internalized religious beliefs and draws from academic fields such as psychology and ecology, as

well as socio-political movements, such as feminism and paganism (Sutcliffe and Gilhus 2014). Cultural knowledge of ancient wisdom and tradition also gained importance with the rise of the New Age in that it promoted a sense of belonging and connection to one's heritage or to the ancestral spiritual world. Healers in New Zealand employ "mixed methods" because mental, physical, and spiritual health are considered to be "connected on all levels" (Mark and Lyons 2014: 298). For instance, healers link a message with a spirit guide to a specific physical ailment or infer specific health outcomes based solely on a client's emotional energy.

In analyzing Māori healing practices associated with energy pathways, spirituality, and the mind-soul connection, I draw on New-Age literature, my completed interviews, and my field notes. I also analyze the practice of communicating with spirit guides and angels in conjunction with the rise of Christianity. In so doing, I reveal that it is difficult to discern what aspects of Māori spiritual healing are truly "indigenous" and which are largely influenced by missionary work. In doing so, I hope to demonstrate that it is extremely difficult to distinguish where "indigenous" healing ends and "New-Age" healing begins, and I suggest that this intersection is itself central to Māori notions of well-being. Māori healing is a hybrid system in which it is not possible or meaningful to identify certain practices and beliefs as "foreign" or "New-Age".

Methodology

Before beginning my research in Summer 2018, I completed the CITI Program for ethical research with human subjects and Bucknell University's IRB approved my project in March 2019. While I had originally planned to interview Māori informants on the University of Otago campus, the approval process was difficult and would have delayed my research

considerably. Working on campus required, for example, the approval of a faculty supervisor and several consultations with the Office of Māori Development. I began looking for research opportunities off campus so that I would have sufficient time to collect my data. In hindsight, this initial roadblock was incredibly fruitful because it led me to the NZ Code of Ethics and Guidelines for Māori Research and helped me redirect my research to the local community.

Engaging with the indigenous community beyond the university setting allowed me to form especially meaningful connections with local healers. I used the 2019 Directory of Kaiwhakaora for Māori Healers, Artists, Wellness Practitioners online and emailed thirty healers about the possibility of participating in my research. I received responses from fifteen healers from the North and South Islands, six of whom were willing to be interviewed. Interviews lasted anywhere from thirty to ninety minutes, and I asked each interviewee a series of open-ended questions about healing practices in their own family, in their community, and in the country at large. Given that some questions had the potential to evoke strong emotion, I informed interviewees that their participation was completely voluntary and that they could skip questions or withdraw at any time. I also requested that they sign an informed consent form, allowing me to record our conversations for accuracy and later analysis.

As I learned in my coursework and by reading the NZ Code of Ethics and Guidelines, healing is a highly-regarded practice among Māori, and personal, face-to-face connections with the indigenous healers were crucial for gaining their trust. I regularly spoke with healers in coffee shops or on the phone if they lived far away, for up to two hours about my own family, education, and purpose for conducting my study before I was granted entry into Māori communities. Given that Māori healers in New Zealand are a tight-knit group, gaining the respect of one healer gave

me greater access to wider Māori networks. Participant-observation, anthropology's primary research method that involves gaining entrance into a given community to further understand the inner-workings of the culture, was essential to my research. I met healers in local coffee shops, visited *marae* in the North and South Islands, and experienced ceremonies and *karakia* (ritual chanting) first-hand in order to demonstrate my appreciation of Māori culture and eagerness to learn. I also attended a healing expo in Christchurch where I shadowed a Māori healer during a *mirimiri* (sacred ritual massage) session, experienced a healing session first-hand, and spoke with mediums and crystal healers. During my time in Christchurch and Dunedin, I conducted six recorded interviews and took daily in-depth field notes on my interactions, emotional responses, and experiences.

Outline of the Thesis

My thesis consists of an introduction, three thematic chapters, and a conclusion. In the Introduction, I provide the background to my study, describe my methodology, and present my argument. I also discuss the two main fields that inform my work, symbolic and interpretive anthropology and the anthropology of well-being. Additionally, I draw on published works on Māori history, indigenous cultural concepts, and contemporary practices to explore the integrated and fluid nature of Māori healing. In Ch. 1, I focus on the foundations of Māori culture and the origins of “indigenous” healing while in Ch. 2, I explore “foreign” influences, such as the incorporation of Christianity and Western medicine into indigenous communities. In Ch. 3, I highlight the rise of New-Age healing, crystal healing, and energy synching, which have been fused with Māori practices and are part of indigenous peoples' holistic understanding of well-

being. In the Conclusion, I summarize my main argument and describe how the scholarly literature and my own research with Māori healers provide a more comprehensive understanding of “indigenous” healing in New Zealand. My interview guide, consent form, and a glossary of Māori terms are included in the Appendix.

My thesis is aimed at broadening anthropological understandings of well-being, particularly indigenous healing in New Zealand. Through observations in the field and conversations with Māori healers, I uncover the historical and cultural origins of Māori healing practices, how these are integrated into contemporary society, and how the indigenous population perceives health. The overarching goal of my thesis is to contribute to the anthropological study of wellness by reevaluating the meaning of “indigenous” healing and identity in New Zealand.

Chapter I. Indigenous Origins

One Foot in the Door

It was approximately nine o'clock in the morning as I sat patiently in my favorite corner coffee shop watching the morning fog dissipate. The smell of fresh chocolate chip croissants and cheesy eggs warmed every ounce of my being as the April sun embraced my back through the window. I had come for a brunch date with an indigenous Māori healer. I tapped my foot nervously until I was interrupted by the creak of the front door and a startling winter breeze that shocked my senses. The smallest and oldest woman I have ever encountered waddled into the coffee chopped with a carved wooden cane and a fleece jacket that likely weighed more than she did. In a raspy voice, she asked if I was the girl who was interviewing her. I nodded and tried to ignore the blank stares from the surrounding customers who were enjoying their morning hash-browns. It was my very first interview and with consent form and pen in hand, I was eager to get started. The healer took one glance at that sheet of paper and shook her head in utter disappointment - the wind quickly depleted from my sails. I had a long way to go before I proved myself as a worthy student of indigenous knowledge.

Getting my foot in the door and gaining the trust of healers proved to be a momentous challenge. Showering myself in affirmations and releasing any and all insecurities, I knew that the only way I could demonstrate my respect for indigenous culture and truly grasp the significance of indigenous healing was to become fully immersed in this experience physically and emotionally. When I exhibited my willingness to sit for hours on end in a local coffee shop to talk about the intimate details of my family or participate in healing sessions, I saw the door to the indigenous healer community begin to crack open. The skepticism dissipated and rather than

feeling judged for my lack of knowledge, I was immediately met with a calming and compassionate energy that, from my experience, can seldom be replicated. I am not of Māori descent. Nonetheless, several healers expressed that my “spirit guides” had brought me to this part of the world not only for research, but to undergo my own healing process.

Furthermore, the fluidity of indigenous healing redefined my understanding of health as not only a biological concept, but a cultural one, a form of meditation and self-reflection. It is clear that the openness of nature serves as a unifying spiritual force for the Māori. Mention of *atua* and other key cultural concepts such as the balance between the spiritually restricted state of *tapu* and an unrestricted neutral state of *noa* left me questioning how the Māori healing system represents the origins of indigenous culture. My experiences in the field participating in traditional Māori ceremonies, studying indigenous culture at the University of Otago, and engaging in the healer community suggest that while indigenous medicine is informed by Western medicine and New-Age approaches to wellness, the historical foundation of Māori society is at the heart of their health model. In this chapter, I will discuss the origin of Māori culture beginning with the first Polynesian settlers known as the *Lupita* who arrived in the North Island of New Zealand around 2000 BP (Tapsell 2018: 104). In the following sections, I then analyze the indigenous creation stories concerning the birth of humanity and how these oral accounts transmit Māori cultural values such as genealogy and the natural environment that are expressed through healing practices and other rituals. Lastly, I explore the multifaceted role of *tohunga* (healers) from a historical and contemporary perspective.

Early Settlement

Traditional Waka

Despite being mobile, ancient Māori civilization was highly organized and consisted of specialized trades such as *waka* (ship) building and navigating which allowed for the economy to grow and thrive from other lands' natural resources (Tapsell 2018: 104). It was around the year 2000 BP that the Lapita successfully explored the waters beyond Fiji, settling untouched islands such as Sāmoa and Tahiti while maintaining a distinct culture and social structure (Tapsell 2018: 104). For instance, upon landing the Lapita constructed a *tuahu*, an altar to thank the gods for protection, and performed chants and prayers known as *karakia* that are performed at funerals, welcome ceremonies, and healing sessions to this day to clear negative energy (Tapsell 2018).

The origins of the *marae* (communal sacred space) began in the Pacific region of China, and as the trade-dependent Lapita continued to expand their society and economy, they began to explore islands in southeast Asia (Tapsell 2018: 102-103). Their persisting culture is evidence that despite undergoing the stresses of a nomadic lifestyle, ancestors of *marae* communities organized themselves and thrived prior to facing the oppression and disease brought on by European settlement. This ability to adapt is significant when looking at the progression of the economy and how this allowed for greater development of ritual and expansion of *marae*. The term *marae* refers to the entire complex of buildings comprising of the *whare tīpuna* (ancestral house), *whare rūnanga* (communal meeting house), the *whare kai* (kitchen and dining hall), and *whare paku* (ablutions). It may also include a *whare karakia* (church) and *urupā* (burial ground). Lastly, the *marae* serves as social space, link to *whanau* (family), and intimate tie to cultural or ancestral roots.

As the Lapita ancestors of the Māori voyaged further to the east, the *marae* began to appear in the archaeological record, representing their evolving maritime culture. The *marae* was an essential part of these peoples' success, providing the ritual-encoded foundation by which their maritime community of navigators and *waka* builders were able to thrive. Archaeological evidence of the early *marae* began to appear as the Lapita moved further east, Taputapuātea of Rangiātea being the senior in most oral accounts and the most famous *marae* of the Pacific from 900 BP onward until about 600 BP (Tapsell 2018: 104-105). Expert mariners, or *kupe*, used this first *marae* on record as a starting point for exploration of resource-rich lands such as Hawai'i and Aotearoa (Tapsell 2018: 104). In the two hundred years that followed, distinct tribal traditions based largely on genealogy and sea navigation emerged as kin communities voyaged to these newly-settled islands (Tapsell 2018: 105). Throughout this period of expansion, Taputapuātea served as a cultural and familial link for these Polynesian ancestors (Tapsell 2018: 105).

The cultivation of the *kūmara*, a carbohydrate-rich tuber root, enabled the Lapita economy and community to expand at an alarming rate by providing an adequate fuel source and sought-after trade item (Tapsell 2018: 105-106). Aotearoa was able to support this *kūmara*-driven economy by providing *rua* (storage facilities) located on cooler slopes of south-facing elevated villages (Tapsell 2018: 106). The *kūmara* is significant when looking at the origins of the *marae* in that it allowed the surrounding community and economy to thrive. Consequently, the *marae* was able to evolve into a social space centered around reciprocity, hospitality, and different stages of life, such as birth, marriage and death (Tapsell 2018: 107). The role of *kūmara* extends beyond its economic value and, in many respects, is at the heart of Māori culture. For instance, this crop

allowed the early ancestors of *marae* communities to nourish themselves and develop sacred rituals that would later influence the evolution of indigenous healing practices. The sustainability of the *kūmara* also allowed local peoples to settle and develop a unified identity known as the *pā-kāinga* with *marae ātea* (the ceremonial space in front of the meeting house on a *marae*) serving as the center of the kin community (Tapsell 2018: 107).

During my time at *marae* in both the North and South Island, I was fortunate enough to experience first-hand how the *kūmara* plays an essential role in the contemporary Māori culture to this day. After participating in the traditional welcome ceremony, the members of the *marae* communities hosted a *kai* (feast) to lift the restricted state of *tapu* (sacred prohibition) and restore *noa* (balance). I watched the steam radiate from the vibrant orange *kūmara*, the smell of the sweet starchy flesh filling my senses. The stiffness I carried into the formal ceremony immediately eased as I breathed in the warmth of the potatoes, and I began to feel a sense of restored balance within my own body. Food not only shapes personhood in that it physically becomes a part of us when it is consumed, but it also establishes connections to home and serves as an emotional anchor for Maori who have been uprooted and placed in unfamiliar settings. Considering food's bio-authority, a Foucauldian concept that refers to having power over the body, helps deepen our understanding of how eating shapes one's ethnic identity and sense of belonging, consequently creating an isolated outside party (Abbots 2017: 57). Eating at home and eating heritage foods are examples of kinned or shared bodies, while eating away from home and eating foreign food represents anxious and disconnected bodies (Abbots 2017). This understanding of the *kūmara* is significant in that indigenous medicine similarly establishes

connections to home and serves as an anchor for the Māori. The role of tradition and identity in Māori culture is a recurring theme throughout as I discuss the role of healing in later sections.

In my Māori Foundations course, I learned that the canoe migrations are still very important to one's *whakapapa* (genealogy), as one's *waka* (the ancestor from the migrations) similarly constitutes one's indigenous identity. The significance of cultural and individual identity is a persisting theme that I encountered throughout my fieldwork and aided my understanding of why healing practices are so highly regarded. Several healers explained that although they were unaware of their Māori *whakapapa* until early or mid-adulthood, this discovery provided a profound sense of empowerment and guided them on their path as an indigenous healer. Others who grew up completely aware of their Māori heritage - particularly those who were born before the height of assimilation efforts - claimed they were aware of their abilities from birth and viewed their role as a *tohunga* as their sole identity. The underlying message I took away from these exchanges was that regardless of when Māori *tohunga* begin to inform their role as a healer, cultural heritage and identity provide a sense of direction and operate as grounding forces when healers confront their patients' negative energy and past traumas.

Māori Creation Stories

The Mythical Creation of Humanity

According to Māori tradition in the North Island, *Io* (the Supreme Being) initiated the creation of the earth and humanity through genealogical oration (Parker 1987; Schrempp 1992; Newman 2019: Lecture Notes). The time before creation consisted of all-encompassing nothingness and perpetual darkness marked by the three epochs: *Te korekore* (void), *Te kowhāo*

(abyss), and *Te Pō* (night) (Newman 2019: Lecture Notes). Following these stages, *Io* created a state of being that proceeded to grow like a plant driven by *mauri*, the Māori term for principle life force, as opposed to sunlight (Newman 2019: Lecture Notes). *Io* then breathed life into the creative process, as symbolized through the *hongī*, to create the spirit and life that constitute the earth, elemental and pure energy, subconscious, consciousness, and knowledge (Newman 2019: Lecture Notes; Schrempp 1992). *Rangi* (*atua* of sky) and *Tāne* (*atua* of the forest) completed the process with *Io* serving as the primary supervisor (Newman 2019: Lecture Notes). In the South Island, the creation story involves the separation of *Ranginui* (Sky Father) and *Papatūānuku* (Earth Mother) as opposed to the more monotheistic North Island narrative with *Io* as the primary creator. Initially, earth and sky are joined together so that there is nothing besides complete darkness. It is not until *Rangi* and *Papa*'s children *Tāne*, *Tangaroa*, *Rūaumoko*, and *Tāwhirimātea* separated their parents that light enters the natural world and humanity came into existence (Te Ahukaramū Charles Royal 2005).

The Māori creation stories contain symbols of childbirth, nature, and a “state of perpetual ‘becoming’” that influence the indigenous worldview (Te Ahukaramū Charles Royal 2005: para 3). Mythic stories are then passed down generationally and shape rituals such the *pōwhiri* (welcome ceremony) where the members of a *marae* community guide guests from *Pō* (a state of darkness) to *Ao* (a state of lightness), representing the earth's creation and the progression from night to day (Te Ahukaramū Charles Royal 2005). The physical structure of the *marae* also contains symbols from the creation stories. For instance, the roof represents *Ranginui* (*atua* of the sky) and the floor signifies *Papatūānuku* (*atua* of the earth), while the posts of the house represent how *Tāne* (*atua* of forest and birds) separated her parents *Rangi* and *Papa* to create the

space between the earth and sky (Te Ahukaramū Charles Royal 2005). Storytelling plays a critical role in Māori tradition, not only because it transmits culture cross-generationally, but because *kōrero* (oral accounts) were the only way to preserve indigenous history prior to the introduction of reading and writing after British colonization (Ware et. al. 2018).

The Māori use of imagery in storytelling relates to Lisa Stevenson's book *Life Beside Itself* (2014), in which she applies symbolic anthropological theory to understand contemporary issues such as biopolitics, the use of imagery, and different cultural understandings of healthcare among Inuit in the Canadian Arctic. Through participant-observation and interviews, Stevenson explores how images, like those associated with names and animals, shape Inuit lifeworlds and challenge confining biomedical models. Mason Durie's Hauora model of health similarly utilizes the symbolism of the *wharenui*, the meeting house of the *marae*, to describe four connected components of health: mental/emotional wellbeing, physical wellbeing, social wellbeing, and spiritual wellbeing. According to Durie's model, all of these components are interconnected, and the walls of health must be balanced for the house to stay up. Once I began conducting interviews and had the opportunity to observe Maori healing practices first-hand, it was evident that this holistic approach is incorporated into every aspect of Maori culture; wellness and healing are lifelong processes that are not confined to the present, nor are they limited to the medical field.

Just as Stevenson (2014: 10) argues that the imagery in dreams and memories among Inuit better encapsulates the uncertainty of life than do words, the fluid and all-encompassing concepts in Māori culture that are transmitted through storytelling best express indigenous understandings of well-being. In many respects, indigenous uses of imagery in these two contexts is analogous to Victor Turner's analysis of "key" ritual symbols such as the milk tree in Ndembu

culture. Turner interprets ritual symbols, such as objects, activities, or relationships that emulate the human experience (Turner 2017: 302-303). For instance, the milk tree in Ndembu culture are not only represent the biological acts of breastfeeding and female maturation, but also the social ties between mother and child (Turner 2017: 303). Turner's analysis of the milk tree in Ndembu society demonstrates how ritual symbols and the body similarly serve as vessels of meaning that reflect the overall social order. In light of symbolic and interpretive anthropological theory, it is apparent that Māori use of imagery and cultural concepts associated with the creation stories encompasses the complexity and uncertainty of the life course. In doing so, it also challenges the rigidity of the biomedical model and conventional understandings of wellness.

Symbolic and interpretive anthropological theory suggests that the human body is a microcosm of the wider society and culture. As Sherry Ortner (1974) describes in "Is Female to Male as Nature is to Culture," the allegorical link between femininity and nature often reduces women to their reproductive role and physical appearance, while men are far less likely to be defined by biological processes. Furthermore, the study of prominent symbols like Mother Nature, similar to *Papa* and *Tāne* in Maori culture, reflect the ways in which the body mirrors cultural norms and is a focal point in anthropological understanding. In Victor Turner's symbolic and interpretive theory, ritual symbols are interpreted as units of meaning that become "associated with human interests," (Turner 2017: 302-303) and images like the raven address the grey area that exists in human relationships, culture, and the life cycle. Images are largely embodied experiences that co-produce the self and generate feelings of belonging. Symbols similarly hold cultural significance and provide insight into the values of a given society, particularly with respect to complex issues such as life, death, kinship, and power dynamics.

Interpretive and symbolic anthropology is crucial for understanding the significance of the Māori creation stories and how these correlate to indigenous healing methods. Turner's symbolic analysis applies to the imagery associated with *Io*, *Tāne*, and *Rangi* which capture obscure concepts such as the meaning of life and death beyond Christianity or biology. These figures embody the cyclical nature of life and the root of human wellness which stems from kinship relations and connection to the earth.

Cultural Concepts

The Three Pillars: Tapu, Mana, and Noa

The cultural concept of *tapu* refers to the sacred state or condition in which a person, place or thing is set aside by dedication to the gods and thereby removed from profane use (Newman 2019: Lecture Notes; Shirres 1982). *Tapu* is a layered term meaning sacred or restricted. A person may place *tapu* on a physical place if resources have been exploited to allow the area to replenish, but there are two ways in which *tapu* applies to human beings: intrinsically or extrinsically. Intrinsic *tapu* is within everyone from birth and stems from an innate connection to ancestors, whereas extrinsic *tapu* can be added to or removed from a person, place, or object and exists for the safety and wellbeing of people (Newman 2019: Lecture Notes). For instance, a pregnant woman or a family grieving the loss of a loved one are in an increased state of extrinsic *tapu* because they are under intense psychological stress relating to the life course. Whereas intrinsic *tapu* descends from the *atua* associated with that realm, extrinsic *tapu* is the recognition of primary *tapu* as it applies or extends to specific times, places, or context (Newman 2019: Lecture Notes).

If one breaks spiritual restrictions by doing something as subtle as stepping over a pillow, they are said to receive punishment from *atua* in the form of decreased *mana* (prestige or power) because this action is interpreted as disrespectful of the most sacred body part - the head (Voyce 1989). Other violations of *tapu* include dishonoring a burial ground or disrespecting cooked food by sitting on a table (Shirres 1982; Voyce 1989). Each *atua* essentially extends their spiritual power, or *mana*, to human actors who inhabit certain skills. Healers, or *tohunga*, have increased *mana* and have the unique capacity to place extrinsic *tapu* because they serve as the mediums between the spiritual and physical world. As creators of the world, *atua* implant their *mana* as templates for potential power in all beings (Newman 2019: Lecture Notes).

Noa operates as the counterbalance or natural companion of *tapu*, and means freedom from restrictions (Newman 2019: Lecture Notes). Agents that bring *noa* and lift spiritual restrictions are *karakia*, cooked food, and water, which is why sacred welcoming ceremonies, funerals, and weddings all end with a feast called *kai* (Newman 2019: Lecture Notes; Shirres 1982). My most personal experience with *tapu* and *noa* was when I visited a North Island *marae* and participated in the welcoming ceremony known as a *pōwhiri*. Our hosts explained that our visiting group consisted of *manuhiri* (guests) who had to follow certain procedures in order for the *tangata whenua* (people of the land) to discern our intentions. Women stood at the front of the line with the male members in the back and approached the *marae* in a non-threatening manner. We wore respectful clothing that covered our shoulders and knees and removed our shoes before stepping foot in the *wharenuī* (meeting house). Our hosts explicitly stated that no food or drink is allowed inside of the *wharenuī* because these are agents of *noa* that break the sacred condition necessary for the ceremony. In order to understand these concepts, it is helpful to relate them to

Durkheim's (1912) distinction of the "sacred," what is separated or prohibited, and the "profane," referring to the secular or ordinary. There is a clear parallel between these sets of concepts, both of which are rooted in respect of tradition and maintenance of balance.

Mana, tapu, and noa are typically regarded as the three dominant cultural concepts in Māori society that work as complementary parts of a system that maintains and supports itself. These concepts not only apply to life on the *marae*, but have a major influence over Māori health and well-being. Many Māori believe that sickness or disease stem from the infringement of *tapu* and consequential "withdrawal of supernatural protection" (Voyce 1989: 100). The role of the *tohunga* in this context is to exorcise evil spirits or restore a state of balance through ritual (Voyce 1989).

Whenua and Whakapapa

Just as creation is depicted as the union of men and women, cosmogenesis in the form of sexual generation highlights the significance of *whakapapa* (genealogy) in Māori tradition - ancestral connection links humanity together and serves as the foundation of the indigenous value system (Newman 2019: Lecture Notes; Schrempp 1992). *Whakapapa* is not only the scaffolding of Māori culture and social organization, but contextualizes human action within broader time and space (Newman 2019: Lecture Notes). I learned through my fieldwork that the relationship between *Rangi, Papa*, and their children in the creation stories symbolizes the central role of kinship and the interconnectedness between all things as well as the positioning of people, elements of environment, and *atua*.

For instance, when Māori ancestors walked on the land during the first wave *waka* migrations, they observed the stars in the night sky and were conscious of their intimate relatedness to all living things (Newman 2019: Lecture Notes). Furthermore, when Māori people care for the land or any other element in the natural environment, they demonstrate that they also care for their ancestors and respect the values established by the creation stories. For this reason, upholding the foundational pillars of *tapu*, *mana*, and *noa* requires that Māori do treat the land not as a commodity, but rather as a part of their being: the land does not belong to the Māori, the Māori belong to the land as its mindful *kaitiakitanga* (caretakers) (Newman 2019: Lecture Notes).

In order to calm my nerves before my first interview, I fixated on the old healer's boney fingers wrapped around the head of her cane. The intricate carvings and greenish-brown color resembled the cross between a tree trunk and a sculpture from an art gallery. She caught my stare and proceeded to explain the story behind her walking stick. I learned that what I initially identified as arbitrary curves and edges encompassed everything from the birth of humanity in the creation stories, Māori life force, connection to *atua*, the world of *Ao* (light), and the interconnectedness of *whakapapa* and *whenua*. While I cannot say that I understood completely the cultural importance of the cane, the emotional passion behind the healer's voice revealed just how much this three-foot-tall piece of wood encapsulated memory and cultural heritage. In an increasingly globalized world where the realm of indigenous life and healing are in a constant state of flux, this cane provided a sense of stability, both literally and metaphorically. Throughout our conversation, I noticed the healers' hands tighten around its curved neck, as she desperately attempted to hold onto Māori tradition and identity in an era of rapid social change.

Tohunga (Indigenous Healers)

The meaning of *tohunga* reveals the multifaceted nature of indigenous healing in that it is impossible to reduce the term to a single definition. In the beginnings of Māori society around the time of the *waka* migrations, *tohunga* were experts, priests, or scholars who mediated between *atua* and humanity (Newman 2019: Lecture Notes; Voyce 1989). Traditionally, different *tohunga* possessed technical skills and self-proclaimed powers that served different realms of indigenous life (Voyce 1989) For instance, *tohunga whitianga* were carpenters or canoe makers who were critical craftsmen during the age of sea navigation, and *tohunga ta moko* were tattoo artists who based their designs for body art on ancestral heritage or *iwi* (kinship group) (Voyce 1989: 99). The two types of *tohunga* established at the time of Lapita settlement were *tohunga ahurewa*, or priests, who were selected and trained to serve the community as a “sanctioned ritual [experts]” (Voyce 1989: 99). On the other end of the healer spectrum were *tohunga makutu*, who possessed individual powers instilled directly from the gods and did not dedicate themselves to serving others (Voyce 1989: 99).

Based on my encounters with current practitioners of traditional medicine, contemporary *tohunga* merge these two definitions - they have the individual ability to communicate with *atua* and act independently, utilizing their spiritual powers and physical techniques, such as herbs and massage to benefit the greater good. Not all Māori healers, however, have the intention to practice indigenous medicine professionally. Several *tohunga* explained to me that healing “chose them” as they discovered their abilities to help family members and friends with pain throughout their childhood and adulthood. They rarely felt

external pressure to serve the greater community and believed that if a person needed their help, their spirit guides would lead them to their healing table.

Through my conversations with healers, I learned that Māori associate different parts of the body, such as the bone structure, the bowels, and the heart, with *atua*. In the creation stories, the role of *Tāne*, the female personification of the forest, demonstrates how Māori conceptualize the body as an extension of the natural environment and higher spiritual powers. As I previously mentioned, *mauri* is a Māori term that describes the life force that exists in all living things and must be balanced in both the human organism and the larger environment. In light of this holistic definition that encompasses the physical and spiritual aspects of life, it is evident that connecting *atua* to the physical body allows healers to better understand the state of their patients.

Furthermore, *karakia* bridges the gap between these spiritual and physical realms and summons positive energy from ancestors and the gods from the creation stories.

Despite the fact that the meaning of *tohunga* is a dynamic and complex, the fundamental role of *karakia* still stands in present-day healing sessions. The effectiveness of *karakia*, prior to British colonization in the eighteenth-century, was dependent on the *mana* (prestige) of the healer, and these incantations were considered personal property of the *tohunga* and his disciples (Gudgeon 1907: 64). Presently, the process of healing and reciting *karakia* are considered humanistic sensory experiences that evoke emotion and take on social and cultural meaning beyond physiology. Although communication with spirit guides through *karakia* and realignment of one's energy channels intend to reach the source of illness as opposed to merely treating the symptoms, these methods historically challenge the concrete social categories and dominant cultural norms informing healthcare in New Zealand.

While Māori people believe that the body is a vessel that can suffer from substantive physical symptoms, such as chronic pain or headaches, many healers explained to me that they aim to destabilize the confining biological categories that inhibit the intimate and dynamic relationship between the physical and spiritual worlds. They later told me that ancestral connection fuels this intersectional analysis of the body and reveals any energy blockages. I was surprised to learn that most of the healing process occurs without physical touch, something that starkly contrasts with the Western medical approach of surgery. On the other hand, the more I learned about the role of *atua* as a guiding force and intangible concepts such as *tapu* and *noa*, the more I understood the potential impact of *karakia*. Although I cannot say I felt any physical effects from my own healing sessions, I accepted the Māori belief that *karakia* is enacted as an inclusive form of spirituality.

Although the vast majority of my observations and experiences in the field point to healers' openness to patients of different cultural backgrounds and other approaches to wellness, I observed that the primary source of contention among indigenous healers is shaped by generation. Healers who grew up during the height of assimilation efforts, namely the Tohunga Suppression Act from 1907-1962, are reluctant to adopt New-Age, practices such as crystal healing, that could potentially interfere with traditional indigenous identity. This generation of *tohunga* remains convinced that indigenous healing must remain separate from foreign influences because adopting new practices could potentially erode Māori identity and culture. Moreover, the mythic past delivers feelings of nostalgia and constructs cultural identity for those whose lifeworlds were called into question in previous decades.

During my first interview with an elderly female healer in the corner café, she stated that “it is important to take things back to the way things used to be when people walked on the land and people were less stressed and had time away from technology.” She stressed that there is no place for biomedicine in Māori healing and that any pain she or a family member encountered is treatable via indigenous healing techniques. I recall the confidence she exhibited during a raised arm exercise in the middle of the coffee shop, a moment in which I could feel her unrestrained sense of fortitude. To further demonstrate her power as a “traditional” first-generation Māori healer, I distinctly remember her stern order for me to stand up with my arms facing out like an airplane. Discounting the fact that I was in a public space and wanted to prove myself as a respectful researcher of anthropology, I swallowed my embarrassment and did as she asked. She told me to resist her force as she pushed my arms down. My seemingly limp and lifeless arms dropped within seconds. The old healer took about five minutes to recite *karakia* and once again attempted to push my arms down. This time, however, my arms seamlessly resisted her force. I stood there in awe and began to set aside all of my preconceived notions regarding indigenous healing.

In contrast to older healers’ focus on Māori origins, younger *tohunga* explained that social media and the Internet create an enhanced sense of community among Māori and non-Māori healers. They allow healers to share techniques, meet at globally-recognized expos, and connect for more intimate family-based healing sessions. One healer mentioned that she was able to form long-standing friendships in the “healer family” that served as a support when older *tohunga* questioned her Māori origins as a blonde-haired and blue-eyed woman. Furthermore, younger healers use Facebook groups and webpages to build their businesses, while first-

generation healers rely on word-of-mouth and intimate *whanau* (family) connections. In many respects, contemporary healer networks are analogous to Victor Turner's (1974: 168) description of social bonds in "spontaneous communitas" where *tohunga* form an "homogeneous, unstructured, and free community" via online communication, national health expos, and local meet-ups while following their own unique spiritual path. In this context, modernity has sparked considerable intergenerational conflict among healers in New Zealand.

"It's the Māori Way"

As a non-Māori observer, the aura of mystery surrounding indigenous healing and culture drew me in like a moth to a flame. Healers told me that my ancestors served as a comforting light in the darkness and instilled a sense of hope when I sought guidance throughout my journey in New Zealand. Despite the fact that I could feel every muscle in my body begin to tense at the thought of exploring misalignments in my own life, there was nothing left to do but enter this new experience with an open and relaxed state of mind. I often think back to that initial meeting in the corner café when the older healer spoke to me for two hours about her family and indigenous history before even looking at the consent form. After conducting six interviews and studying indigenous Māori culture and healing for over a year, I better understand the importance of personal connection. *Tohunga* cannot even begin the healing process without connecting to their clients spirit guides or discerning their intentions behind their interest in cultural medicine. While Māori embrace patients from all walks of life, protecting their cultural identity and upholding their value system rooted in the creation stories is of the utmost importance. One instance in particular stands out to me as I attempted to contact informants during my fieldwork.

The initial email I received from the healer at the Christchurch Expo stated that he would not be willing to discuss such highly regarded Māori practices without meeting me face-to-face because “it’s not the Māori way.” Determined to prove myself as an anthropologist and, more importantly, as a respectful student of indigenous culture, I booked my bus ticket to Christchurch before I had a chance to rethink my decision.

Taking into account my experience in the field, I cannot help but wonder if biomedicine and scientifically-based understandings of wellness truly encapsulate the complexity of culture and the human experience. Lisa Stevenson’s (2014) ethnography of suicide in the Canadian Arctic demonstrates how government-enforced models of anonymous care ultimately disregard the poor quality of life among the Inuit population. The biopolitical model of care that centers around populations rather than individuals is “primarily concerned with the maintenance of life itself” and is consumed by the approach of measuring progress through statistics (Stevenson 2014: 4). In Stevenson’s words, biomedical healthcare models “ignore the pull of these personal ties,” an argument that is also true for the Māori (2014: 124-125). Furthermore, this lack of intimacy neglects indigenous emphasis on personal connection in their healing practices. The Māori holistic health model opposes anonymity in healthcare and biologically-rooted understandings of life and death because it is largely based on interpersonal connection and fluid cultural concepts as opposed to science.

During my *mirimiri* massage at the Christchurch Healing Expo, I slipped into an almost meditative state as I listened to the soft humming of ritual chants. There was no effort by this healer to reduce my experience to biological or religious terms because, like the Inuit, the Māori approach to health challenges the physiological, cultural, and even spiritual boundaries that

confine matters of wellbeing to a pulse. Given their malleability and subjectivity, indigenous healing practices reflect the human experience because they do not attempt to distinguish between right or wrong, alive or dead. They demonstrate the ambiguity that dominates much of human existence. Such fluidity allows for adaptation, growth, and change (e.g. the adoption of New-Age practices), and also reveals how Māori reframe dominant health narratives and culturally-established perceptions of spirituality, physical health, and personal pain.

As I inserted myself deeper within the Māori healer community, I found that this integrated approach to healing carries meaning that transcends the physical body; it represents kinship ties and a dynamic range of human emotion. Although *karakia* and ritual massage are grounded in Māori history and storytelling, these practices are not confined to rigid categories and do not dictate a right and wrong way for people to feel close to a higher power. As someone who never identified with an organized religion, I was encouraged by the openness of this form of spirituality and the fact that each healing session operates as a uniquely intimate experience that varies for each individual.

Chapter II. Missionary Work and Biomedicine: Foreign Influences on Healing

Using an Anthropological Lens

Anthropologist of well-being, Michael Jackson, draws on his fieldwork in West Africa, Europe, the United States, Australia, and New Zealand to further understand the complexity of the human experience. Jackson eloquently describes a diverse range of subjects such as physical and emotional pain, spirituality, storytelling, kinship, socioeconomic restraints, and resilience. As I explore the foreign influences of colonialism and biomedicine on Māori healing practices in New Zealand, I draw inspiration from Jackson's anthropological lens. Indigenous culture and healing practices have endured over time and have coexisted and even combined with Western beliefs and practices. In this chapter, I discuss how early interactions between Māori and non-Māori during early settlement influenced the course of indigenous medicine and culture as a whole. Inspired by Jackson's poignant work, I incorporate my own observations and conversations with healers from my fieldwork to further analyze how the history of colonialism and the rise of biomedicine have influenced the ways in which Māori *tohunga* practice their craft.

Throughout this chapter, I reference Jackson's books *The Palm at the End of the Mind* (2009) and *Life Within Limits* (2011), which explore how everyday experiences represent the human condition and how people make sense of foreign influences through unifying forces of spirituality and storytelling. In *Life Within Limits* Jackson argues that the impacts of foreign illness, oppression, and governmental exploitation in Sierra Leone, the healing power of spirituality, family, and storytelling have allowed indigenous populations to move forward. The case studies in *The Palm at the End of the Mind* similarly address the connective power of

religiosity. Jackson's discussion of the role of moral value systems in moving beyond adversity includes accounts from New Zealand, which allowed me to draw connections between his ethnography and my own fieldwork. In this chapter, I continue to discuss these texts as they apply to Māori and non-Māori interactions, particularly concerning the interplay between religion and spirituality.

First Encounters

The lifeworld established by the early Māori underwent a significant transformation after the arrival of the Europeans. This first wave of explorers were referred to as *pakepakehā* (fairy folk) or *atua* (ancestors) because of their “overwhelming [differences]” that were so foreign to the indigenous population (Ballantyne 2015: 2). Members of the Māori community began to develop their culture by contrasting themselves with the European *pākehā*, prompting the creation of ceremonies like the *powhiri* (welcoming ceremony) that I experienced during my fieldwork in the North Island to enter *marae* grounds (Ballantyne 2015). Although the *powhiri* ultimately serves as a form of protection against both physical and spiritual threats, I consider the ceremony to be representative of the Māori's receptiveness to outside cultures. The state of *tapu* represents spiritual restrictions during ceremonies, but once the chief or *tohunga* (priest or healer) with *mana* (authority) lifts this restricted state and *noa* is restored, guests are met with open arms.

During my fieldwork, I noticed an apparent shift in the meaning of the word *pākehā* from “fairy folk” or “atua” to “ordinary people.” This rhetoric ultimately reveals how some Māori view themselves in relation to the non-Māori population in New Zealand. Based on my

conversations with Māori *tohunga*, this terminology is not intended to frame the indigenous population as superior, but rather to emphasize the power of cultural knowledge, spiritual connection, and a fine-tuned awareness of the natural environment. Moreover, *pākehā* is not considered as a negative or offensive term, but rather a reflection of how Māori have taken ownership of their cultural heritage and have celebrated their Māori identity in the wake of colonialism and assimilation efforts. In this chapter, I discuss these obstacles in greater depth as I analyze the impacts of New Zealand's colonial history on Māori perceptions of health and perceptions of well-being.

The cultural foundation of Māori society is rooted in *marae ātea* where rituals surrounding the foundational pillars - *tapu*, *noa*, and *mana* - took place and strengthened the connection between familial networks and the land (Tapsell 2018: 107). *Marae ātea* originally served as a social and spiritual center for the indigenous populations due to its close proximity to crucial *hapū* (clan) leaders. A cultural shift occurred, however, when the *marae* community was exposed to European explorers after three hundred years of isolation (Tapsell 2018: 109). The arrival of Captain James Cook's endeavor on New Zealand's North Island in October 1769 ended this prolonged period of isolation for the Polynesian population who had settled in New Zealand (Newman 2019: Lecture Notes). At the time, approximately a hundred thousand people resided on both the North and South Islands. This population had a common language, shared common ancestors, and developed a set of "profoundly localized identities" (Ballantyne 2015: 2), which were defined by the landscape and *whakapapa*, concepts that continue to be grounding forces for Māori because of their central role in the creation stories. Jackson (2011: 144) provides a compelling description of the power of narrative, stating that "unless we take seriously these

symbolic and imaginary strategies for playing with reality we cannot even begin to understand our human capacity for well-being.” Jackson points out that imaginative storytelling is at the crux of Māori culture and understandings of health. The symbolic weight of *whenua* (land), for instance, is apparent in healing remedies that utilize herbal treatments, stones, and feathers that are intended to bring the patient closer to the earth and ancestors.

The first encounter with Europeans on record occurred when Tupea, Cook, and Banks landed in 1769, which brought about the first wave of firearms and disease before the Treaty of 1840 (Tapsell 2018: 111). Furthermore, Māori communities relocated their *pā-kāinga* with *marae ātea* at its core, but a series of economically-driven conflicts emerged as the Crown attempted to gain more control over the fertile land and resources by dividing kin communities and wiping out a large portion of *pā-kāinga* (Tapsell 2018: 112-113). Europeans also brought firearms and microbes that contributed to widespread violence, disease, and a consequential population decline from which the Māori are still recovering (Ballantyne 2015; Tapsell 2018). Unlike the Spanish who arrived in the Americas with intent to colonize, the European sealers and whalers made short-lived visits during which they accepted the power of indigenous leaders and respected the authority of local law (Ballantyne 2015: 3). The temporary nature of this initial contact, as opposed to one with forceful domination, arguably contributed to the early hybridization of cultures. On the other hand, foreign contact contributed to the spread of newly-introduced disease among Māori and assimilation practices gained prominence as foreigners settled on the North and South Islands during the 1900s (Ballantyne 2015; Finney 1999).

Widespread disease weakened the Māori population in terms of their health and numbers, allowing European settlers and Asian laborers to uproot native communities and gain

control of the land (Finney 1999: 10). Beddoe and Maidment (2014: 22) look specifically at health frameworks in New Zealand and Australia and note that the dominant narrative is influenced by a “Eurocentric biomedical model” due to a long-standing history of European colonization that began to take shape in the 1800s. Consequently, the mental and physical health status of Māori and Aboriginals has significantly suffered as a result of systemic racism and oppression (Beddoe and Maidment 2014). For Māori, connection to the past, present, and future play critical roles in spiritual health. Therefore, assimilation has had a largely negative impact on indigenous well-being by separating families and depleting resources available to *marae* communities. I learned through my fieldwork, however, that New Zealand as a whole further acknowledges environmental and spiritual life forces through herbal remedies and rituals that are now considered to be under the umbrella of New-Age or medicine.

Assimilation Efforts

Missionary Work

In contrast to sealers and whalers, British missionaries who arrived in the mid-1810s intended to remain in New Zealand, and they sought to abolish aspects of Māori life that did not align with the Bible. They used the “power of God’s word” (Ballantyne 2015: 3) to transform the moral basis of the indigenous population and established what they perceived as a sense of order within Māori society. Māori people were initially apprehensive, but they began to adopt Christian beliefs in the 1830s when they recognized that missionaries gave them increased access to technology and taught them to read and write (Ballantyne 2015). Literacy was a pivotal skill and in many respects transformed the course of indigenous culture. For instance, Māori people could

begin to expand their indigenous language, document their creation stories, and use methods other than oral tradition to preserve their cultural heritage.

Māori population generally accepted missionary work as it instilled a sense of comfort and hope as many Māori faced the consequences of foreign disease and population decline. Although Māori continued to turn to *atua* ancestors during trying times, the Bible introduced the idea of guardian angels and provided a new religious structure that supplemented oral accounts. Jackson (2011: 141) observed a similar interaction of religious systems while performing fieldwork in Kabala, Sierra Leone, he described how local chiefs embraced Islam and the rest of the community followed. Consistent with the impact of foreign disease among the Māori, governmental corruption and “hardships of everyday life” for the indigenous population in Kabala arguably made the spiritual comfort of Islam that much more appealing (Jackson 2011: 141). This parallel between Jackson’s fieldwork in West Africa and my observations in New Zealand is particularly applicable to Māori perspectives in New Zealand. It is important to note that the indigenous populations in both contexts are generally accepting of foreign religion and do not view their participation in a globalized world as a threat to their cultural heritage.

Since the Protestant missions of the early 1800s, religious discourse has been incorporated into indigenous spiritual practices, something I noticed first-hand during my *mirimiri* massage session, which I discuss in greater depth in Chapter 3. In addition to communicating with my Māori spirit guides, the healer used ritual chants to connect to the Archangel Michael from the Old Testament of the Bible. He told me that Māori spirit guides, ancestors, and guardian angels are all present during a healing session and allow him to see the entire person before identifying any ailments. Indeed, during the interview process several

tohunga stressed the fact that Māori have largely welcomed the influence of Christianity.

Although many Māori adopted Christians beliefs during the Protestant missions and this religion continues to have a foothold in the indigenous population today, these healers made it clear that they did not abandon their Māori beliefs, but rather incorporated certain ideas from the Old Testament: Christianity thus became indigenized.

This is not to say that the Church has been entirely accepting of Māori beliefs and healing practices. One healer in particular discussed how some Churches in less integrated areas consider Māori healing to be a form of “sorcery” or “black magic” that conflicts with Christian values, but this healer also told me that he has performed a *mirmiri* or energy healing on more open-minded priests. Another healer told me she was romantically involved with a Christian man and when they were together, he often located aspects of Māori spirituality in the Bible. She continued to tell me that healing, spirituality, and organized religion are connected and similar despite the fact that some conventional Churches consider mediumship, herbal remedies, and ritual chanting to be taboo. From her perspective, all of the above stem from love, and all people have a choice regarding what they connect to. For example, she stated that she has pictures of Jesus and God in her home, but recognizes how these might appear to be problematic to those who have codified or conventional understandings of religion and spirituality.

Conflict and Compromise

British colonizers assumed control of the indigenous population by re-distributing Māori power and resources through warfare, land confiscation, inhibiting legislation, and forced assimilation efforts, such as bans on Māori cultural and social practices - namely traditional Māori medicine (Anderson et al. 2006). The Treaty of Waitangi, signed in 1840, is arguably the

most widely-known piece of legislation from this time period. This contract between Māori and the Crown was written in the indigenous Māori language and English, but the two versions of the Treaty contained very different interpretations of land ownership and obligations to uphold Māori rights (Anderson et al. 2006). To remedy the widespread dissatisfaction among the Māori population, the Waitangi Tribunal was enacted in 1975 to resolve disputes over the Treaty while the Royal Commission on Social Policy guided government action (Anderson et al. 2006). The transition to a Māori-government partnership has been centuries in the making and while there are still deep-seated health and socioeconomic disparities between Pacific-Islander and white populations, both contemporary scholarly literature and my own fieldwork reveal that national health strategies continue to incorporate indigenous knowledge.

The 1840 Treaty of Waitangi largely represents the integration of European and Māori societies from a political, social, and cultural perspective. This piece of legislation, originally serving as a mediating contract between Māori and the Crown, has been adjusted over time to aid social policy and guide the New Zealand government in their efforts to protect indigenous interests and well-being. The New Zealand Public Health and Disability Act, The New Zealand Health Strategy, and He Korowai Oranga: Māori Health Strategy are a few of the policies that have been established in recent decades in an effort to improve the health of the indigenous population, which is still in a state of physical and mental recovery after the introduction of foreign disease, violence, land confiscation, and centuries of assimilation efforts (Anderson et al. 2006; Chant 2011; O'Hagan et al. 2012). Although this national health initiative, established in the 1990s, delivers a range of primary care and “health promotion activities” (Anderson 2006: 1783), a substantial portion of the Māori population is concerned with issues of “cultural

appropriateness” in mainstream biomedical systems. Furthermore, Anderson (2006: 1783) argues that New Zealand health policy remains “ill-equipped” to prevent and treat illnesses such as diabetes, cancer, and cardiovascular disease, particularly due to lack of funding for public health services. I continue to expand on the Māori response to biomedicine later in the chapter when I analyze national health initiatives and reflect on my own observations from my fieldwork.

Persisting Obstacles: Urban Migration and the Crisis of Disconnection

In addition to the first encounters between Māori, Protestant missionaries, and whalers during the early nineteenth century, the repression of Māori language, institutions, healing, and other cultural values began to take shape under the rule of the Crown and continued through the twentieth and twenty-first centuries (Anderson et al. 2006: 1777-1778). Assimilation policies during this time were designed to eradicate the indigenous language through the implementation of boarding schools, the separation of families, and the weakening of the *marae* communities. During an interview, one healer told me that the Tohunga Suppression Act of 1907 was a significant concern because it not only prohibited all forms of indigenous medicine, but it made it incredibly difficult for Māori people to find healthcare aligned with their own cultural values. I also learned while visiting a *marae* in the North Island that the head is a sacred body part, and many Māori refuse emergency healthcare out of fear that the doctors will disregard this belief and states of *tapu* and *noa*, more generally, during treatment.

The repression of indigenous cultural institutions has had an accumulating effect on Māori education, employment, and health (Anderson et al. 2006). Although assimilation efforts restricting healing practices and language have been abolished, social and cultural changes are

still occurring due to urbanization and social change. The promise of financial security in larger cities has drawn in younger Māori people in search of employment, separating them from their *whakapapa* and home *marae* communities. This demographic change presents a significant challenge for *marae* today: this is the “crisis of disconnection” (Tapsell 2018: 119) that is associated with a young, disengaged generation of Māori who perceive a lack of economic opportunity within *marae* communities. *Marae* rely heavily on the support of kinship groups, but there is limited youth engagement and participation because the new generation of Māori prefer to expand their economic opportunities to living in close proximity to their kin community. Richard Hill (2012: 259) recounts that there has been a notable decrease in knowledge and interest in Māori culture, including declining numbers fluent in *te reo* Māori, the indigenous language. The result is an apparent disconnect between the younger generation of Māori and *marae* who have been heavily influenced by Western culture. This lack of kin sustainability and youth involvement not only decreases the number of resources used to support struggling *marae*, but it inhibits the continuation of the Māori community’s cultural knowledge and rituals that are so central to indigenous well-being.

Although Māori people still face the ramifications of assimilation efforts and the problem of disengaged youth, the consensus among my interviewees was that the future of indigenous culture and healing is filled with promise. As the world has become increasingly globalized and technologically-savvy, the healers I spoke with explained that the acceptance of Māori healing practices has increased substantially. It is noteworthy that Māori cultural identity and values are not only tied to home *marae*, language, and storytelling, but also to community ties that promote health. Many modern-day *marae* have incorporated more contemporary

methods for community building, such as cooperative archeological projects and the online portal known as Māori Maps in an attempt to bridge the gap between Māori youth and their kinship groups' *marae* (Ka'Ai 2015: 247; Smith 2010: 370). Smith (2010: 369-370) describes community archaeology as a collaborative method in which community members work on archeological projects in order to enhance their scientific, historical and cultural knowledge. This method combats the crisis of disconnection by providing an activity that enhances youth's cultural knowledge, re-engages community members, and reinvigorates youth involvement in and support for the *marae*.

Such physical experiences remind me of the effectiveness and openness of the healing exposition. As I described in the Introduction, I attended an expo that incorporated numerous forms of New-Age healing, mediumship, and energy-synching, in addition to Māori cultural medicine. It was evident to me at the Expo that the network of healers in the area was extremely interconnected, promoting each others' services and introducing one another as "sister" or "brother." Similar to community archaeology, the collaborative energy of healing expos is incredibly beneficial for the resurgence of Māori healing.

In addition to community archeology as a response to the crisis of disconnection, there is also a digital effort to bridge the gap between Māori youth and *marae*. Just as healers have expanded their businesses by creating Facebook groups, webpages, and other online resources, Māorimaps.com is an online portal that allows the new generation of Māori living away from their *papakāinga* (home-based *marae* communities) to connect with their *marae* and *whānau* (extended family) (Kai'Ai 2013: 247; Tapsell 2018: 119). Using the internet as a tool in the technological age is a convenient way for those who are disconnected from their home *marae* to

remain tied to their heritage while also seeking new opportunities in different locations. While community archaeology provides a unique, hands-on activity that unifies community members and feeds historical, scientific and cultural interests, web-based projects like Māori Maps are far more accessible to a generation that has grown up with the Internet. As a member of a generation that has grown up with the internet, I am aware of the impact of the connectivity of online platforms and through my own research, I have found it easier to contact healers who had formal and well-organized webpages. I also spoke with one healer who offered to perform a “distance healing” over Skype or Zoom, revealing how indigenous healing is constantly changing to appeal to clientele across the globe.

Biomedicine and Hauora Māori

National Health Initiatives

The early harm experienced through colonialism and assimilation has not only led to a significant decrease in the indigenous population, but also the depletion of resources necessary for mental and physical recovery, such as medical services and supportive social networks. Furthermore, scholars have argued that historical trauma increased the rate at which members of the Māori population suffer in the present day (Wirihana and Smith 2014). Similarly, Stevenson (2014) explores embodied experiences in what she refers to as “anonymous care” in the Canadian north. Her work reveals conflicting definitions of life and death, as well as right and wrong, can spark controversy by potentially reframing a previously established narrative rooted in colonialism and centered around bio-politics (Stevenson 2014: 75). The Canadian state generates scientifically-based categories of medicine and care to establish a sense of control or order,

operating as a roadmap for “proper” treatment and diagnosis. When Inuits use of imagery and conceptions of life do not fall into these established categories and challenge the status quo, the state feels threatened. It is also important to mention that these embodied experiences, like those in the realm of care, structure social relationships, reflect the interplay between tradition and modernity, and establish cultural norms on micro and macro scales.

In contrast to a more culturally-centered explanation of life and death as a cyclical process, the colonially-rooted bio-political model focuses solely on keeping the physical body “alive” in the biological sense of the word. Despite the Canadian government’s efforts to keep the Inuit alive at all costs, individuals implement dehumanizing care practices that discount one’s quality of life by reducing people to statistics. Moreover, images exist in a state of flux that ultimately resists this rigid model of care. Although Stevenson applies Turner’s symbolic interpretive theory in this context, she takes this one step further to evaluate how the strained relationship between the state and the Inuit is exacerbated through indigenous uses of images associated with animals, names, and dreams - all of which resist the fixed categories established by the Canadian government. As I explore in later sections of this chapter, indigenous culture in New Zealand similarly rejects codified understandings of life, death, care, and the human body.

The Power of Cultural Hybridity

In their discussion of postcolonial tourism, Amoamo and Thompson’s (2010: 36) emphasize the need to explore “the complexities within cultures” in order to gain a deeper understanding of cultural differences in a tourist context. Bhabha’s (1994) concept of hybridity is helpful in understanding the fluidity of Māori healing and the “transformative and dynamic

interplay of cultural change and cultural production” (Amoamo and Thompson 2010: 36).

Furthermore, these authors describe the process of “negotiation [...] that produces culturally hybrid identities and re-negotiates notions of the colonial” (Amoamo and Thompson 2010: 36).

These “creative contact zones” constitute what Bhabha (1994) terms the “third space” where new identities and cultural meanings are constantly forming (Amoamo and Thompson 2010: 36).

Although the postcolonial era in New Zealand was marked by trauma and recovery for the indigenous population, exposure to foreign groups through tourism has created a platform where hybrid cultures can flourish. This space is arguably where Māori healing practices are rooted, combining New-Age, indigenous, and Western models of health to formulate a creative and adaptive field that appeals to a wide audience consisting of tourists, indigenous Māori, and non-Māori New Zealanders. For Māori, celebrating hybridity is empowering. Drawing on Amoamo and Thompson’s observations, in combination with Jackson’s ethnography, I suggest that many healers have constructed a cultural identity in which they accept differences, namely the introduction of Christianity or technology, while holding on to their origin stories and indigenous value system.

Before beginning my research, I learned that Māori people faced a long history of institutionalized stigma associated with Christianic religion, rigid biomedicine, and systemic racism. Interestingly, healers’ narratives revolved around the notion that well-being is born out of pain or hardship. This mindset arguably makes well-established, large-scale religious and medical institutions less threatening. By reframing the dialogue around opportunities for integration and inclusion, Māori healers open themselves up to opportunities to grow their business and reach an audience of both indigenous and non-indigenous patients. By refusing to identify as an oppressed

population that is still suffering from an era of colonization and forced assimilation, healers are unionizing for community well-being. Rather than playing victim to a broken system that was founded on structural inequality, stigma, and symptom-treating health policy, healers' stories emphasized hope and agency. In short, I was overcome by their optimistic rhetoric.

Even older *tohunga* who were disenfranchised during the implementation of the Suppression Act were able to compartmentalize structural issues to help those struggling in their communities. It is evident that the Church's attempt to maintain a sense of continuity and tradition can reinforce stigma. A culture of blame also hurts indigenous well-being by labeling their highly valued system of wellness as "witchcraft." Throughout my fieldwork, I was reminded how healers persisted through such hardship and stigma to pursue the path of well-being. Many people compartmentalized deep-seated structural issues to presumably mask any feelings of isolation and suffering. The indigenous conception of this "*whanau* of healers," however, creates a united front to fight through adversity and promote their practices through an ever-expanding network. Their personal anecdotes of character-building and resilience are positive. As one healer put it, "at the end of the day, we are all just people with some kind of imbalance somewhere."

An Integrative Indigenous Approach to Medicine

I was intrigued by how healers define their role in New Zealand society or uphold their cultural values while working alongside biomedicine. A common theme interwoven throughout healers' narratives is that there is a misalignment between treatment and identifying the root cause of physical and emotional pain. When I asked one healer about his perspective on biomedicine, he said he recognized that there is a place for Western medicine, but through his

practice, he notices that people with mental and physical health issues are simply being prescribed more drugs that come with a myriad of side effects rather than addressing the “root causes” of illness. When I asked several healers where ailments tend to stem from, all commented on energy imbalance or disconnection from “spirit” - a clear allusion to the creation stories and foundational Māori concepts such as *whakapapa*.

From this perspective, one can question whether Western biomedicine inhibits individuals from achieving a sense of well-being and life satisfaction. Younger healers, however, reassured me that hospitals in New Zealand are beginning to hire indigenous and cultural medical practices to treat chronic pain and mental illness specifically. Although there is rarely a substitute for surgery, the act of bringing indigenous and biomedical healing to the same platform represents a profound shift in mindset. For example, hospital boards are taking on Māori initiatives by including spiritual and holistic healers. As one healer explained, “Western medicine is worried that it won’t be needed if cultural medicine gains popularity, and by actively hiring movers and shakers in the indigenous healer community, they are being proactive in creating a culture of inclusion in a traditionally narrow-minded field.”

After the first official promotion of indigenous recovery in New Zealand in 1998, health models emphasizing Māori recovery have been expanding in New Zealand through Whanau Ora and Te Whare Tapa Wha (O'Hagan, Reynolds and Smith 2012). Given that Māori recognize the significance of a person’s kin community and emotional support that comes with the connection to immediate and extended family, it is understandable why the Whanau Ora health initiative is focuses primarily on strengthening familial support networks. Te Whare Tapa Wha, a well-being model that emphasizes balance between *taha wairua* (spiritual health), *taha tinana* (physical

health), *taha hinengaro* (psychological health) and *taha whanau* (family health) incorporates a more inclusive understanding of wellness and recovery that extends beyond mental illness and the Māori community (O'Hagan, Reynolds and Smith 2012).

All healers I interviewed neglected to mention these models, models that are nationally recognized initiatives to integrate healthcare systems. Considering that Māori healing is such a highly regarded practice that is reserved for active *tohunga*, I gathered from my interviews that widely recognized policy violates the sanctity of such practices. On the other hand, *tohunga* view the fluidity of indigenous healing and local traditions as being essential to its survival. Consistent with my previous discussion of Māori acceptance of Christianity, many of my informants acknowledged that working alongside Western medicine and the Church does not threaten their cultural heritage; a willingness to change is rather a sign of strength in and of itself. Debates over the validity of genetic lineage and criteria that determine who is “Māori enough” perhaps raise a greater concern for the future of indigenous healing. It was a common theme across interviews with younger healers to feel rejected by older generations who have more “indigenous blood” and are more fearful of exploitation and reminiscent of the past. In contrast, the willingness of young healers to share their knowledge with non-Māori is arguably a means of cultural survival. Most importantly, the meaning of indigenous healing or cultural medicine in New Zealand has become more inclusive and expansive over time despite the harrowing effects of assimilation, ineffective policy, and a lack of supportive infrastructure for indigenous communities.

Chapter III. The Rise of the New-Age

Historical Context

The mid-1960s marked the beginning of an era of transformation and discovery in terms of Western society's conception of health and wellness. Now referred to as the New-Age, this time period is associated with unconventional forms of healing that now play an instrumental role in the development of healing across the Pacific (Levin and Coreil 1986; Sutcliffe and Gilhus 2014). For college-age Americans engaging in counterculture and advocating for sociopolitical reform, the New-Age Movement embodied shifting notions of well-being that emerged as an underlying obsession that worked in tandem with "self-transformation" and "psuedo-self awareness" (Levin and Coreil 1986: 890-891). As I reflect on my ethnographic research in New Zealand, these concepts appear to be consistent with the spiritual and fluid nature of Māori healing that incorporates a similar philosophy of openness and inclusion. In this chapter, I explore the intersection of New-Age and Māori healing by drawing on my own fieldwork, as well as from the work of scholars of well-being who focus on unconventional forms of medicine. To protect the identity of the various healers in this ethnography, I will use pseudonyms when referring to specific interview excerpts or observations from my fieldwork.

Controversy and Accessibility

The New-Age Movement of the late twentieth century was transformative in that it combined the "medical, spiritual, and sociocultural domains of American life" (Levin and Coreil 1986: 890) and was, consequently, more inclined to capture the attention of the American public and contribute to the widespread popularity of holistic health. This attention was not free from

controversy given that the major touchstones of the New-Age, namely health and spirituality, engendered people's pre-established worldview and reliance on highly-regarded and culturally-embedded medical and religious institutions. Given that Western society is primarily concerned with mental or physical self-improvement, the mind, body, and spirit connection remains a consistent theme and stresses the importance of "love, sharing, self-actualization, and the attainment of heightened mental capacities" (Levin and Coreil 1986: 894). The mind, body, and spirit connection is a recurring theme in my own research that both Māori and non-Māori healers identify as a central component of their wellness frameworks. Throughout this chapter, I further discuss the significance of this connection and how healers across cultural groups employ similar practices to treat patients who have a perceived imbalance in the body.

Amidst this heightened awareness of personal well-being, the notion of health materialized as a status symbol given that the self-care practices and herbal remedies constituting the perceived non-toxic lifestyle require leisure time and material resources that cater to higher socioeconomic groups. Despite the fact that those participating in health-related activities such as meditation and crystal healing were often criticized for engaging in a "culture of narcissism," the predominantly younger New-Age followers sought methods of healing that challenged dominant biomedical models that supported prevailing, top-down social infrastructures (Levin and Coreil 1986: 890-891). Based on my conversations in New Zealand, New-Age practices, such as crystal healing and energy synching are more politically neutral. For instance, I found by speaking with healers in Christchurch and Dunedin that there is a long-standing belief among Māori and non-Māori holistic practitioners that those who are in need will "find their own way to the healing table," whether that be through spiritual forces, family, or friends. Māori informants mentioned

that social media outlets, such as Facebook, serve as a way of “opening peoples’ eyes” to the world of indigenous healing. This advertisement strategy also aims to make holistic medicine more accessible for those in pain or in search of unconventional approaches to wellness rather than being confined to Māori communities or certain socioeconomic groups.

Shifting Attitudes Toward Unconventional Healing

The rise of the New-Age Movement in Western society is not only noteworthy for bringing a more holistic motif to the forefront of global health discourse, but also for expanding the practice of unconventional healing methods, such as crystal healing, energy synching, and mindfulness meditation that are intended to foster a deeper level of self-awareness. Although Māori healing is comparatively less focused on the individual and more centered around building fruitful relationships with family members, the natural environment, the and land, the American New-Age Movement of the 1960s and 1970s stressed the intersection of spirituality, culture, and health that is central to the Māori population’s construction of well-being. Furthermore, Māori healers are known for following a holistic health model that involves natural herbal remedies and spirit-led practices, and these similarities allowed for the relatively seamless integration of New-Age and indigenous healing.

According to French psychiatrist Jean-Marie Abgrall (2007:10), the terms “natural” and “alternative” in reference to more unconventional medicinal approaches is less intimidating to those who follow a more “traditional” biomedical model. Referring to indigenous healing as “nontraditional” carries a more political connotation and can be perceived as a threat to established medical care (Abgrall 2007:10). New-Agers worsened this divide by demonizing

biomedicine and portraying it as a science-based, artificial invention motivated more by the market economy than by well-being (Abgrall 2007). Furthermore, the conception of holistic medicine as a lower-risk and less expensive option that is closer to nature entered the forefront of public discourse (Abgrall 2007). Moreover, indigenous healers and others practicing non-traditional healing methods are less constrained by established institutionalized models and have a “level of social and professional freedom” (Abgrall 2007: 12) that comes with privately-owned practices that rely heavily on integrative and holistic approaches to healing.

Despite that indigenous and biomedical care have historically been mutually exclusive models, one Māori healer told me that Western medicine is “making room for cultural medicine” by bringing both forms of healing to the same platform. She stated that “movers and shakers in the indigenous community are teaching [Māori] philosophies and spreading the word” via social media platforms. Furthermore, during my visit to a biomedically-based health center and Dunedin pharmacy where herbal treatments were offered, I was able to see why indigenous healers anticipate of greater integration of practices within the New Zealand wellness community.

A younger female healer I spoke with mentioned how, presently, “[New Zealanders] are integrating more of the spiritual, holistic, plant-based medicine” in their healing practices. In response to my question asking how open New Zealand is, generally speaking, to holistic health practices she stated, “I don’t think as a nation we are, but I do feel that certain people are becoming more aware. We do have some integrated medical practitioners now that are sort of practicing both.” She acknowledged that there is a certain “hard-core medical” approach in New Zealand where doctors are “quick to pass out a pill” instead of sending people to a spiritual healer, for instance. She did feel that New Zealanders are becoming more open to spiritual

healing, explaining that “holistic healing is becoming more and more recognized” on social media platforms and, consequently, people are more open to it.

Other Māori research participants similarly commented that greater exposure to information regarding different healing methods that do not follow a strictly biomedical model reframes “cultural medicine” as a more respected form of healing that can be used alongside Western medicine as opposed to “witchcraft,” which is associated with evil sorcery. Intrigued by this shifting public attitude toward herbal and spiritual healing, I probed further. Another Māori healer I spoke with in the Dunedin area recalled how his business has changed dramatically over the past eleven years in terms of how the non-Māori population receives his practices. Initially, indigenous healing was viewed as a “spooky thing” and he found it difficult to find an accepting community outside of Dunedin, a city with a reputation for being an inclusive location for holistic health practitioners and *tohunga*. He assured me that “one place that was completely open was Dunedin whereas most places had pockets of accepting groups - young, old, poor, rich encouraged and recommended Māori healing in Dunedin.”

An Older Healer's Reluctance

While younger Māori said they believe that there is a place for surgery in the medical field, they believe that different cultural practices can be used alongside one another, I did notice, however, some inconsistencies when speaking with an older healer in her seventies or eighties. She told me that she never went to the doctor because there is “no ailment that traditional Māori healers cannot solve.” I could sense the sternness in her worn voice and watched as her hand tightened around the neck of her wooden cane. She expressed a clear unwillingness to accept that

anything should take precedence over the “Māori way.” This discourse demonstrates what one middle-aged healer I spoke with explained as the palpable tension between healers born after the Tohunga Suppression Act, lasting from 1907 to 1962, which banned the practice of spiritual and energy healing and older healers, who are less willing to share cultural knowledge with non-Māori. Moreover, these older healers lived through a period of forced assimilation and are therefore far less willing to adopt New-Age practices that presumably challenge accustomed methods.

The Holistic Health Model

An Interconnected System

According to psychologist Martin Seligman, well-being is a “complex and dynamic concept made up of five parts” (Beddoe and Maidment 2014: 16) which include positive emotion, engagement, meaning, accomplishment, and positive relationships. Furthermore, overall life satisfaction and sense of belonging are essential for overall health as humans are social beings who cannot thrive in solitary situations alone (Beddoe and Maidment 2014). Once I began the interview process and had the opportunity to observe Māori healing practices first-hand, it was evident that this holistic approach is incorporated into every aspect of Māori society, whether in school, homes, or *marae*. Members of the indigenous community view wellness and healing as lifelong processes that are not confined to the present, nor are they limited to the medical field.

Whereas conservative religious groups in the West primarily follow esoteric teachings that “profess belief in the possibility of supernatural modes of healing and sources of illness,” New-Age followers place greater emphasis on intellect, mindfulness, and enlightenment as

opposed to a greater supernatural entity (Levin and Coreil 1986: 894). The American focus on physical and mental self-enhancement differs from esoteric teachings that are primarily “supernaturally oriented,” however, Eastern society in particular has incorporated “contemplative practice,” which encourages both spirituality and mindfulness to promote good physical health (Levin and Coreil 1986: 894). For instance, contemplative practices include yoga, cosmic spirituality, and meditation that promote inner-peace and the mind, body, soul connection. This form of healing is focused on the human soul and is both ritualistic and supernaturally oriented.

When considering where Māori healing falls on the spectrum, it appears as though the indigenous population and established *tohunga* rely heavily on a holistic health model that involves communication with a person’s spirit, ancestors, or angels to treat mental and physical ailments. Consequently, I argue that Māori health practices treat the mind, body, and soul as an interconnected system that can be reconciled with an array of practices ranging from spiritual ritual, meditation, and herbal treatments.

Energy Synching

Crystal Healing

Although Māori have utilized the New Zealand greenstone as a symbol of love and friendship in their healing practices for centuries, crystal healing gained a following in the United States beginning in the 1980s given that they were “retail friendly” and could be easily integrated into “healing modalities, meditative practices, and shamanic techniques” in a number of cultural contexts (Kozminsky 2012: 28). According to several Māori and non-Māori healers I spoke with in the Dunedin area and the Christchurch healing expo, the meaning of crystal healing extends far

beyond its commercial value - it is rather a form of energy synching. To grasp this highly complex concept, it is helpful to consider New-Age scholar Isidore Kozminsky's (2012: 28) description of chakras as "centers of energy configured through the etheric body" and whose alignment is reflected by one's mental or physical health. The etheric body is "composed of strands and streams of light" that intersect an form a "wheel-like formation" within the body (Kozminsky 2012: 28).

According to a non-Māori crystal healer I spoke with at the Healing Expo, the seven chakras are located from the "base to the crown" and are said to be linked to glands and internal organs and expressed through a spectrum of colors ranging from infrared to ultraviolet. Crystals similarly portray specific meaning through color, vibrancy, and geometry, and are consequently used to heal (Kozminsky 2012: 28-29). Moreover, the therapeutic application of crystals utilizes the link between specific colors and glands to realign a patient's energy channels and promote their overall health. I was both intrigued and perplexed by the idea that stones and crystals could evoke certain physical and mental reactions in the body. The more I conversed with different energy healers at the expo, however, the more I understood the importance of energy balance in the body and how misalignment often manifests as physical pain and a sense of disconnectedness.

BARS Access Healing

One of the most common forms of energy healing I encountered at the Expo was a form of energy transformation accessing points on the head called BARS that, when touched, allow the energies in the body to flow. This process is believed to remove blockages and allow energy

centers to open and balance. According to the BARS practitioner I spoke with at the Expo, these blockages consist of stored beliefs and attitudes that humans have gathered over the course of their lifetime and which no longer serve the mind, body, and spirit. Activating specific pressure points on the head allows the patient to experience a sense of profound mental clarity. This involves, but is not limited to, expanding one's consciousness, integrating the mind, body and spirit, awakening the thymus gland, increased perception or creative capacity, and reducing life's stressors. Given that it takes a predicted three to eight weeks to shift the energy in one's body, the BARS practitioner I spoke with recommended that patients schedule three initial appointments. The process itself involves lying comfortably on the back while the practitioner touches the thirty-two BARS on the head that are linked to one's creativity, consciousness, and bodily organs. While these points on the head carry different meanings, they are interconnected and essential to wellness from a holistic health perspective.

Influenced by my own cultural knowledge, I equated this form of healing with acupuncture or massage. It was not until I read a testimonial on one of the pamphlets at one practitioner's table that I began to notice the distinction between BARS and practices that are centered largely around physical relief. According to this patient's account, he began to feel more "open and clear," as well as more in-tune with his body. He noted that while energy shifts are not always apparent, he will often catches himself approaching a certain aspect of his life with more perspective without the clouding effect of stress and brain fog. He explained that there is a "restored sense of balance," meaning that mind, body, and soul are aligned like the seven chakras in the body. This model is reminiscent of indigenous healers' accounts of returning to a state of balance and harmony through a prolonged healing process that is intended to evoke a similar

sense of awareness, fluidity, and calmness. Although Māori practices like *mirimiri* are similar to BARS access in that they both incorporate physical touch, I found that Māori healers veer on the side of spirituality and utilize ritual chanting, whereas this subset of non-Māori New-Age healing solely relies on physical touch to clear energy pathways and restore balance in the body. Māori associate different parts of the body with *atua* that helps healers process their patients' pain through divinity. In other words, connecting to *atua*, or ancestors, allows the healer to better understand the state of the patient by looking at their familial heritage.

Mind, Body, Spirit Connection

New-Age healing acknowledges the mind, body, and soul connection and, thus, stresses the notion of holistic health. While New-Age practices in New Zealand are largely individualistic, focusing primarily on internal satisfaction and soul alignment, there are aspects that incorporate the larger community, natural environment, and even something as abstract and vast as the universe. According to New-Age healers and loyal followers, humans are composed of “fragmented parts” that require a deeper level of consciousness in order to connect and promote individual psychological, spiritual, and emotional health (Levin and Coreil 1986: 891).

Familiarity with religious, biological, or psychological concepts helps foster these connections. For instance, “where the allopath may see the patient as an amalgam of lungs, kidneys, extremities. etc., a New-Age practitioner may see the patient similarly” by evaluating their meridians and chakras (Levin and Coreil 1986: 891).

The indigenous healers I interviewed, the majority of whom were born in the 1960s and 1970s, frequently used the term “balance.” According to one healer in the Dunedin area, people

from all cultural backgrounds seek relief from physical pain and psychological pain, but he has found that mental and spiritual pain manifests as physical. For instance, the left side of the body is connected to issues related to women, whereas pain on the right side of the body represents issues related to male family members. She stated that “everything relates to everything [...] it is just so deeply holistic.” In many respects, this interconnected holistic health framework is consistent among New-Age and indigenous healers who focus on energy flow and blockages in the body. There is the dominant belief that the mind, body, and soul must work together because if one component is not aligned, it falls back on the others.

The Prolonged Healing Process

Based on my encounters with New-Age healers at the Christchurch expo, I learned that the process of healing is, in many respects, more significant than the end result. I would argue that there is no “endpoint” in the traditional sense; rather, the process of tuning into one’s mind, body, and spirit is more aligned with Māori wellbeing. Perhaps this is why *mirimiri* and BARS access occur over a matter of weeks. During my own *mirimiri*, for instance, the initial point of contact the day prior to the physical massage itself was a crucial stage in the process. Not only did it serve the cultural purpose of meeting face-to-face and making direct eye contact to establish interpersonal connection between healers and patients, but introduced the healer to my spirit guides and allowed him to identify existing energy blockages. Sensing my discomfort, the healer began his initial *karakia* to “open up the space for healing,” clearing out negative energy and replacing it with good intentions.

Similarly, the BARs practitioner I spoke with mentioned how restoring balance in the body is a prolonged process that can take weeks to achieve. Although a patient may feel initial benefits, such as improved mental clarity and muscle relaxation, removing energy blockages in the body requires persistence. The relationship between healer and patient appeared to play more of a role in the Māori healing world, but during my time at the Expo I noticed recurring themes in the New-Age health sector that interact with indigenous approaches to wellness in New Zealand, perhaps the most crucial being the emphasis on process. This mindset provides stark contrast to Western society where people are inclined to pop a pill in order to seek instantaneous relief. Furthermore, the process of self-enhancement is framed as a struggle rather than as a transformational experience.

One healer I spoke with in Dunedin commented on the “impatience associated with modern medicine.” Nonetheless, it was not until I underwent my own healing session in Christchurch that I was able to truly comprehend the hastened pace of healing in the United States. For the first time in my memory, I sat with my discomfort. I distinctly recall repositioning myself so that my head fell neatly in the crevice of the massage board. Emotionally-charged tears streamed down my nose to the floor. I heard the whispered words, “the more pain you can take the better” and rather than swallowing the lump in my throat, I let out an unbridled sob. The utter distress of being still and subjecting myself to the pain reaffirmed Māori and non-Māori New-Age healers’ trust in the prolonged healing process. According to Māori *tohunga*, there is something to be learned from feeling physical and emotional sensations in the body and allowing those feelings to release without reaching for the immediate relief of a pill.

Spiritual Healing

Defining “Spirituality”

Mark and Lyons (2014: 294-295) describe spiritual healing as “[...] the intentional influence of one or more people upon one or more living systems without utilizing known physical means of intervention,” which can be done in person or across long distances. The role of the spiritual healer in this context is to operate as an energy channel. Although the source of the energy can vary cross-culturally, Māori healers typically view this source as *atua*, an all-encompassing term for deities and ancestors. This higher energy source works as a “natural healing force” (Mark and Lyons 2014: 294-295) that starts from within to help clients return to a more balanced and peaceful state. One healer told me that she could feel a client’s pain in her own body during a healing because she takes on that person’s suffering when she operates as a channel. She continued, stating that while physical illness might bring people in, healers are able to link physical ailments to emotional or familial issues.

New-Age Healing and Religious Responses

In addition to challenging dominant biomedical discourse in the West, New-Agers also questioned dominant religious doctrine. The New-Age Movement largely opposes “old age religiosity” and the labeling of religious groups (Sutcliffe and Gilhus 2014: 110-111). Rather, it combines spirituality and internalized religious beliefs, draws from the academic fields of psychology and ecology, and addresses socio-political movements such as feminism and Paganism (Sutcliffe and Gilhus 2014). I came across another point of contention in my field site as I was told about the relationship between indigenous healers and the Christian Church. I was

told that “different sectors have very distinct views of Māori healing.” For instance, Christians in the South Island not only tend to be anti-Māori healing, but many are fearful of indigenous medicine and view these practices as “witchcraft.” On the other hand, I spoke with a healer who has performed *mirimiri* and *honohono*, both forms of spiritual massage, on priests in the North Island.

In light of this distinction, one healer commented that she has made a conscious effort to distance herself from those who judge her because she does not believe that she serves the any higher good - she is drawn to “open-minded and all-encompassing individuals.” Hearing her voice tremble with emotion over the phone made my stomach churn with empathy. I sensed the years of trauma she had experienced as a result of the exclusion and paused to collect myself over the phone. Interestingly, her response mirrored the message I would later hear from the other healers I spoke with throughout my fieldwork: amidst the pain of exclusion was a profound desire for an inclusive form of spirituality and care.

Spiritual Healing as a Complementary Therapy

Although Māori healers might be considered as “shamans” by outside parties given that their practices are grounded in cosmology and “animism colored by the impact of Christianity,” (Sutcliffe and Gilhus 2014: 111-112) Māori and New-Age spirituality differ greatly from religion in that they are inclusive and fluid belief systems that foster mental and physical well-being. Furthermore, younger generations of *tohunga*, such as Māori priests and spiritual healers, are increasingly open to sharing traditional knowledge and this openness has been instrumental in shaping contemporary Māori healing practices in a global context.

To begin the process of spiritual healing energy, the healers described their role as a channel for *atua* to work through. This process involves asking the patient's spirit guides for permission to conduct the healing process and clearing the space of negative energy with the use of herbal treatments, music, crystals, and most commonly ritual chanting known as *karakia*. According to Mark and Lyons' (2014: 296) research on spiritual healing, creating internal balance involves "facilitating healing of the body, mind, and emotions" and "[connecting] with the surrounding universal energy field." Moreover, this healing process involves seeing and communicating with a client's spirit to further understand the source of any imbalances. Treating such imbalances might involve plant or animal products that are similar to the herbal sprays, massage oils, and crystals that many Māori incorporate their spiritual massages, or *mirimiri* (Mark and Lyons 2014).

This description is consistent with my ethnography and the recurring theme that Māori healers treat on a physical, spiritual, and mental levels to alleviate blockages. Several research participants mentioned how "Spirit" would direct them to the people who needed them most. For instance, one of the younger male healers described his experience hitchhiking across the North Island with a massage table and relying on faith that "Spirit" would send him those who are suffering. The spiritual aspect of indigenous healing, he told me, is the identifying cause of suffering whereas "the mind and body reveal symptoms - most of the time when an issue is showing up in your brain, it's also showing up in your body." For the people who come to his table visit, something is missing, whether it is the link between spirit and body, or mind and spirit, or earth and the Creator (higher), they are looking for that connection - a necessary tie or

life force is severed. According to this framework, healing is needed when the spirit is not happy, and the reasoning for this varies depending on the person.

The Hybridization of Practices

The Mixed Methods Approach

Māori healers employ “mixed methods” because they consider mental, physical, and spiritual health to be interconnected to the point where even the slightest imbalance within one component inhibits the others from functioning properly (Mark and Lyons 2014: 298). For instance, healers will link a message with a spirit guide to a specific physical ailment or infer specific health outcomes based solely on a client’s emotional energy. Spiritual healing, from a New-Age perspective, is the joining of one’s body, mind and spirit. This process is thought to work by locating blockages within the body and extracting the core issues and then exchanging this energy with divine-source energy. I spoke at length with a medical intuitive and integrative healer who applies a multifaceted approach that similarly addresses energy blockages and the MBS connection. He explained that the “medical” portion of the title is geared toward more physical ailments, such as autoimmune conditions, muscular pain, and digestive issues that are often treated with biomedicine.

Honohono and *mirimiri* similarly get to the root of physical and emotional pain by extracting core issues and severing negative emotional and spiritual cords. A soul card reading, for both indigenous and non-indigenous New-Age healers, often closes the session to confirm issues released and provides a sense of guidance and direction for the client. One Māori healer commented that she joined with other practitioners in one extreme case where they worked

together to remove the negative energy surrounding a suicidal patient. This particular healer additionally mentioned using a plant-based spray that “cleanses a person’s ora” as well as “crystals, products from nature like shells, feathers [...] sound, a lot of meditation, music, chanting, and plants.”

For Māori healers who have embraced the New-Age model, energy syncing and spiritual healing are nearly interchangeable practices that include distance healing in which the healer and client tune into each other, via photo, phone or Skype. Once the connection has been made, the client lays down in a quiet peaceful place for the duration of the session and the healer locates clients’ energy blockages in the client and removes them. The healer then makes physical contact with the client to explain what was released and how to move forward. Energy syncing is intended to realign the energies of couples or family members. Comparatively speaking, house and office blessings utilize spiritual tools and prayers to bless or clear out toxic or negative energies from land, homes, work spaces. This process essentially allows negative or old energies to pass, making way for new ones.

Fluidity and Survival

Dawne Sanson and Kathryn Rountree’s (2017: 224) research in New Zealand’s indigenous communities points to this integrative model and touches on the “willingness of some to include other indigenous and various New Age-like practices within their healing work, while still retaining, innovating and modifying their Māori traditions and *tikanga*.” According to these scholars’ ethnography, there are multiple cases of contemporary Māori healers and non-indigenous healers working alongside one another together, forming a community, and blending

healing practices (Sanson et al 2017). This group of open-minded Māori healers are thus able to artfully adapt and adopt practices in a globalized world, further demonstrating their “chameleon-like ability to shape-shift and change in new circumstances, blending old and new ideas and techniques” (Sanson et al 2017: 227). I learned by speaking with Māori healers and attending the Expo that the holistic healer community in New Zealand form a tight-knit community that is built on camaraderie and a passion for unconventional medicine, regardless of cultural background. Expos in particular provide a space for New-Age healers to form connections and learn other techniques.

This fluid approach to healing within New Zealand’s holistic health community was particularly evident during my time at the Christchurch Expo. My Māori healer friend referred to other healers as *whanau*, indicating intimate and familial relationships that extend across cultural boundaries. On the other hand, this healer’s initial reservations about my intentions further exemplify how some healers, traditionally known as *tohunga*, are highly opposed to the sharing of sacred cultural knowledge related to healing practices out of fear of exploitation and misappropriation. Many Māori people are brought up believing that unless *tohunga* are performing these practices “to a T” that they are subject to ridicule for not being “Māori enough.” She mentions, however, that those in the directory have “different levels of Māori” and alluded that the list is composed of more open-minded healers.

The fluidity of indigenous healing and longstanding tradition in New Zealand is essential to its survival. On the other hand, there is an increasing divide between older generation healers and contemporary healers. Debates relating to family lineage, spiritual lineage, who is “Māori enough,” the degree to which healers share their knowledge with non-Māori are becoming

increasingly common as the meaning indigenous healing has become more inclusive and expansive. It was a common theme throughout my interviews with younger, more “modern” healers to feel rejected by older generations who have more “indigenous blood” and are more fearful of exploitation and reminiscent of the past. On the other hand, both the scholarly literature and my own fieldwork demonstrate how Māori have been able to blend historically indigenous cultural concepts, such as the importance of *atua* and *whenua*, with more contemporary New-Age practices, such as crystal healing and meditation to create an ever-evolving model that can appeal to a wide variety of cultural communities.

Conclusion

Drawing on contemporary anthropological approaches used by scholars of well-being and medical anthropology (i.e. Michael Jackson and Lisa Stevenson), I have demonstrated in this thesis that indigenous healers in New Zealand blend “traditional” and “modern” elements to establish a creative and inclusive system. Specifically, I have explored the use of *karakia* (ritual chanting), *mirimiri* (spiritual massage), storytelling, and practices involving the sacred state of *tapu* that encapsulate Māori cultural values. I have also investigated the influence of foreign influences, such as the introduction of Christianity in the 1800s, as well as the rise of the New-Age, which gained momentum in the South Pacific in the late twentieth century. Unconventional forms of healing, such as energy synching and communication with spirit guides, represent the ways in which Māori healers have been able to adopt practices and generate a living, inclusive system that is capable of surviving the forces of globalization and cultural change. Furthermore, my research has demonstrated that indigenous healing, much like culture itself, is in a constant state of flux. Through my anthropological analysis, I have argued that Māori healing moves beyond the binary of “traditional” and “modern” as healers merge the past and present and integrate foreign and native practices.

In order to demonstrate the fluidity of Māori healing and notions of well-being, I have drawn on published scholarly literature, participant-observation I conducted in New Zealand during the spring of 2019, and semi-structured recorded interviews with *tohunga* (indigenous Māori healers). My most enlightening experiences during my five-month stay occurred during my intimate conversations with *tohunga* in the South Island, as well as from my time at the Christchurch Healing Expo.

As I write this conclusion, the COVID-19 pandemic is in full-effect. In light of this reality, I feel compelled as a student of anthropology to draw some connections between Māori notions of well-being and the current global health crisis. In such a challenging time of forced social isolation, uncertainty, and fear, I have noticed elements of light streaming through the sometimes paralyzing darkness. Just as Turner (1974: 168) would have interpreted contemporary healer networks as examples of “spontaneous communitas,” I have noticed an increased desire to reach out to loved ones during this time. I see more people walking out in nature. The skies and oceans are clearing. Just as Māori peoples view human connectedness as the core of well-being, I have found that relishing in the simple pleasures of a ten-minute phone call or family card game around the dinner table generates an unparalleled force of positive energy that typically gets lost in the fast pace of “ordinary life.” There is a sense of calm in the air amidst the panic - the world is forced to slow down and reevaluate what it means to be “well.”

While it is tempting to get lost in the whirlwind of political or medical discourse surrounding both physical and economic recovery, it is interesting to view these discussions through an anthropological lens. The Māori population’s highly integrated approach to healing carries meaning that transcends the physical body; it represents kinship and spiritual ties that constitute human lifeworlds. Such fluidity reveals how Māori healers often reframe dominant health narratives by focusing on positive relationships and individualized care. As I previously mentioned, there is an intriguing parallel between the Māori approach to well-being and Lisa Stevenson’s (2014) discussion of “anonymous care” in the Canadian Arctic as it applies to the Inuit suicide epidemic. Stevenson analyzes the issue of biopolitics and culturally-shaped understandings of what it truly means to live beyond normative definitions of life and death.

While Māori people believe that the body serves as a vessel that can fall victim to physical pain, similar to the Inuit, their views of health transcend the biological categories that construct the mind/body binary so common in the West.

Currently, the world is wrestling with similar issues of life and death, wellness and illness, and isolation and connection. Without the comfort of a vaccine, the economic depression and drastically slower pace of everyday life only seem to exacerbate these inner conflicts. Rather than turning to chemically-derived medication for comfort during times of suffering, several *tohunga* explained to me that ancestral connection drives their understanding of the human body to reveal the source of physical pain, which they imagine to be energy blockages or broken familial relationships. From my experience in New Zealand, healing sessions are less focused on physical touch and more on communication with *atua* (ancestors) and balancing states of *tapu* (sacredness) and *noa* (neutrality).

My purpose in drawing this distinction between the reaction to the current global health crisis and such malleable, holistic models of care is not to voice my opinion of which is right or wrong. Instead, I aim to underscore that although New-Age concepts and Western religious beliefs are intertwined with Māori understandings of well-being, there is still an apparent disconnect between these healthcare models. This is not to say that one form of care is superior to the other, but in light of the generational conflict among healers and the optimism of younger *tohunga* looking to further integrate models of well-being, it is clear that biomedical and political discourse can seem all-consuming, particularly during times of panic. My time in New Zealand has provided me with tools to expand my own understanding of well-being during such trying

times, however, this perspective makes the stark contrast between Western biomedicine and Māori healers' holistic approach that much more jolting to the system.

Despite my heightened awareness of contrasting models of care, I cling to a particularly grounding lesson I took away from my fieldwork. Perhaps the greatest lesson I learned from the Māori healer community is that there is no replacement for human connection. For this reason, I had to establish personal connections with *tohunga* by discussing my family background, goals, aspirations, and struggles before I could have the privilege of learning about their cherished cultural practices. In the midst of the COVID-19 pandemic, this lesson in particular has allowed me to truly embrace my supportive network of friends and family. I think back to my first interview in the corner coffee shop or the time I was overcome with emotion while speaking with the healer in Christchurch. Although I was enthralled by those conversations, the unexpected course of the past few weeks has provided me with the unique opportunity to more fully digest my time in the field.

Although the older healer I spoke with tended to focus on retaining Māori origins as opposed to adopting foreign practices, younger *tohunga* explained that social media and the Internet create an enhanced sense of community among Māori and non-Māori healers, allowing them to share techniques, meet at expos, and connect to group healing sessions. This generation of *tohunga* does not view outside influences or turning to online platforms as a threat to indigenous culture, but rather as an opportunity to grow their network and celebrate the inclusivity of their culture. Despite this intergenerational conflict among healers, young and old healers tend to agree that the central purpose of Māori healing is to realign peoples' energies and

reconnect them with *whakapapa* (family) and *whenua* (land). Speaking from personal experience, these connections have the capacity to serve as an anchor amidst any turbulence.

In my honors thesis, I have addressed the historical and cultural origins of Māori healing practices, how these practices are expressed in contemporary society, as well as how the indigenous population perceives well-being. The variability of care on a global scale reveals how such intimate, embodied experiences have the capacity to shape social relationships and affect the interplay between tradition and modernity. Most importantly, my research demonstrates that it is impossible to fully distinguish Māori healing from other wellness systems because “indigenous” healing in New Zealand has always incorporated healing practices from other cultures. In exploring the meaning of “indigenous” healing in contemporary New Zealand, I have contributed to the anthropological literature on health and well-being. Furthermore, the current COVID-19 pandemic has reaffirmed my understanding of and appreciation for interpersonal connection in Māori culture.

Appendix A: Interview Guide

Introductory Questions

1. What does the term “healing” mean to you?
 - a. What about the terms “sick” or “healthy”?
 - b. Can places be healing? If so, how?
2. When you think of health, what comes to mind?
 - a. Mental health? Physical health?
 - b. Do you think the two are related? If so, how?
3. What do you consider as “medicine”?
 - a. Let informants provide categories (i.e. exercise, pills, meditation, food, all of the above)

Familial Healing Practices

1. Do you eat meals with your family?
 - a. How often?
 - b. What foods are normally included?
 - c. How important is nutrition to your family?
2. Do you eat differently when you are sick?
 - a. What types of foods?
3. Who primarily cares for you when you are sick or unwell?
4. Is your family or caretaker quick to turn to the help of a medical professional?
 - a. How soon after not feeling well are you encouraged to see a professional?
5. What are your family’s views on holistic health?
 - a. I.e. herbs, meditation, nutrition, etc.
6. How do the healing practices used by your family align with your own cultural community?
 - a. I.e. neighborhood, religious community, ethnic community
7. Have your family’s healing practices changed over time? If so, how?

- a. Allow informants to provide categories (i.e. diet fads, new doctor, new technology, the use of cosmetic products, etc.)

Cultural Community

1. How would you rate the “health” of your own cultural community?
 - a. What forms of exercise are most common in your cultural community?
 - b. What are some common foods people eat?
 - c. What is the drinking/drug culture like?
 - d. Is it common for people to see a counselor during particularly stressful periods?
How is mental health discussed amongst your peers?
2. Do the healing practices used by your community align with New Zealand’s dominant culture? at large?
 - a. Do people commonly use over-the-counter medications?
 - b. What about herbs or more natural solutions?
 - c. Is healing linked to religion and/or spirituality?
3. What does it mean to be spiritual? Religious?
 - a. What does it mean to be “healed” in your cultural community?
 - b. What do you believe causes sickness?
4. Does religion have a large presence in your community?

New Zealand at Large

1. How is health represented in the media (TV, online, newspaper, magazine)
 - a. What foods are marketed as healthy?
 - b. Are meditation apps or counseling services advertised? If so, where?
2. What is the biggest difference you notice between health care (physical and mental) in NZ versus the United States?
 - a. Does care and views of health differ greatly within New Zealand? If so, how?
 - b. What is the dominant religion?
3. What role do you see nature playing in people's lives?

Appendix B: Consent Form

The following consent form was signed by participants prior to their individual interviews

Purpose of the Study

The purpose of this interview is to uncover the traditional healing practices of the indigenous Maori people in New Zealand and the largely European-influenced practices of the rest of the population, as well as how these methods of spiritual, emotional and physical healing align and potentially influence one another. The data is collected from various individual interviews with New Zealanders of indigenous and European descent.

Study Procedures

Over the course of this interview, you will be asked a series of questions related to the healing practices used by your family, cultural community and the country at large. Some questions have the potential to evoke strong emotion or discomfort, but please keep in mind that you may withdraw from the study at any time. With your permission, I ask that I be able to record our conversation for complete and accurate data collection for later analysis.

Protection of Confidentiality

Please note that your true identity, as well as everything said during this interview, will be kept private. Before we begin the interview process, I ask that you provide a fake name that will be used in the final study.

Voluntary participation

Certain questions asked over the course of the interview may make you uncomfortable. Keep in mind that your participation in this research study is voluntary and you may choose to skip questions or withdraw your consent to participate at any time. You may also ask that any information collected be deleted from the record with no penalty.

Consent

By signing in the space provided, I am confirming that I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant's signature _____ Date: _____

Appendix C: Glossary

<i>Atua</i>	Ancestor, deity
<i>Hongi</i>	The pressing of noses; Māori greeting symbolizing the breath of life
<i>Io</i>	Supreme being, creator
<i>Iwi</i>	Kinship group
<i>Kai</i>	Food
<i>Kaitiakitanga</i>	Caretaker of the land
<i>Karakia</i>	Ritual chanting
<i>Korero</i>	Oral accounts; storytelling
<i>Mana</i>	Prestige, power, authority
<i>Manuhiri</i>	Guests
<i>Marae</i>	Communal space for Māori rituals and celebrations
<i>Mirimiri</i>	Spiritual massage
<i>Pākehā</i>	Non-Māori
<i>Papa</i>	Earth Mother from the creation stories
<i>Rangi</i>	Sky Father from the creation stories
<i>Tāne</i>	Daughter of <i>Rangi</i> and <i>Papa</i> , god of the forest
<i>Tangata whenua</i>	People of the land
<i>Tapu</i>	Sacred state of restriction
<i>Te Ao</i>	The light
<i>Te Kore</i>	The void
<i>Te Pō</i>	The darkness
<i>Te reo</i>	Indigenous language in New Zealand
<i>Wairua</i>	Spirit
<i>Waka</i>	Ship
<i>Whakapapa</i>	Ancestry, genealogy

<i>Whānau</i>	Extended family
<i>Whare</i>	House
<i>Whare Tapa Whā</i>	Health model including health of the mind, health of the spirit, health of family, and physical health
<i>Whānau Ora Model</i>	Health model that puts families in control of the services and recognizes their role in well-being
<i>Whenua</i>	Land

Bibliography

Abbots, E-J. 2017. "Eating Away from Home: Displaced and (Re)rooted Bodies." *The Agency of Eating: Mediation, Food and the Body*. 57–78.

Abgrall, Jean-Marie. 2007. *Healing or Stealing: Medical Charlatans in the New Age*. New York: Algora Pub.

Amoamo, Maria and Anna Thompson. 2010. "(Re)Imaging Maori Tourism: Representation and Cultural Hybridity in Postcolonial New Zealand." *Tourist Studies* 10(1): 35–55.

Anderson, Ian, Sue Crengle, Martina Leialoha Kamaka, Tai-Ho Chen, Neal Palafox, and Lisa Jackson-Pulver. 2006. "Indigenous Health in Australia, New Zealand, and the Pacific." *Lancet* 367(9524): 1775–85.

Ballantyne, Tony. 2015. *Entanglements of Empire: Missionaries, Māori, and the Question of the Body*. Auckland: Auckland University Press.

Beddoe, Liz and Jane Maidment, eds. 2014. *Social Work Practice for Promoting Health and Wellbeing: Critical Issues*. New York: Routledge.

Bryder, Linda and Derek A. Dow. 2001. "Introduction: Māori Health History, Past, Present and Future." *Health and History* 3(1): 3-12.

Chant, Lisa. 2011. "Whānau Ora Hauora: Māori models for kotahitanga/co-operative co-existence with non-Māori." *AlterNative: An International Journal of Indigenous Peoples* 7(2): 111–122.

Cram, Fiona, Linda Smith, and Wayne Johnson. 2003. "Mapping the Themes of Māori Talk about Health." *The New Zealand Medical Journal* 116 (1170): 1-7.

Durkheim, Emile. 1912. *The Elementary Forms of Religious Life*. New York, NY: Oxford University Press.

Finney, Ben. 1999. "The Sin at Awarua." *Contemporary Pacific* 11(1): 1-33.

Gudgeon, Lieut.-Col. 1907. "The Tohunga Maori." *The Journal of the Polynesian Society* 16(2): 63–91.

Jackson, Michael. 2009. *The Palm at the End of the Mind: Relatedness, Religiosity, and the Real*. Durham, NC: Duke University Press.

Jackson, Michael. 2011. *Life Within Limits: Well-being in a World of Want*. Durham, NC: Duke University Press.

King, Malcolm, Alexandra Smith, and Michael Gracey. 2009. "Indigenous Health Part 2: The Underlying Causes of the Health Gap." *The Lancet* 374 (9683): 76–85.

Kozminsky, Isidore. 2012. *Crystals, Jewels, Stones: Magic & Science*. Newburyport: Nicolas-Hays.

Levin, Jeffery and Jeannine Coreil. 1986. "'New Age' Healing in the U.S." *Social Science Medicine* 23(9): 889-897.

Mark, Genis T. and Antonia C. Lyons. 2010. "Māori Healers' Views on Wellbeing: The Importance of Mind, Body, Spirit, Family and Land." *Social Science & Medicine* 70(2010) 1756-1764.

O'Hagan, Mary, Paul Reynolds and Cheryl Smith. 2012. "Recovery in New Zealand: An Evolving Concept?" *International Review of Psychiatry* 24(1) 56-63.

Ortner, Sherry B. 1974. "Is Female to Male as Nature is to Culture?" Pp. 68-87 in *Woman, Culture, and Society*. Stanford, CA: Stanford University Press

Owens, J. and K. F. Lian. 1988. "Interpreting Maori History - A Comment." *The Journal of the Polynesian Society* 97(4): 441-448.

Parker, Samuel K. 1987. "Dialectics of Power in the Maori Creation Myth." *Pacific Studies* 10(3): 1-26.

Pool, D. Ian. 1991. *Te Iwi Maori : A New Zealand Population, Past, Present & Projected*. Auckland, N.Z. : Auckland University Press.

Sanson, Dawne and Kathryn Rountree. 2017. "Cosmopolitanism, Nationalism, and Modern Paganism." Pp. 221–43 in *Cosmopolitanism, Neo-Shamans and Contemporary Māori Healers in New Zealand*. New York : Palgrave Macmillan US : Palgrave Macmillan.

Schrempp, Gregory Allen. 1992. *Magical Arrows: The Māori, the Greeks, and the Folklore of the Universe*. Madison, Wisconsin: University of Wisconsin Press.

Shirres, M. 1982. "Tapu." *The Journal of the Polynesian Society* 91(1): 29-51.

Smith, Linda. 1999. *Decolonizing Methodologies: Research and Indigenous Peoples*. London: Zed Books Ltd.

Stevenson, Lisa. 2014. *Life Beside Itself: Imagining Care in the Canadian Arctic*. Oakland, California: University of California Press.

Sutcliffe, Steven and Ingvild Sælid Gilhus, eds. 2014. *New Age Spirituality: Rethinking Religion*. London: Routledge.

Tapsell, Paul. 2018. "Marae." *Te Kōparapara: An Introduction to the Māori World*: 102-119.

Te Ahukaramū Charles Royal. 2005. "Māori Creation Traditions - Different Creation Traditions", *Te Ara - the Encyclopedia of New Zealand*, <http://www.TeAra.govt.nz/en/maori-creation-traditions/page-2> (accessed 17 February 2020).

Turner, Victor. 1974. "Pilgrimages as Social Processes." Pp. 165-229 in *Dramas, Fields, and Metaphors: Symbolic Action in Human Society*. Cornell University Press.

Turner, Victor. 2017. "Symbols in Ndembu Ritual." *Readings for a History of Anthropological Theory*: 302-319.

Van Meijl, Toon. 1996. "Historicising Maoritanga Colonial Ethnography and the Reification of Maori Traditions." *The Journal of the Polynesian Society* 105(3): 311-346.

Voyce, Malcolm. 1989. "Maori Healers in New Zealand: The Tohunga Suppression Act 1907." *Oceania* 60(2): 99-123.

Ware, Felicity, Mary Breheny, and Margaret Forster. 2018. "Kaupapa Kōrero: a Māori cultural approach to narrative inquiry." *AlterNative: An International Journal of Indigenous Peoples*: 14(1) 45-53.

Wirihana, Rebecca and Cheryl Smith. 2014. "Historical Trauma, Healing and Well-being in Māori Communities." *Mai Journal* 3(3) 197-210.

