

Rongoā Māori Report for High Needs Whānau in Ahuriri

FUNDED BY THE MANA AHURIRI TRUST

June 11, 2024



He Whakataukī: Nā te rourou nāku te rourou, ka puawai ngā hapū ō Ahuriri.

Lead Researcher: Dr Charlotte Mildon

Senior Kaupapa Māori Research Advisor: Dr Margaret Wilkie

Research Assistants: Ayla Reti, Miri Cracknell,
Wiki Hamilton, Raewyn Morrell

ISBN 978-0-473-71677-6

Rongoā Māori Healing for High Needs Whānau in Ahuriri

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First Printing: 2024

ISBN 978-0-473-71677-6

Publication Date: 12/06/2024

HMMCT Research 2005



407 Hastings Street, Napier 4110. New Zealand.

Cell +64 27 557 5002

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Executive Summary

The Mana Ahuriri Trust (MAT) funded this project based on the high negative health and mental health statistics of local whānau from the Ahuriri rohe (region) (Hawkes Bay District Health Board, 2023). The project was specifically for high needs whānau groups from Wharerangi, Tangoio, Petane, Timi Kara, Moteo and the Waiohiki marae. The healing kaimahi roopu (team of Māori healers) led by Dr Mildon, provided FREE traditional Māori healing Romiromi and Rongoā services for high needs whānau Māori for 5 months from December 2023 through to April 2024. Some whaiora (person seeking wellness) self-referred from Facebook advertising while others were referred from local health and mental health providers. However, the majority of referrals were from whaiora and whānau who had previously experienced traditional Māori healing romiromi and rongoā with Dr Charlotte Mildon.

Key findings for participants of all age groups and genders were that the source of their mauiui and mamae (emotional and physical pain) is intergenerational. Māori healing sees the physical, emotional, mental, spiritual, social and environmental unwellness as interrelated, and for some being a part of the healing whaiora and kaimahi healers felt like being part of a whānau (family).

Introduction

Dr Charlotte Mildon was the lead researcher for the project having provided traditional Māori healing services and wānanga in the Hawkes Bay region for over 30 years being mentored by Tohuna (sower of the seeds of wisdom), Tohunga romiromi (healing priest/priestess) and Tohunga Ahurewa (priest/priestess of a higher order), both nationally and internationally and claims her descent to a long line of Tohunga. In 2003, she worked with the trustees of the Aotearoa Rongoā Māori collective as the chair to collate the whānau voice in Ahuriri in a review of the Mental Health Act. Te Aka Whaiora, the Māori health authority, funded the Mental Health Act review and on completion, Russell Bates, the national General Manager Policy in 2023, shared this review with Te Whatu Ora (public health care system in New Zealand) departments nationally, as well as with different Crown entities, in support of mental health whaiora. The criteria for this research report was based on an over-representation of unmet health and mental health needs of Ngāti Kahungunu whānau throughout New Zealand.

The research design for this kaupapa analyzed the data collated from questionnaires to highlight whānau voices to show whether or not the Western health frameworks of mental and physical health, met the needs of whānau Māori in our local community. To date, Māori health research is often seen through the dominant Western world view with very little comprehension of the cultural values of the Māori culture, so the research findings often appear to be negatively biased towards an indigenous Māori world view. The reasoning around the criteria being specific to whānau Māori was due to the statistics of whaiora experiencing poor health and mental health outcomes as reflected in the over representation of Māori in Te Pae Tata Interim New Zealand Health Plan 2022 (Te Whatu Ora 2022).

Layer upon layer of imperialist structures have forced Māori to cast aside the deeply spiritual healing ways of the Māori culture with an assumption that the Pākehā world view of health is deemed to be superior (Johnstone, 2001; Wirihana & Smith, 2019). The Western ‘Māori health’ approach identified Māori as the highest users of the health and mental health services locally and nationally (Localities Future of Health, 2022). The localities approach to Māori health as opposed to the Tohunga led traditional Māori healing approach, have two distinct differences. The latter having a clear focus on healing the whole whānau using an ako (teaching and learning) philosophy wānanga approach, learning traditional Māori healing philosophies, rituals and healing practices (Pere, 1982; Robust, 2006; Smith, 1992). On the other hand, the localities approach has historically created a dependency on Western medical treatments that focus on the individual whaiora, separated from their whānau, with no cultural appropriate Māori healing interventions for them as a whānau.

Issues of ‘inequality, oppression, domination, suppression and alienation’ affect Māori in various departments of the public health system (Creswell, 2013. pp. 9-10; Walker, Abel, Palmer, Walker, Heays, & Tipene-Leach, 2023). According to Smith (1999), colonisation has infected and ravaged the indigenous Māori culture with disease, individualism, Western religion, and government-driven mono-cultural health systems (Smith, 1999). Up until now, there has been no research conducted into the use of expert Tohunga led traditional ‘Māori healing’ practices for whaiora Māori that is inclusive of their whānau. Westernized Māori health research is immersed in Western values with views that stem from colonial beginnings (Smith, 1999; Smith, 1997). Historically, the Western health system at large continues to fail whaiora Māori in the hospitals and medical centers more especially those who have high and complex health and mental health needs.

As opposed to Western health, an acknowledgement of the Kaupapa Māori values of the tangata whenua and the deep spiritual beliefs of their culture are vital for the holistic

wellbeing of whānau Māori (Mildon, 2017; Smith, 2015). The spiritual aspect of health being relatively invisible in a Western health system that is scientific in its approach with synthetic medications for symptoms that don't actually heal the dis-ease/s. Often these medications result in a range of new symptoms as side effects from the prescribed medications. This is an ongoing cycle for whaiora and consequently many whānau Māori are on multiple medications that play havoc with their organs. The rationale focuses on natural remedies that do not create a dependence on the Western biomedical system.

Rationale

Traditional Māori healing rongoā on the other hand, are natural remedies that work with the body's organs and spirit, to heal without any side effects. Woller (2013) identifies 'the philosophy of skepticism and objectivity that denotes the large chasm between mātauranga Māori (knowledge) and Western science, so the traditional healing methods of Māori are at odds with current Western scientific methodologies' (Durie, 1996, p. 290). Similarly, mirimiri, one of the many processes of romiromi, is an intuitive diagnosis of the emotional memories that are held in the cellular memory of the body. As taught by our Tohunga, romiromi has long provided a deep clearing and cleansing of emotional experiences, the healing processes thus being deeply spiritual in its philosophies, rituals and practices. The rationale that access to ancestral healing delivered via wānanga as a collective, could potentially restore the mana of high needs whānau resulting in the tino rangatiratanga (absolute sovereignty) over their own healing needs. The research design included both quantitative and qualitative methods and were informed by Kaupapa Māori research values.

The Research Design

This study evaluated a hybrid model of rongoā and romiromi Māori healing interventions that can work alongside Western clinical models of care. The traditional Tohunga (expert healing priest/ess) have historically worked with the mauui or mamae of the whaiora using a holistic approach so the mental, physical, emotional, spiritual and environmental aspects of hauora are all part of wellbeing, not separate, as in Western clinical health and mental health settings and approaches. A critical analysis of the collective key findings resulted in the implications and the recommendations of further research to address the disparities for whānau Māori health in Aotearoa and to inform policy makers at local and national levels. Essentially, a thematic analysis of the data sought to explore whether there were any potential benefits for whānau having free access to Tohunga (experts in traditional

Māori healing), compared to only having low cost access to Western health medications. Many of the whaiora were quite clear that they had been on medications for decades to no avail and so wanted to learn how to live disease and pain free from using rongoā Māori (traditional healing).

The research design was based on these inequities that whānau Māori have experienced for generations with limited access to funded traditional Māori healing services. It focused primarily on a transformative worldview that addressed issues of power, social justice, discrimination and the marginalization of Māori healing knowledge, rituals and practices (Creswell, 2013). A transformative research inquiry sought to confront the social oppression of Māori health practices at policy level, to provide an agenda for political change in the Ahuriri community (Mertens, 2010). The research used an action agenda to reveal the changes brought about through Māori ancestral healing romiromi, mirimiri, mahi a wairua and rongoā sessions in the lives of the research participants (Creswell, 2013). The quantitative data collected from the questionnaires also included the age groups, gender and common themes.

Research Methodology & Methods

A Kaupapa Māori research methodology carefully considers the gathering of information, so that questions are open, culturally appropriate and not offensive to those being researched (Smith, 2015). When philosophies of the Māori world view are considered, strategies can be implemented to maintain the dignity of those being researched (Smith, 2017, Smith, 2015; Smith, 1999). The methodology set the initial direction of the research, used an indigenous lens with recommendations that arose as a result of the research findings. The methodology, the ethics and the codes used for this study were all developed by Māori and provided valid reasoning for the research design, the choice of research questions, the language used as well as the tikanga (correct protocol) to be used throughout the research. It also explained the reasons behind the selection of research participants and prescribed an analysis of the research data. The interpretation of the data was based on an awareness of tikanga Māori (correct protocols), mātauranga (knowledge) Māori and Māori ways of healing.

The transmission of Māori values and beliefs in this study were carried out through pūrākau (storytelling) as a social learning process throughout the research data gathering process. Pūrākau was traditionally a valuable learning tool in the learning and teaching of the different philosophies and aspects of the rongoā Māori and romiromi healing approaches as taught by Tohunga Rongoā, Tohunga Romiromi, and Tohunga Ahurewa.

This method included one on one traditional Māori healing sessions and pūrākau with the research participants. The collection of verbal data and the use of Māori researchers was intentional. Verbal communication and connection between Māori researchers and Māori participants was a demonstration of kanohi te kanohi (face to face) and is consistent with a Kaupapa Māori research method. Telling stories has long been a learning experience for whānau (family), hapu (sub-tribe) and iwi (tribal) Māori and is a joint construction of meaning because traditionally, knowledge was passed down orally through many generations.

Mindfully as a qualitative researcher, Dr Mildon of Ngāti Hinemanuhiri, Porou, Rongomaiwāhine and Kahungunu descent, was in an insider position as a researcher. All the participants were made aware of this while using a storytelling approach to share personal healing experiences with whaiora during sessions (Blythe, Wilkes, Jackson & Halcomb, 2013). The interactions with the research participants during healing sessions required the lead researcher to move in and out of the roles of the kairangahau, kai-rongoā, kai-mirimiri, kai-romiromi and the kaiwhakahaere (director) guiding the kaimahi through the healing processes.

A five-question survey was used to collect the qualitative data as it gave participants the opportunity to provide information from their own perspective and experiences. The use of a survey encouraged participants to reflect on their experience of traditional Māori healing enabling the participants to identify and acknowledge changes within their lives and their whānau. The process of reflection in participants' own words was purposefully used to encourage engagement, connection, and inclusiveness with their own wellbeing outcomes.

Online articles were another method used for the retention of healing knowledge shared during the healing sessions. The resource was developed in support of the wānanga process for the whaiora and their whānau, to assist them with the retention of experiential knowledge from healing sessions and, to evaluate the project. Participants were given access to these articles as an online resource and required access via a username and a password. The resources provided a summary of how to change the diet, starve the disease and mauiui of sugar that feeds inflammation and pain, hydrate the body with water so it can clean itself, and cleanse the vital organs by matching the rongoā with the mauiui (Mildon, 2024). The articles were also a good reminder of the mātauranga (knowledge) shared in the sessions for using the breath and other healing tools to release some of the

old emotional memories from the cellular memory of the body that are at the core of mauiui and dis-ease.

A case study method was used to collate the feedback before and after sessions with added comments shared during sessions. Wānanga was another method as a culturally appropriate approach for intergenerational teaching and learning. The wānanga approach used by Tohunga applies the knowledge of traditional healing practices, including romiromi (spiritual healing processes that include deep releasing bodywork practices) and rongoā (healing practices using a range of natural products). It was also used to examine some of the life experience stories to gain a deeper and truer understanding of everyday human experiences as a lived experience of their romiromi and rongoā sessions. The case studies also provided different hierarchies of knowledge and revealed how each person possessed an innate awareness of Māori spirituality based on their life experiences and served to be a valuable tool for understanding community-based health and mental health problems that were shared by many of the Māori research participants (Hartley, 2004).

Research Ethics

Consideration for an ethics application with the Health & Disability Ethics Committee found no health services would be identified in the research, and private medical information if shared was kept anonymous therefore the risks identified were minimal. The following points emerged for resolving ethical issues that may arise in the research.

- The researcher will only disclose the information that the research participants have given **informed consent** to and this ensures the participants have control over the whole research process.
- The interviewees will have the **right to withdraw** from the interview and the research project at any time.
- Informed consent-verbal consent will be gained and information about research project disseminated.
- Anonymity-Participants will not be named in the research reports and publications. The participants will be reviewing their own transcripts to ensure there is anonymity. All efforts to present information in their own words will be adhered to rather than paraphrase what the interviewee has said about a certain subject.
- The researcher maintained **confidentiality** in respect of the unique social and cultural diversity even within the Māori culture.

Ethical Risks Review Summary

<p>What are the risks of the project to the:</p> <p>a) Research Participants</p> <p>Minimal risk – Main researcher is working with whānau participants who are from the same tribe with close whakapapa links. Confidentiality and intellectual property rights are strictly adhered to ensure the privacy of all whānau participants who have chosen to engage in the project.</p>
<p>b) Researcher(s): No risk – no interviewing of the Tohunga /researcher</p>
<p>c) Groups/Communities/Institutions:</p> <p>No risk as there are no specific groups, communities or institutions involved in the study because the practices of romiromi are not visible in any of these organisations.</p>
<p>d) Mana Ahuriri Trust:</p> <p>Minimal risk: There are no perceived risks to the research specifically targeted at Mana Ahuriri Trust (MAT) registered members guided by Parris Greening, General Manager.</p>
<p>How do you propose to manage the risks for each of points a, b, c, and d above?</p> <ul style="list-style-type: none"> a) Guidance is sought from third persons in relation to protocols for selection of participants, contact and interview protocols. Third person does the initial contact with the participants for involvement in research. This third person is known to the participants. Questions are vetted by third person. Participation is voluntary. b) Guidance sought from third persons on appropriate protocols in selection and contact with participants. Insider researcher: Whakapapa links will assist in minimizing any perceived risks in working with expert participants. Participants are experienced in this process and will be supportive of the researcher and the study. Main researcher is seeking oral permission from the participants. c) Letters sent to various institutions participants work in; informing of research and permission to conduct interviews. d) Oral permission gained from participants to proceed with research. e) Senior Kaupapa Māori Researcher Dr Marg Wilkie was an advisor to mentor the lead researcher.

The hypothesis of the research tested whether it was possible to identify and gain research evidence of the links between Tohunga led romiromi and rongoā wānanga interventions and the holistic wellbeing of high needs whānau. The research focus was to establish an

awareness of traditional Māori healing philosophies, rituals and practices for high needs whānau Māori with all intentions of normalizing the ancestral lores in the family home. The rationale of the research had a clear focus on authentic traditional Māori healing practices and remedies, that do not create a dependence on the Western biomedical drug therapies and could potentially restore the tino rangatiratanga (absolute sovereignty) of high needs whānau.

High needs for the purpose of this research are defined as tangata whaiora (people seeking wellness) who have dealt with chronic diseases and/or mental health issues for many decades. The majority of whom were dealing with inflammation in the body that potentially causes mauui (physical pain) and mamae (emotional pain). The key findings identified that all the whaiora had both mauui and mamae and the researchers were unable to separate them in any way. The philosophy of traditional Māori healing romiromi processes from a Tohunga world view being very different from the separation of Western health and mental health diagnoses. Romiromi and rongoā processes being inclusive of intuitive diagnoses to identify the emotional and spiritual imbalances (mamae) that sit in the cellular memory of the body. These imbalances are often at the core of the physical ailments (mauiui). The conceptualization of a cause-and-effect concept where the diagnosis of mauui and mamae link the emotional and spiritual imbalances with physical unwellness. The philosophy of Māori healing is deeply spiritual. A non-spiritual Western biomedical approach does not understand Tohungatanga (Māori spirituality). Only providing the Western approach of drug therapy for symptoms is shown in this research to create a lifetime dependence with no hope of providing a cure.

Western mental health interventions treat high needs whaiora as an individual with drug therapy yet the entire whānau are affected. At the Hastings court, in a discussion of high and complex high needs whaiora sectioned under the Mental Health Act, Adrienne Mason, a forensic mental health nurse, confirmed that the majority of whaiora in the secure psychiatric unit Ngā Rau Rākau in Hastings are Ngāti Kahungunu (personal communication, 21 May 2024). To date, there is no capacity for funded traditional Māori healing interventions available for any of the whaiora there. Adrienne also confirmed that the majority of whaiora in all three Wellington psychiatric wards for children, teenagers and adults, are Ngāti Kahungunu (A. Mason, personal communication, 21 May 2024).

The research findings reveal how the Western biomedical drug therapy approach prescribes a range of synthetic medicines to whaiora to alleviate symptoms to treat physical diseases and treat mental health diseases. However, the medications do not heal diseases. Instead, the mix of medications taken on a daily basis for a range of chronic diseases and mental health diseases, lead to irreparable damage to the organs, more

especially the liver, that has to break down synthetic medications. As seen in the pūrākau (stories) of the whaiora, these prescribed medications create a number of side effects that add to the existing mauiui or mamae that never existed prior to taking the medications but are a result of the body's reaction to reject foreign matters injected in the body. Western health and mental health systems are designed by non-Māori who have very little understanding of the Māori culture or the ancestral ways that Māori heal best.

Throughout the duration of the research, the high needs whaiora had full access to the following traditional Māori healing romiromi and rongoā processes that provide a more of a holistic approach to healing.

- natural rongoā remedies used to clean and detox organs using bark and leaves made into tonics, tinctures and glycertracts together with whakawaatea spiritual clearing rituals
- romiromi healing processes
 - a. takutaku chants that shift and clear spiritual energies
 - b. spiritual miri to move unwanted energies
 - c. intuitive diagnosis of memories sitting in the cellular memory of the body
 - d. haemata master points to open and release mauiui and mamae
 - e. pounamu to draw out the remainder of unwanted spiritual energies
 - f. purepure rituals in the sea for deep spiritual clearing and cleansing
 - g. the physical realignment of the muscles, organs and bones that facilitates the release the emotional memories at the core of the unwellness.

A tuakana (more experienced) teina (less experienced) model of teaching and learning was used in the healing environment for this project, so the kaimahi (workers) healing team could support and mentor the whaiora with their own lived experiences in overcoming their own mauiui and mamae.

Life experience was the main criteria for the kaimahi and the research assistants to maintain a certain level of compassion and knowing needed when working with high needs whaiora. The majority of the healing kaimahi working with the whaiora had been mentored by Dr Mildon for some years so had first-hand lived experience of having to deal with a lifetime of chronic diseases, historical sexual abuse, domestic violence and unresolved trauma was a huge support for the whaiora. Female researchers and treatment providers of this caliber was an intentional aspect of the research to restore the women's role in Māori healing practices. When needed, the kaimahi would share the challenges they had

experienced in healing a lifetime of intergenerational mamae and mauui. One wāhine shares her story.

I now am able to stand strong in who I am and embrace my gifts as a taonga instead of a burden. This was not only due to Romiromi but also by being surrounded by wairua sensitive people like myself. Amongst Dr Charlotte and her team, I felt like I was accepted normal and loved. Due to this healing I was finally able to view myself thru a lens of Aroha instead of Rejection. I now treat myself nicer than I did and for me self-love/acceptance is the foundation of healing 🌱 My physical ailments have lessened and my knowledge has increased.

It can be a long journey recovering from addictions from illegal and recreational drugs, alcohol, unhealthy food, and toxic narcissistic relationships, to name but a few. The research sample disclosed how these addictions can lead to psychosis, treated with a lifetime prescription of Western antipsychotic medications. Having the lived experience of the kaimahi ensured the whaiora felt safe to share without feeling alone or judged when self-medicating in an effort to try and black out emotional trauma from historical abuse. The suicide ideation can be very real for high needs whānau and is evident in the pūrākau shared in the research. Māori values of aroha (love), manaaki (caring) and tautoko (support) were used right throughout the healing processes for the whaiora.

The healing environment was a hive of activity with whaiora coming together for healing as a whānau. Sometimes the kuia (grandmothers) bought their mokopuna (grandchildren) who sometimes told on their kuia or koroua (elderly male) if they weren't doing the homework given to them by the Tohunga. The kaimahi would greet every whaiora with a hug and a kiss and likewise when they left. One kuia shared her reflections.

I felt a sense of whānau whilst with Dr Charlotte and her team. Beautiful welcoming and relatable people. Clean, safe and comfortable environment. Good sense of humour which makes things lighter during times I felt anxious. This to me is a very important part of my healing journey ... feeling like I belong.

Sometimes the room was filled with laughter, and other times tears and wailing as whānau were releasing old memories being expressed in a deep scream or the wailing tangi (cry) of a kuia. It can be quite moving when this happens as it is not dissimilar to the kuia performing the karanga (spiritual calling during a ceremonial welcoming) on the marae (traditional meeting place). When performed well, the karanga is an old Māori healing ritual performed by a kuia (grandmother), designed to release the grief and sadness by opening the wells of roimata (tears) from within.

Research Sample

The research sample was for whaiora with ‘high needs’ registered as members of the Mana Ahuriri Trust. Depending on special circumstances, it was also open to whānau Māori outside of this parameter in the local community for those dealing with chronic health issues and/or high and complex mental health needs. Out of the 31 research participants, 27 were wāhine Māori (women) aged between 19 to 80 years of age while 4 were male aged from 30 – 80 years old. The data was first collated into marae groupings then later formed into whānau groups for data analysis. Since there were specific commonalities in terms of mental health and health groups, the data analysis thereafter focused on three specific age groups;

- the younger range age group from 19 - 29 years old
- the middle range age group from 30 – 59 years old
- the elderly range age group from 60 – 80 years old

A number of themes emerged from the whaiora feedback in the data analysis.

Themes from Data Analysis

The research tools found in the appendices include the registration form (appendix 1), the evaluation form (appendix 2), the feedback and consent form (appendix 3) as the source of the quantitative data for the research. The audio recorded observations from the Tohunga for each whaiora were transcribed and then collated into individual case studies to monitor the progress of whaiora before, during and after the healing sessions. Common themes emerged that were relevant to the young range age group, the mid-range age group and the elderly range age group, are as follows;

- long term depression and grief.
- long term multiple chronic diseases.
- unresolved historical sexual abuse that extends over 3 - 4 generations.
- historical domestic violence that is intergenerational.
- prescribed multiple medications for physical, mental and emotional unwellness.
- possess a range of spiritual abilities but not mentored in how to use them.
- not aware of effective rongoā for mauui as opposed to synthetic medications.

- limited knowledge of traditional Māori healing romiromi, rongoā and mirimiri.
- limited understanding of the long-term damage medications cause to the body's organs.
- not aware to drink water to clean the body's organs and support the body's systems.
- limited understanding of their prescribed medications.
- not aware of the side effects for each medication.
- willingness to learn more about natural healing romiromi and rongoā.
- willing to come to wānanga to learn more about healing for their whānau.
- trust the Drs prescriptions without question.
- feel like they are part of the family.
- the majority of whaiora had chronic physical disease as well as emotional, spiritual and mental imbalances otherwise diagnosed by Western Doctors as mental health.

Only one theme was specific to the younger and mid-range age group as follows.

- resentful of being sectioned under the Mental Health Act to take mandatory anti-psychotic medications.

Vast differences became apparent between the mauui and mamae of the young range age group, the mid-range age group and the elderly range age group, evident in the key findings.

Discussion of Key Findings

All Age Groups

However unintentional, the hara (violation of tapu) at the core for the whaiora and their whānau transgress the tapu (sacredness) of the wider whānau. The intergenerational blueprint thus having the potential to normalise hara for future generations of mokopuna if the trauma of abuse remains unresolved.

1. The first key finding for all the age groups and genders is how the source of the mauui and mamae is intergenerational.
2. The second key finding is how Māori healing sees the physical, emotional, mental, spiritual, social and environmental unwellness as being interrelated.

3. The third key finding that was triangulated was how two young age group whaiora and one mid age group felt like being a part of the healing whaiora and kaimahi healers was like being a part of a family.

Younger 19 – 29 Age Group

The data from the younger whaiora group sectioned under the Mental health Act showed a disempowerment of tino rangatiratanga (absolute sovereignty of human rights). None of these whaiora were on medications by choice and some were given injections in an ambulance or at the unit, if they would not comply. The majority of this age group had been admitted with psychosis presenting with methamphetamine or addictions to synthetics and were thereafter treated with mandatory mental health antipsychotic medications. As shared in the research, the heavy psych medications dull all the senses and so as a result, the whaiora would often not remember their appointments nor could they understand what was happening to them, resulting in withdrawing and isolating from socializing with people. To date, Ngā Rau Rākau, a specialized high security intensive mental health service to treat people during acute episodes of their mental illness in Hastings, do not fund the expertise of Tohunga led traditional Māori healing interventions for high needs whaiora Māori under the mental health system, even though these services are requested. The key research findings are as follows.

1. The first key finding for the majority of these younger whaiora group was wanting more healing sessions but not being able to turn up for appointments.
2. The second key finding that was triangulated with three young whaiora was having sessions then thereafter engaging in romiromi and rongoā wānanga with their whānau facilitated by Dr Mildon.

Most of this younger age group have battled with addictions to methamphetamine, alcohol abuse, eating disorders and bouts of domestic violence which, at times, led to criminal charges, losing custody of children and being assessed with psychosis in the psych unit. It was difficult to get some of the whaiora to attend and some would sit out in the car, whakama with underlying feelings of not feeling worthy of healing. One particular wāhine was committed to weekly sessions even though sometimes we had to give her a hug at the door to encourage her to come inside and this was due to historical trauma from unresolved sexual abuse and betrayal.

The trauma started when I was six years old, but I didn't know what it was. I know it's about the children. In 2021 was the first manic episode as I thought there were pedophiles coming into the world and it frightened me. I was so worried about them

all the time. Worried they're going to kidnap them, rape them or hurt them. Given me insight and help to what my mind and body needs. Natural Māori medicine and body work that heal mentally and physically. It's in my heart. I feel the most mamae. Pelvic area is mamae. Had addiction to meth for 6 months and previously synthetics. I went to weed and then I started feeling like messages in songs and read people. Dealing with spiritual experiences that make no sense. Feel real dark sometimes like I can say something and then somewhere else it's like something bad is happening. It shifted and I felt lighter.

Some whaiora had been sectioned under the Mental Health Act on a vast range of antipsychotic medication and were detained in psych ward units for a lifetime. The feedback was as follows.

Cultural intervention wrap around from Dr Charlotte Mildon with [Mirimiri Rongoā - oil, supplements, balms, Romiromi Energy - healing hands](#) for all over trauma related pain, [my leg, my back. All over my body.](#) Lots of pain ... from constipation from meds ... romiromi was able to clear it. Charlotte helped it to clear it using mirimiri and rongoā after 10 days. My tummy ngangara (spiritual entities) in my body was so much better. Feeling well, Feeling clearer, Clearing space. I'm in the early stages of learning [whakawatea as taught to me by my supporting Tohunga Dr Charlotte Mildon, Aunty Robbie and Uncle John.](#) I'm ready, I don't want to be on all my pharmaceutical medicines, I don't want to keep making bad decisions. I want to live at home with my family.

Another young Mum came once but was unable to find the courage to come to any more sessions. Here is her feedback.

Recently lost my daughter - full term still birth. Mamae for me. My mamae was more emotional and spiritual rather than physical, but through the release, I learnt how connected they are to our physical selves. It can have adverse effects on my body to where it can become a physical weight to bear and hold me down. After having a Romiromi, it released the hara, but allowed me to reconnect within myself again. Healing taught me how to be more aware of what my body needs, to nurture my connection to my spiritual self.

The whaiora dealing with methamphetamine addictions were keen to engage but more than often, never showed up for their appointments. The intention was there and documented in their evaluations. All the same, opportunities to engage for healing were presented to whaiora who were serious about their recovery. The whaiora outcomes can only be measured by their responses but in sessions, the kaimahi would observe, challenge

and encourage where needed. The comments show the historical journey to recovery that sometimes takes a lifetime to understand.

It's a journey of self-discoveries that I'm yet to understand. Took tablets from ambulance and got a mental health injection on both sides of arms. Can't stay focused after the injection they gave me in the ambulance. They didn't even explain what it was. Some days I feel better and other days I'm lost. It's been since about the age of seven and I'm 31 now. Domestic violence from a young age too. I'm unaware for how long, and I'm yet to discover this mamae. I'm unsure at the moment of what it actually is. Feels like I've been on the outside for years. I'm staying with my family for support more instead of taking off like I always do. That's a huge thing for me. I did some mirimiri a few months after my session at a wānanga with Aunty Charlotte. Felt real good, like I was part of the family.

The 30 to 59 Age Group

The data analysis of the mid-range age group showed how the majority of whānau were challenging the Doctor's diagnosis and biomedical treatments available to them through the Western health and mental health system.

1. The first key finding was that only a small minority of this group trusted the Doctor's biomedical prescriptions blindly, being totally unaware of the names of the medications nor the side effects for each one they were taking.
2. The second key finding from the data clearly showed positive outcomes in the health and wellbeing of the whaiora with a new awareness of traditional Māori healing.
3. The third key finding was how whaiora bring their whānau with them for healing as well as wānanga.
4. The fourth key finding identified how traditional Māori healing is a way of living.
5. The fifth key finding was whaiora felt like they were part of a family.
6. The sixth key finding was triangulated and showed how much better the whaiora were without the effects of the prescribed pharmaceuticals.

Our team of healers could see the seriousness of some of their mauui like for example, one wāhine had a cyst that had grown right over the brain over a 10-year time frame. An operation was cancelled because of possible complications on the operating table. With only strong pain medications to help with pain at a 9 out of 10, 10 being the highest, strong anti-depressant medications were also prescribed as described.

I had a cyst on my brain that causes pressure in my skull causing migraines. I suffer from Thunderclap headaches and migraines that sometimes will last from 3 days to 3 weeks or even months. Pain relief (meds and antidepressants). I was scheduled for an operation April 2023 to remove the cyst. However, days before my surgery the specialist withdrew my operation as the risk of dying or having a stroke during the op was too high. I have had this mauiui all my life. I have suffered with migraines and headaches all my life. The cyst was discovered on my brain in 2015, 2018 I was informed that the cyst had doubled in size.

After a series of sessions in romiromi, rongoā and whakawaatea, this same wāhine recognized the importance of hydrating the body and changing the diet to eliminate all sugar foods. On her last session with us, she explained how she experienced 3 – 4 days of no pain, something she had not had in over 10 years.

I didn't know what to do with myself not having any pain for 3 – 4 days. Yes, to different types of rongoā for the kawakawa poultice, the whakawatea, the karakia, the reconnecting to nature and the grounding. The importance of wai and change of diet. After my romiromi the pressure in my head was gone! I felt relief for the first time in a long time. Months later, I now have more control over the migraines since my first session. The migraine attacks are a lot shorter. I used to suffer for weeks with 1 migraine, now it is a day or two. It has changed my life.

The main kaupapa for working with whānau with high needs is teach them how to heal themselves of both physical mauiui and emotional mamae instead of creating a dependence upon the practitioner. Some of the whaiora regularly attended a series of traditional Māori healing romiromi and rongoā wānanga coordinated by Dr Charlotte Mildon in the local community at the same time as receiving one on one treatment under this project. Here is an example of outcomes after a series of treatments.

Life changing, before Romiromi and after I didn't know how angry I was. The anger that was sitting with me has shifted. I carried a Anger that would come out of the smallest situations, I was overwhelmed, and panic or PTSD would surface at the smallest situations. Normal life situations seemed too big for me. I wasn't in a good place, I was easily offended, distracted and I only felt the changes within me after my Romiromi sessions. After Romiromi my life without anger was realized. My health has improved. My body was acidic and now I can move freely with ease, and I don't have pain while asleep.

One wāhine (woman) shares her journey through the medical system after a lifetime of sickness and pain that kept her bedridden for 17 years.

I was over diagnosed by many pakeha doctors with so many diseases and ailments e.g. endometriosis, polycystic ovaries, pre-diabetic, high blood pressure extremely low cholesterol, brittle cartridge, weak muscle mass, bleeding for 9 months out of the year non-stop, iron deficient among others requiring medication to help and feed my extremely fragile mental health and failing body. Not one pakeha Dr could give me a definite diagnosis but said it was all related of each other which led to depression and then PTSD. 18 years I suffered under the pakeha doctors being their real-life guinea pig with drugs and procedures. 15 visits on average a year to hospital for 18 years thinking I was crazy and made to believe I was crazy for my mamae. Was extremely dis-hearting.

Due to the unknowing of what and why I was feeling how I was feeling, I withdrew from listening to my body and neglecting my health. I paid more attention to others needs making sure their health and mental wellbeing was met. I had seen so many specialists but still no final diagnosis. I stopped asking for help ... but instead kept helping my whānau go through their journey of romiromi and mirimiri and assisting with applying rongoā to them. I in return received help from our tohunga.

What our tohunga had done for me in a matter of 3 in-person mirimiri and romiromi visits and 1 wairua visit from afar, I am eternal grateful for, making me realize I suffered so unnecessary for 18 years. But had given me the answer I longed for. I had after birth stuck inside me from my miscarriage of my daughter 18 years ago.

What the pakeha Drs couldn't see on their fancy machines was seen from afar by our tohunga. What our tohunga had done in less than one month changed my life, my whānau life, my lifestyle, and my way of thinking. I no longer suffered 9 months straight of bleeding. I know longer experience crippling bed ridden pain. I know longer on 12 different medication 2 times a day. I am no longer pre-Diabetic and am losing weight. I am no longer a science experiment for many pakeha doctors.

The transformation in the things learned for this same whaiora were summarized as a way of living and the list of things learned as an outcome of her healing reflected a true sense of tino rangatiratanga.

Romiromi and mirimiri gets to the heart of your health and mental health issues. From seeking our wairua and incorporating your hinengaro and understanding how it all connects together. How to make kawakawa poultice, I now know how to care for my parents when they may have flare ups. I am eating right and drinking a shit ton of water. *Once I found it I love it... That it works from within yourself.* A permanent fixture in my life. It's a lifestyle now. My life is my life.

Another case study was with a mother who lost her son suddenly to a car accident and was struck with grief. Even though she was referred to have counselling and was prescribed medications, her priority choice was to have traditional Māori healing.

Since the passing of my son in February and then my father in March, I go through the stages of grief, the spiritual healing I got, was 'tailored' to my body, muscles and wairua. I still feel the mamae but the aching seems to have eased a bit. After each appointment, I feel more at ease and look forward to sleeping peacefully that evening Rongoā healing for me was experiencing the use of mirimiri and rongoā rather than using the prescribed medication by my GP. Personally, it was very therapeutic. As Learning to talk and self-care is another aspect I hadn't learnt so embracing these small changes helps. The recorded messages sent to me via fb messenger was very foreign to me but is a great tool that I have embraced. I couldn't recommend this service any higher for whānau, especially those grieving like myself.

Another whaiora with a long term addiction to medications shares her story of how she progressed after experiencing traditional Māori healing;

All my life I carried this mauiu/mamae ... 42 years - all over pain in my body and bones. Early stages of organ shut down from long term use of Prednisone steroids for management of Chronic eczema/ chronic inflammatory disease. Kidneys/liver/adrenal glands. Chronic low iron infusions. Steroid induced Diabetes. Possible chalky bones. Medications. Prednisone: 30mg at present, slowly tapering dose down at 1mg per week. Am not able to get under 15mg as my body goes into extreme withdrawals and skin flares. Pain: 1x per day sometimes 3x per day. Ibuprofen. Codeine Diabetes. Trulicity: injection medication once per week. Inflammatory disease- eczema Prednisone. My experience with Dr Charlotte and her team has been life changing. I experienced huge shifts in my mental health/spiritual health by releasing old trauma connected to rejecting my wairua gifts. I have learnt about different rongoā to use in place of pharmaceuticals which has worked for me. I feel so much better without the side effects of pharmaceuticals.

The 60 – 80's Age Group

The data analysis for this group was a little different to the others whereby the majority had a range of chronic diseases and took a number of medications every day without question. After a lifetime of doing the same thing and getting the same outcome, it was evident that the same historical mauriui of chronic conditions and mental health issues had continued right throughout the generations.

1. The first key finding was that all but one whaiora could not name their medications, nor did they know the side effects for each medication.
2. The second key finding that was triangulated by three of the kuia, remembered their parents using rongoā in their childhood but now took medications as kaumatua because they were more accessible and cost effective from being subsidized.
3. The third key finding that was triangulated was how the majority of whaiora had drunk no water to clean the body for most of their lives.
4. The fourth key finding that was triangulated was the struggle to stop eating sugar foods that stop the immune system from working resulting in a range of chronic diseases.
5. The fifth key finding was how some whaiora returned to old habits after a series of healing sessions believing they were healed and instead returned weeks later, feeling mauriui again.
6. The sixth key finding that was triangulated identified four whaiora who made huge changes in their lives from traditional Māori healing sessions and thereafter continued to attend wānanga to maintain their wellbeing.
7. The seventh key finding identified how none of the elderly group were sectioned to take mandatory antipsychotic meds under the Mental Health Act.

Working with the whānau to support the whaiora in identifying the range of different medications and the relevant side effects during the healing sessions helped the whaiora to better understand the source of the side effects. However, the medical language was so very foreign to the kaumatua, they were unable to understand what this meant. One koroua was dependent upon a number of prescribed medications for various conditions and described his experiences of the traditional healing.

Worked on my head, as I have dementia. Stress in the neck and right shoulder and arms then felt really relaxed. Could sit up better. After lying down I was very stiff, had trouble lying flat. Some gentle miri had some fantastic results. Still had a problem with lying flat the next time but noticed it was way less severe than last time.

Diabetes – use to be on the needle but they’ve taken it away. Been on it so long and they suddenly stopped it—in 2023. Take something else for it - all in a blister pack. Felt more present and wanted to talk. Was lovely, felt thankful for this healing.

One kuia explained her historical challenges with chronic diseases and the medications she had been prescribed to treat them. She shared the relief she experienced after having a series of traditional Māori healing sessions.

Romiromi and mirimiri spiritual healing has helped me thru all the illnesses and pain I suffered thru out my lifetime. I can feel the heat being transferred through my body and the muscles relax and pain being released. Each visit I felt the release. Headaches I felt slowly vanish. My neck and shoulders finally able to turn my head plus, my head more movement to lean left and right to shoulders. Front Breast area L/R cancer op scar tissues have softened, no pain. I take cholesterol tablets, allopurinol, a tablet for mood swings. I take about 5 different tablets. They also had me on paracetamol 3 times a day, but I don’t take them I chucked the paracetamol out. I have asthma and breathing. I have lots of phlegm on my chest and the doctor had treated me with medications, but I ended up in hospital and found out I had two leaky valves in the heart one the left and the right they are a very fine spray on both, and the Dr said not to worry about it. I had breast cancer, and I had a partial operation, they took the lump out and they believe they got it all out, they did not remove my breast.

Another kuia in her sixties provided a clear analysis of the differences between the treatment received from Western health professionals and Tohunga led romiromi and rongoā services for a long-term injury.

I have visited physiotherapist, chiropractor, osteopath, and pain management clinics. None of these services have been as effective as Rongoā Māori, Mirimiri, Romiromi has been. The mamae/pain in my body has decreased significantly. I had ankle surgery a number of years ago and I have limped badly, no one could touch the pained area for years. I have learned to prepare, use and apply Rongoā Māori to my affected area, make positive changes to my diet, look at my well-being in a more holistic way. Mindful and aware of my spiritual well-being, address my childhood trauma, release and let go of trauma, and drop my barriers. Very conscious of my water intake and to wean off sugar and carbs, which unbalances body weight which has a toxic impact on my well-being.

Yet another kuia in her late seventies presented with a chronic autoimmune skin condition that causes thick dark skin plaques to form all over the body resulting in itchiness, pain, with secondary lesions from scratching that led to infection, cardiovascular disease, psoriatic arthritis and type 2 diabetes.

My first session with Charlotte and her team was the steppingstone into AIO Romiromi healing. Being met at the door with aroha. I had no expectations. Filling out the chart to indicate where there is pain. Accepting that the pain is actually blockages; physical and emotional. Drinking water has made me more regular. Feel better in myself mentally physically spiritually. With the attitude I don't wanna die in pain I wanna look after my organs. Kumarahou drops for my respiratory. Making a lifestyle change with my diet. Feel better in myself mentally physically spiritually. My blood pressure is down. My body is working more efficiently my mind is a lot clearer. Outlook is more positive, looking at the beauty within an object or person. Wai Māori, eating the right food is part and parcel with mirimiri. Being told to feel good about yourself and doing things for yourself. Wow!

A kuia in her seventies shared her recovery journey for a healthy lifestyle.

My understanding of rongoā healing is a lifestyle change for the betterment of me. Learning to love and accept myself. Drink hot water first thing in the morning so my organs can work at their best and keep drinking hot water thru out the day. I have more understanding of myself and for the mahi done on me. My wairua is a lot more at ease. My daughter Dessa introduced me to Charlotte and Māori Romiromi. My legs were in poor health, they gave me rongoā 2 weeks before applying a poultice to my legs. 3 hours of resting with the poultice and when it was removed, the change in my legs colour was amazing. I took before and after photos and shared them with my whānau. It released a lot of pressure on my legs and ankles. Yes, after having diabetes for over 30 years and purple swollen legs I got a better understanding in a language I could understand of what I need to be doing. Charlotte advised me to change my diet and I did, no more milk, more water. Coming off sugar and milk I have lost over 30kgs and have kept it off. My diabetes is more under control I can walk with more ease.



One koroua in his 70's presenting with swollen legs from diabetes and multiple chronic diseases explained his position being heavily dependent upon prescribed medications.

From my knees down is very dark. No circulation was getting down there. The doc gives me meds, so I take them. I trust the doc. Don't know what else to do. I take heaps of meds that the Doc prescribes. It's been a great help as my right shoulder was sore. When I got up I wasn't limping anymore. One leg was shorter than the other. It was sore but it straightened me up again. All the areas above were worked with some special leg lifting to move the fluids up to my body and the colour came back to my legs ... was excellent, feeling much better. Starting to with drink water. Not sure if I can change my diet though.

Even though most of these kuia and koroua wanted to heal, only a small minority were able to make lasting changes in their health and wellbeing from having romiromi, changing their diet and taking recommended rongoā Māori. Out of all the age groups the kaumatua (elders) were the highest users of prescribed medications and struggled the most with diseases, inflammation and pain.

Challenges

Some of the kaumatua were not tech savvy so needed help from whānau members to fill out the online registration and evaluation forms. One kuia stopped communicating for 3 weeks then on her return, explained how she thought she was all healed because she felt so good and so slipped back into old eating habits then became chronically unwell again. A few of the kaumatua experienced challenges staying on the hau ora waka (wellbeing vehicle) refraining from sweet sugar foods and drinking water to clean the body. One kuia with dementia could not answer the questions in the registration form.

There were a number of no shows for appointments right across all age groups and this is quite normal for working with high needs whānau. For example, one whānau group booked six two-hour appointments in one week and didn't show. A few weeks later this same whānau group did exactly the same again. Some expressed their withdrawal was due to anxiety and stress levels that often kept them from engaging socially so they were stuck in isolation.

There were ongoing challenges for the research participants of all ages getting access to their Mana Ahuriri trust (MAT) membership numbers to meet the criteria of the funding. Some rang MAT while others went online to the MAT website. Some were registered online but could not find the membership number on the website. There were others who could not get their MAT numbers because they had no license or passport or couldn't afford to

pay for a birth certificate to prove their identity. The researchers continued to remind whānau to get their MAT numbers but still many were unable to provide this documentation. Nonetheless, Dr Mildon, the lead researcher, already knew the whakapapa of many of the whānau and their marae so the main thing was that the whaiora met the high needs criteria. The following recommendations are identified as a result of the data analysis.

Recommendations

- Fund FREE monthly or fortnightly community healing days in the Ahuriri community for high needs whānau to learn how to heal by experiencing ancestral Māori healing rituals and practices.
- Fund regular monthly one day wānanga in Ahuriri for these high needs whānau, to learn how to identify, pick and make rongoā wairākau (tonics) and pani (creams) to heal mauui and mamae in the home.
- Fund an online app for these high needs whānau in Ahuriri with a chat forum, romiromi quizzes, and rongoā practices as a resource to aid in the retention of Māori healing knowledge.
- Fund ongoing traditional Māori healing wānanga in Ahuriri with expert Tohunga Romiromi and Tohunga Rongoā who have over 70 years of experience working with ‘high needs’ whānau.
- Aspiring to Te Whatu Ora Māori health and mental health contracts for Tohunga led traditional Māori healing as culturally appropriate interventions for these high needs whānau in Ahuriri being amongst the highest negative health and mental health statistics in Aotearoa.
- Aspiring to Ngā Rau Rākau intensive mental health services in Hawkes Bay to fund one day a week Tohunga led traditional Māori healing services and wānanga with a strong focus on Māori spiritual afflictions defined by Tohunga as mate Māori, mate porangi, mate haurangi and mate makutu.

Conclusion

The research has provided a number of insights in support of highlighting the whānau voice, having outlined the criteria for high needs whaiora and their whānau as a collective. An explanation of the research design, the methodology and the methods that were relevant for whānau Māori were in answer to a lifetime of oppression in the Western Māori health

and mental health services. The rationale for the research clearly identified the differences between the Western health and mental health services and traditional Māori healing philosophies, rituals and practices that were specifically designed for high needs whaiora and their whānau with culturally appropriate delivery of services and wānanga interventions. The data analysis showed several themes that emerged to make sense of the challenges and healing outcomes of the three different age groups. The key findings of each age group were explored and five key findings were triangulated in support of culturally appropriate interventions;

- being a part of the healing whaiora and kaimahi healers was like being a part of a family
- how much better the whaiora were without the effects of the prescribed pharmaceuticals
- kuia were raised with rongoā Māori but turned to Doctor's medications as they got older due to being more accessible and more cost effective from being subsidized
- the majority of whaiora had drunk no water for most of their lives resulting in an acidic body where disease thrive
- four whaiora were able to make huge changes in their lives from the healing sessions and attend wānanga thereafter continued to maintain that status quo

Recommendations were identified as a result of the key findings in answer to a discussion of how the drug therapy that Western health and mental health systems continue to create a dependence on services without any future prospect of finding a cure to heal. An explanation of the importance of having experienced kaimahi to role model the benefits of being a part of a healing whānau as a collective, validated the need for becoming a whānau with other high needs whaiora who can share the challenges and the successes of their recovery. The collective approach was seen as being more culturally appropriate for whānau to heal one another in the home rather than create a dependence upon services. An experiential approach of experiencing the romiromi, mirimiri and rongoā first then teaching the whaiora how to do this for themselves resulted in a number of positive outcomes irrespective of the many challenges identified throughout the research.

Any potential risks for the research participants, the healing team and the researchers, were explored in the ethics for the research. The experiential teaching and learning philosophy that Dr Mildon has used for over 30 years to support the recovery of high needs whaiora was outlined with recommendations to support the retention of traditional Māori healing knowledge. Māori values that informed the learning environment throughout the

entire research project were acknowledged in support of the whole whānau, not just the whaiora.

The historical oppression of Tohungatanga was recognised and solutions focused strategies provided indigenous Māori ways of healing via FREE services and wānanga in Ahuriri, as a blueprint for future generations of mokopuna in the transmission of ancestral healing knowledge. The proposed recommendations were strategies for whaiora and their whānau to reclaim tino rangatiratanga (absolute sovereignty) of their own holistic wellbeing at grass roots level in the community instead of only ever having the choice of a lifetime of prescribed medications.

The report has clearly outlined the need for expert Tohunga led healing services to work alongside Western health and mental services to support high needs whānau Māori to heal. The main focus of the report was for tamariki and rangatahi of high needs whānau to have access to Māori healing philosophies, rituals and practices in the home, supported by online apps to ensure that tamariki and rangatahi grasp these tools at an early age, breaking the cycles of dependence upon a Western health and mental health system that has historically failed whānau Māori.

Ka mutu, ka mihi atu ta mātou roopu rangahau ki ia o ngā whaiora i puta mai ki te whai wāhi ki tēnei kaupapa rangahau. He mihi nui ki a koutou mō te whai wāhi nui ki roto i te rangahau me te mōhio he tauira koutou mō a tātou mokopuna. He whakataukī: ki te kore he ua, e kore e puta te tipua a Hinekorako. Ma IO rāua ko Rikoriko e manaaki i a tātou.

Nāku noa, nā


TRADITIONAL MAORI HEALING

Dr Charlotte Mildon
Harata Meretana Ma Charitable Trust
Chair

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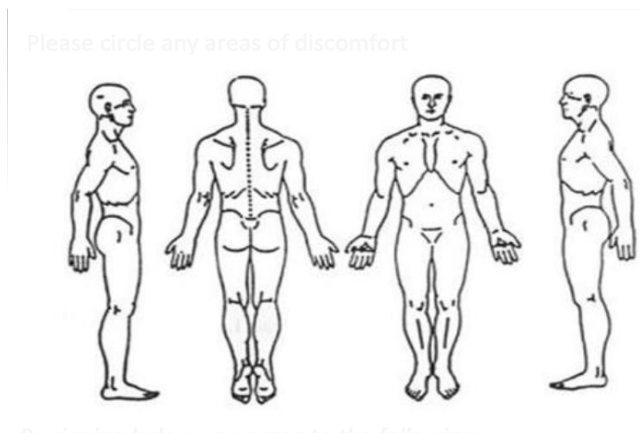
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Appendix 1 Romiromi & Rongoā Māori Research Project ki Ahuriri Registration

Nau mai haere mai to our FREE Rongoā, Romiromi, Mirimiri, Whakawatea and mahi a wairua services in Ahuriri. This project is open for whānau who whakapapa to Moteo, Timi Kara, Wharerangi, Waiohiki and Tangoio marae. Please register with the Mana Ahuriri Trust and enter your registration number in this form. It takes about 5 mins to answer the research questions. Our main research aim is to provide research evidence that captures the voices of the people to show what may be needed for better health outcomes for whānau Māori in our local community.

1. What is traditional Māori healing romiromi for you?
2. Explain what Rongoā Māori healing is for you.
3. Please circle any mauui (illness) or mamae (pain) you have in your body?



4. How long have you had this mauui or mamae?
5. Is there anything you do or take to help with this mauui or mamae?
6. Any comments you'd like us to know before we start ...

Appendix 2 Rongoā Māori & Romiromi Research Project ki Ahuriri Evaluation Form

Kia Ora Whānaunga. Thank you for participating in our FREE Rongoā, Romiromi, Mirimiri, Whakawatea and mahi a wairua services in Ahuriri. It was such a pleasure to have you and your whānau work with us over this time. Our project is coming to a close soon so we are asking that you please fill out these questions again as an evaluation of our healing services. It takes about 5 mins to answer the questions. Although you have answered these questions before, it is our aim to see if there has been any shift or changes in your whakaaro from when you first came to us. We will endeavour to collate your korero as research evidence to capture the voices of our people with findings that may contribute to better health outcomes for our whānau Māori in our local community. Once again, thank you in advance. The Mana Ahuriri trust have told us that we will be funded again once we have completed this project so watch this space!

Research Q 1.

After your experience with us, how might you explain what romiromi and mirimiri spiritual healing is now?

Research Q 2.

After your experience with us, how would you explain what Rongoā Māori healing is now?

Research Q 3.

After your healing experience with us, has the mauui or mamae in your body changed or shifted in any way?

Research Q 4.

How long did you have had this mauui or mamae and has this changed for you. If so, please give us an example

Research Q 5.

After our mahi with you, have you learned any new skills to heal your mauui or mamae?

Do you have any other comments about our healing mahi with you?

We will add your evaluation to our research report anonymously. Would you like us to return your feedback and comments for your approval before adding them to our final research report.

Ae yes please

Kao

Appendix 3 Consent Form

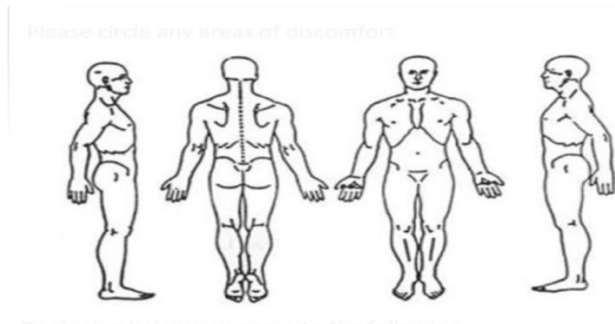


NAME: _____

PHONE: _____

E-MAIL: _____

Circle any mamae/mauiui areas



Please check all the relevant tick boxes to show you consent to the research specifications.

- ☐ In the unlikely event of any injury, I will not hold any of the Harata Meretana Ma Charitable Trust kaimahi responsible.
- ☐ I give full written consent for any information to be shared anonymously to ensure that my participation in the research is confidential.
- ☐ I trust that all information in the case studies will be shown to me for my consent as per the Kaupapa Māori research values and principles.

Client Signature: _____

Date: _____

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First Printing: 2024

ISBN 978-0-473-71677-6

Publication Date: 12/06/2024

HMMCT Research 2005

HMMCT Maori Research
SINCE 2005

407 Hastings Street, Napier 4110. New Zealand.

Cell +64 27 557 5002