

8 Māori culture & health

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A doctor who understands and successfully engages with Māori patients is more likely to help them to live healthily, to access appropriate health services early and to feel comfortable in mainstream health institutions.

- Māori are the indigenous people of New Zealand; in the last Census 15 percent of New Zealanders identified themselves as Māori
- The Treaty of Waitangi is an important historical document that has become a statement of indigenous rights and the Crown's responsibilities to Māori
- Māori health is poorer overall than nonmāori health
- Government has a special strategy to address Māori health issues
- Māori consider *iwi* (tribe), *hapū* (subtribe) and *whānau* (extended family) affiliations to hold more importance than individual identity
- *Whānau* is the essential unit of Māori society and may include parents, aunts and uncles, cousins and grandparents
- Māori have a spiritual approach to most things, including health and wellbeing
- Māori have specific rituals and customs relating to birth, death, rituals of encounter and how to deal with *tapu* (sacred) places and things
- Māori is an official language of New Zealand; while most Māori use English day to day, many choose to use *te reo Māori*.

To be Māori

Māori are the *tangata whenua* (people of the land – indigenous people) of *Aotearoa* (New Zealand). For the purposes of the Census Māori ethnicity is determined on the basis of “self identification”. From a Māori perspective identity is defined by *whakapapa* (lineage or genealogy). Individual identity gives way to the importance of *iwi* (tribe) and *hapu* (tribal and subtribal affiliations), *waka* (canoe on which one’s ancestors first arrived in Aotearoa) and the natural surrounds of one’s tribal area (e.g. mountain, river).

It is important not to make assumptions about Māori patients and their *whānau*. Māori are a heterogeneous group with differing experiences and expectations. If in doubt, it is much easier to ask about someone’s ethnicity and expectations than to make assumptions and risk offence. Equally it is important for the practitioner, whether practising in the community or in an institution, to be aware of available cultural support, advice and assistance.

The Treaty of Waitangi and its significance for Māori health

It is helpful to have an understanding of the historical events that surrounded the signing of the Treaty and the central importance that it has in defining the nature of the relationship between Māori and the European settlers and their descendants.

The Treaty of Waitangi was signed in 1840 between the Queen’s representative, Governor Hobson, and a large proportion of the New Zealand Māori *rangatira* (chiefs) representing various *iwi* and *hapu*. It had the goal of providing governance and protection for Māori as well as for the imminent wave of new settlers. Although the subject of much political and social debate, the Treaty of Waitangi has become a statement of the individual and collective rights of Māori, the Crown’s responsibility to Māori and a charter for New Zealand as a whole.

An awareness of subsequent legislative development and the introduction of a range of policy initiatives by successive settler governments will help the clinician to understand the decline of collective Māori identity, health and social standing. It also sets the scene for understanding the health status of Māori in general, and the individual Māori patient in particular.

For a more extensive discussion of this topic readers are referred to *The Treaty of Waitangi* by Claudia Orange.¹

Māori health and social status

Inequalities between the health status of Māori and other New Zealanders are well documented.⁴ Research confirms Māori are disproportionately represented in almost all negative health⁵ and social⁶ statistics and are, in general, poorer, sicker, and more socially deprived than nonmāori. Māori do not access primary care services as often as or as early as nonmāori and are not referred for secondary and tertiary procedures at the same rates as nonmāori.

These findings have led government to identify a range of priority areas for improving Māori health and a reorganisation of the health service in an attempt to improve access to appropriate, affordable and acceptable primary health services.

The doctor should be aware of these health inequalities. In particular, the doctor should work to make services more accessible and acceptable to Māori communities.

Current governmental approach to Māori health

Government, through its New Zealand Health Strategy,² New Zealand Disability Strategy,³ and Māori Health Strategy⁴ (*He Korowai Oranga*) asserts its commitment to “fulfilling the special relationship between iwi and the Crown under the Treaty of Waitangi”. It goes on to identify the principles of “Partnership, Participation and Protection” as underpinning this relationship.

It defines⁴

Partnership as: “working together with iwi, hapu, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.”

Participation as: “Involving Māori at all levels of the sector, in decision making, planning, development and delivery of health and disability services.”

Protection as: “Working to ensure that Māori have at least the same level of health as nonmāori, and safeguarding Māori cultural concepts, values and practices.”

Doctors should understand this commitment by government and its agencies.

Māori perspectives of health and wellbeing

The Māori view of health and wellbeing incorporates all aspects of a person’s internal and external worlds. It assumes health in the spheres of physical, psychological, spiritual and family wellbeing and a balance among individuals, their environment and those around them. Consequently, health and wellbeing from a traditional Māori perspective are as much about environment (land and natural resources), spiritual balance, *te reo* (language) and *tikanga* (cultural protocol), strong and stable *whānau*, *hapu* and *iwi* relationships and active participation in *te Ao Māori* (the Māori world) as they are about physical and psychological wellbeing and active participation in society as a whole.

Balance in the individual and the community is maintained by a set of culturally mandated guidelines which attribute certain status to people and things, and rules which govern societal behavior in relation to status. Of particular significance are the concepts of *tapu* (sacredness) and *noa* (ordinariness). *Tapu* is a state of sacredness which protects and nurtures tribal resources. That which is *tapu* should not make direct contact with that which is *noa*. As the head is deemed *tapu* and the rear end *noa*; as an example, it is a transgression of *tikanga* to sit on a pillow. On occasions, sometimes in association with death or despoilation, an area or structure is declared *tapu*. All burial grounds are designated *tapu* as are matters to do with the preparation of food and *mana* (dignity and pride). Some things and processes deemed *tapu* can be returned to state of *noa* by way of spiritual processes and procedures, usually involving *karakia* (traditional incantations). An example of this is the *whakanoa* (cleansing into a state of *noa*) of a house after someone has died there. It is important for the doctor to have a basic understanding of these rules, particularly those that have direct relevance to aspects of clinical practice.

An extensive discussion of some of these processes can be found in *Cultural sensitivity and the GP*, by David Tipene-Leach.⁷

The spiritual underpinnings of Māori health are significant. Certain afflictions affecting an individual may be understood in Māoridom as *mate Māori* (Māori sickness) and a function of a cultural or spiritual transgression. This phenomenon,

perhaps essentially psychosomatic, is sometimes associated with the breaking of the laws of *tapu* or an act of *makutu* (intergenerational curse or witchcraft). *Mate Māori* can be alleviated by the appropriate *karakia* and this is part of the skill of a *tohunga* (traditional healer).

Other important concepts to Māori, integral to a state of health and wellbeing are

Te Whenua (the land)

The connection to ancestral land is an important determinant of Māori identity and, therefore, of Māori wellbeing. The process of settling land and resource grievances related to the Crown's historical transgression of the Treaty of Waitangi is viewed as an important issue for Māori health and social development. Doctors are encouraged to learn and understand the historical underpinnings of some of these grievances, particularly relating to the region in which they live and practise.

Te Ao Turoa or Taiao (environment)

Māori, like many traditional tribal cultures, have specific rules that govern the way individuals relate to aspects of the environment. These involve the proper use of ancestral lands and *waahi tapu* (sacred places), the protection of traditional food sources (eg traditional fishing grounds) and various practices relating to the preparation of food. As an example, it is insensitive to put a doctor's bag (or medical instruments) on food preparation or dining tables when home visiting.

Te Reo Māori (Māori language)

Language is a fundamental part of identity. In the decades following the signing of the Treaty, the number of native speakers reduced to the point where the language was dying out. Government has in the last 20 years supported indigenous efforts to revive *te reo* through *kohanga reo* (preschool language nests) and *kura kaupapa* (schools).

Many Māori use English for daily living but doctors may meet older Māori who prefer to speak *te reo*, and younger Māori who assert their rights to converse in their own language. The doctor should have knowledge of available translation services in their region and should learn how to pronounce Māori words correctly. This can be a powerful means of engaging with Māori patients and enhance the chance of establishing a strong therapeutic relationship.

Whānaungatanga (kinship)

The essential unit of Māori society is the *whānau* (extended family), so a patient may have a large number of people that are "a part of the family". Many of them may expect to attend a consultation where one member is the patient and be involved in aspects of the process of gaining informed consent. Māori take pride in their *whakapapa* (genealogical kinship). Following a ritualised meeting process, traditional protocol states each party should identify themselves in terms of their *whakawhānaungatanga* (ancestral and environmental links). Kaumatua, elders who hold special status due to age and experience, often speak for their whānau. Like many traditional societies, Māori revere age and knowledge over youth and inexperience.

The best outcomes will be achieved when the whole whānau is educated and involved in the care of an individual. Education will be most effective if a Māori person who is acceptable to the family provides that information and support.

Tohunga and Rongoa Māori (traditional healers and health care)

Traditional health practices were outlawed in 1908 with the (now repealed) Tohunga Suppression Act but traditional Māori healers and health care continue today. Most treatments are based on a combination of traditional herbal remedies, *karakia* and “psychotherapy.” Some patients will consult a *tohunga* before, or indeed during, their consultation with the doctor. Doctors should consider culturally based healers as complementary colleagues, providing the doctor is confident that the patient is not at risk. Should the doctor sense that a patient is at risk the matter should be raised directly with the patient and almost certainly with the *whānau*. Doctors wanting to know more about traditional healing practices should acquaint themselves with Māori health providers in their institutions or communities.

Whanuatanga and Mate (birth and death)

Whānau often play an important part in the birth process; sometimes they wish to be present or stay close by and the occasion is often marked by *karakia*, *waiata* (song), laughter and tears. The *whenua* (afterbirth) is usually taken and interred on whānau land, as are aborted foetuses. Stillborn babies may be accorded the same status as a liveborn child, including a formal *tangi* (funeral).

When a person is dying whānau will want to stay with them and support them until the point of death. After death the deceased is not left alone until burial, and whānau may choose not to embalm the body. A *tangi* (funeral) is normally held on a *marae* (whānau gathering place) and can last for four days. A doctor who has cared for the patient would be welcomed if he/she chose to attend.

Māori believe the human body is *tapu* and usually request the return of body parts resulting from surgery or childbirth for ritual burial. Postmortem is particularly difficult for Māori as it delays the grieving process and does not guarantee the return of all body parts. Although the law must be complied with, postmortems and organ donations for the sake of research will mainly be unacceptable.

Māori rituals of encounter

In Māoridom there is a hierarchy of rituals when two parties meet for the first time. This ranges from the *powhiri* (formal challenge of welcome) to less formal *mihimihi* (greetings and introductions). The historical goal of these processes was to ascertain whether the *manuhiri* (visitors) are meeting the *tangata whenua* (home people) as friends or foe. A discussion of these processes is included in a short text by Wena Harawira.⁸

The wise doctor will ask the *whānau* whether they would like to begin a consultation or meeting in any particular way, leaving time for one of them to speak, introduce themselves formally or say a *karakia* should they so wish. The doctor may choose to share some details of their own ancestry; this can be an unsettling experience for people from a metropolitan culture, but can assist the

doctor to engage positively with Māori patients and set the scene for a successful interaction. Spending time at this stage is a good investment in a strong and trusting relationship with the *whānau*.

The successful clinical encounter

The doctor must engage with the patient to cement a strong and lasting therapeutic relationship. The doctor should be aware of his/her own culture,⁹ the culture of medicine¹⁰ and the extent to which they might clash with a patient's culture. Being aware of the diversity of Māori experience and expectation is also important so as not to make invalid and embarrassing assumptions.

Doctors are not required to be “cultural experts” but they should ensure access to appropriate cultural expertise and translators as necessary. A background knowledge of the wider sociodemographic and historical experience of Māori forms an essential background for clinical practice and for understanding the experiences of individual Māori patients and *whānau*.

Reasonable pronunciation of Māori words, some understanding of the processes and rituals of engagement and a general sense of *tikanga* relevant to clinical practice will lead to solid and respectful relationships with Māori. Knowledge of, and an ability to work with, traditional practitioners in a collaborative way give Māori the best chance of benefiting from all paradigms of practice.

A respectful demeanour, an enquiring mind, an inclusive style of practice, and a commitment to providing Māori with access to the highest quality of health care is the best that any doctor can do to reverse some of the inequalities of Māori health.

References

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10. www.teiho.org. *The culture of medicine*. This is an interactive website that doctors may find helpful. It deals with many of the issues faced by nonmāori psychiatric registrars caring for Māori patients and discusses many of the issues outlined above.