Mā Te Ara Wairua, Ka Kite He Oranga: Presenting Three Baskets of Spiritual Healing Knowledge for Social Work

Levi Arana Fox
School of Health Sciences and Social Work, Griffith University, Gold Coast, Australia.

Abstract
This paper presents the findings of a doctoral study titled 'Mā te ara wairua, ka kite he oranga: A Kaupapa Māori study into the development of traditional healing knowledge and spiritual concepts in social work'. The research involved sixteen in-depth interviews with traditional Māori healers and social workers, to get a better understanding of how spirituality and ancestral healing knowledge is developed in the profession. Exploring these perspectives was important because there is a significant gap in knowledge where very little is known about the integration and application of Indigenous healing and spiritual concepts in social work. As such, this PhD asked the question–What is the role of traditional Māori healing knowledge in social work? The study was underpinned by Kaupapa Māori theory, and its methods combined both qualitative approaches alongside the Ara Wairua analysis tool to help explore the experiences of participants. This research is profound because it yielded twelve important findings to inform social works' epistemology and provide nuanced understandings into cultural healing concepts, the transference of ancestral knowledge for non-Indigenous workers, actualising spiritual responsiveness, and the application of Indigenist social work. This paper aims to specifically highlight the study's findings and its implications for social work. There are three baskets of knowledge presented in this article, and each basket contains several recommendations for the profession. The study's methods and analytical processes are explained along with an outline of the research problem which further positioned the research in an academic context.

Introduction

Limited research has been done in relation to social works' inclusion of Indigenous spirituality and even less is known about the actualisation of traditional healing concepts in social work from a Māori perspective (Fox, 2024). I, Dr. Levi Arana Fox present the findings of my PhD, which highlights several key recommendations for social work, thus addressing a

significant gap in knowledge. The primary research question guiding the study's exploration was: What is the role of traditional healing knowledge in social work? As a Kaupapa Māori study, the research was underpinned by cultural philosophy, ontology and subjectivity. That is, I write this paper from an insider's perspective to emphasise my positionality as a researcher with whakapapa Māori (Māori ancestral connections) and worldviews that have been shaped by my kaumātua (elders) and kuia (grandmother). This experience also allowed me to share in meaningful kōrero (discussions) with participants over many years through processes of whakawhanaungatanga (relationship building), contributing to the Māori healing community in workshops, prolonged iwi (tribal group) engagement and community development research with Māori social work practitioners and organisations over the past 10 years. I will discuss my positionality and its alignment with the study's methods later, however, it is worthy to note here that all sixteen participants described strong themes of spiritual autonomy and mana (authority/power) alongside the praxis of thinking, being and doing in everyday practice. The study's kaupapa (themes) will be highlighted in this article to give more context to the findings, but first, this section will explore some of the gaps in social work's knowledge base.

Considerable research has shown the importance of cultural models of wellness, the origins of suicide from a Māori perspective, multimodal practice frameworks and spiritual knowledge within the helping professions (NiaNia et al., 2016; O'Connor, 2007). Phillips (2014) described how social workers in one study, exemplified spirituality and highlighted how this flowed into their practice. In another paper, Boynton and Vis (2014, pp. 199–200) suggested that increasing applications of spirituality and a conceptual shift in social work was needed to provide more holistic models of care. Holistic models of care from an Indigenous paradigm positions the spiritual dimension as a cornerstone for community and individual wellbeing (NiaNia et al., 2016). This was highlighted in another study by Mark and

colleagues (2017), which sought to address issues around healthcare using traditional knowledge and Western medicine across the broader health services. However, these papers further point out an issue where spirituality is often misunderstood in a Western system due to ignorance and colonisation (Kopua et al., 2020). To that end, it has been argued that Western theories and practices such as sustained reliance on biomedical models of health have caused significant damage to the retention and applicability of Indigenous healing frameworks for Māori (Fox, 2021; Kopua et al., 2020; NiaNia et al., 2016). Brave Heart and colleagues (2011) identified the restoration of kinships and spiritual authority as being a fundamental part of healing communities who have been directly impacted by colonisation and policies that perpetuate oppression. These claims indicate real-world challenges Indigenous Peoples endure every day. However, my PhD research seeks to understand how ancestral healing knowledge is constantly transforming in society, and how this shapes the relationships between communities and broader systems. There were several specific gaps in the literature that required further critical analysis and examination.

The majority of studies focused on strategies for addressing psychospiritual illness, but there was often no mention of social work in these papers and no research, until now, which showed how Māori healing traditions could translate to social work. For example, mana-enhancing practices (Ruwhiu, 2009) and Ngā take pū (applied practice principles) have been explored with some alignment to Māori healing, such as tohunga (experts) who draw on ancient healing techniques to help those recover from sexualised violence. However, nothing more was related specifically to social work, which begged the question: if social work struggles to translate Indigenous spirituality in practice, how might we develop a better understanding of culturally nuanced approaches? There is ample research into how traditional healing practices apply in mental health and suicide prevention, but the notion of spirituality is scant in social work around the world (Canda et al., 2019). In addition, social workers lack

the training required to apply basic principles of spiritualty into their practices, and there is currently no literature that explicitly identifies the value of Māori healing knowledge within social work practices (Fox, 2024). As various themes emerged in the literature review, it was clear that much of the research done in this area has been a response to epistemic injustices, lack of education and limited connections to worldview. My PhD was an attempt to address these gaps in social work's knowledge base and to provide further baseline evidence for the development of spiritual concepts and healing traditions in the profession. To help explore this area, the research was guided by three key objectives:

1. To examine the role of Māori healing and spiritual concepts in social work

2. To determine how Māori spiritual concepts are developed in social work

3. To critically analyse how processes of decoloniality inform social work

Developing a doctoral study based on these gaps was important to me as a 'pracademic' (practitioner and academic) because my spiritual essence is a critical component of Indigenous frameworks as well as my ontological positioning. That is, that my wairua (eternal spirit) and intuition guides my perception of reality at an intrapersonal level when working with communities in need. I will demonstrate this further in the methodology section. However, NiaNia and colleagues (2016) suggest that Māori conceive different levels of metaphysical processes that comprise the spirit world. This PhD needed to come from my wairua because as Indigenous peoples, we position ourselves in the world while writing about the world (Fox, 2024). Hence, I did not want to artificially remove myself from this experience. Instead, I developed an analytical tool that allowed me to position myself within the study—alongside participants, their stories of ancestral healing and spiritual concepts. The next section introduces the specific research methods and data analysis protocol.

Kaupapa Māori Theory and Research Practices

My doctoral journey began early 2021 and was completed at the end of 2024. The University of Sydney Ethics committee approved the research prior to commencement and the overall project was funded by the Australian Research Training Program. The initial stages of building my project required methodological rigour and a conceptual framework to underpin every aspect of the study's exploration. I adopted Kaupapa Māori theory to help ground the study's epistemology in cultural values and ancestral knowledge. Linda Tuhiwai Smith (2012) suggested that Kaupapa Māori theory interweaves Māori and Western ways of knowing, histories, methods, aspirations and economic needs. This description resonated with how I wanted to complement Māori views of healing with Western qualitative methods (Fox, 2025). To that end, reflexivity and deep awareness were part of the initial stages of establishing my conceptual approach, as the concept of kaupapa implies a way of structuring how one thinks about ideas and practices (Smith, 2012).

In relation to the research practices, I integrated both Māori values and qualitative techniques such as thematic analysis, coding systems, categorising subthemes and observational practices (Azungah, 2018). However, weaving Māori and Western ideas needed to be done with great caution so that the essence of mātauranga and Kaupapa Māori values were kept intact. As Smith (2012) suggested, we cannot simply slot Māori ways of knowing with Western perspectives, thus it was not my intention to contaminate our ways of doing research but to show how mātauranga can also be part of complementary research designs. I will explain the methodology and application of the Ara Wairua analysis tool in a later section. However, once the methodological foundation was established, I applied Kaupapa Māori theory to guide the study's techniques.

The recruitment of participants was completed by mid-2022 with individuals across Aotearoa-New Zealand and Australia. A participant information sheet was disseminated to

approximately 25-30 potential interviewees outlining the basis of my research and my contact details (Fox, 2024). The selection criterion was specific and used a purposive sampling technique to recruit participants. Non-Māori were excluded because the research sought to explore the worldviews of people with identified whakapapa. This was crucial because whakapapa is a construct of our collective realities as well as a metaphysical framework to help place oneself within the world (Mahuika & Mahuika, 2020). From an insider's perspective, whakapapa is how we relate and connect with each other including our relationships with the land and ancestors.

With regard to recruitment, participants needed a formal social work qualification, whereas traditional healers did not require formal credentials but were selected based on their spiritual healing skills (Fox, 2024). The recruitment process yielded interest from 16 participants who provided verbal consent to take part in the study. Most interviewees chose to use their real names instead of a pseudonym. The interviews were in-depth and guided by a schedule I developed based on the research aims, allowing for a more open conversation.

Regarding the integration of Kaupapa Māori theory in the research processes, we began each interview with karakia (incantation) and spoke at length in a wānanga (shared space) setting. I travelled all over Aotearoa to speak with participants face to face at their whare (homes) or marae (traditional meeting places). Meeting face to face was important to establish rapport and intrinsic connection with participants. As Mahuika and Mahuika (2020) suggest, wānanga occurs in a spiritually grounded environment, emphasising relational connection where reciprocity and co-operation flourish. The notion of reciprocity was actualised by way of koha (gifting) for the participants' time and aroha (love).

Linda Tuhiwai Smith (2012) further aligns co-operation with the value of whanaungatanga (relationships) and manaakitanga (care) in Kaupapa Māori research. In terms of holding space, each interview was recorded and the audio and visual materials

captured for analysis to take place at a later stage. Although most participants were able to meet in person, some could only engage via Zoom due to time constraints and availability (Fox, 2024). Recording the raw data allowed for observation and I kept a field journal to take notes of participants' reactions, their body language and facial expressions during the interviews. Stage one of the Ara Wairua tool, Kare-pū-toro, is where I began making sense of wairua through the practice of observation and how participants were emotionally attached to their pūrākau. Approximately 1200 minutes of raw data was transcribed verbatim, demonstrating the depth of each discussion and highlighting the participants' full engagement in a meaningful exchange of mātauranga. This next discussion outlines the analytical procedures used to examine the participants' narratives.

Methodology and Analysis of Materials

A cultural analysis framework was required to examine the perspectives of sixteen Māori healers and social workers who operate from a traditional point of view. I developed the Ara Wairua data analysis tool (Figure 1) using a four-phase process underpinned by pūrākau (narrative) methodology (Fox, 2025). Pūrākau is a Māori storytelling approach that allowed me to capture the experiences of my participants (Lee-Morgan, 2019). Pūrākau also refer to our oral traditions such as pakiwaitara (mythology) and kōrero tāwhito (ancient stories). The narratives of participants are what contains insights whereas ancient oral traditions contain philosophical thought and worldviews (Lee-Morgan, 2019). In my PhD, the pūrākau are the raw excerpts that have been kept intact and written verbatim into my thesis. The excerpts were then analysed using the Ara Wairua tool, which was unique to my research, as each phase was developed around concepts of Māori healing and the hinengaro (human mind). No other Indigenous research analysis tool has done this before (Fox, 2025). To briefly summarise: Stage 1) *Kare-pū-toro* involves analysing raw research data through observation of content and participants' emotional attachment to their pūrākau; Stage 2)

Whatumanawa involves intuitive thinking to develop open codes and themes in relation to the research question; Stage 3) *Kāre ā roto* requires deeper analysis of emerging kaupapa (themes), with the result being the development of subthemes from each category; Stage 4) *Tihei mauri ora* is the final stage, which is where I integrated my memos (noted interpretations) with literature to discuss the findings (Fox, 2025). The Ara Wairua tool allowed a continual movement across each analytical stage to review those claims as I evaluated and interpreted each excerpt.

Figure 1: The Ara Wairua data analysis tool adapted from Fox (2025)
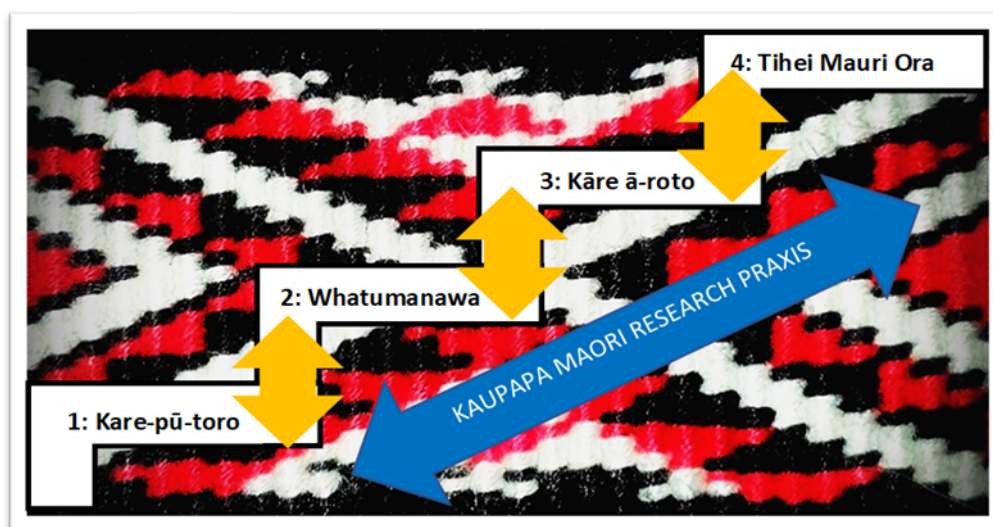
Producing the Ara Wairua tool was important because computer software programs such as NVivo would not have been able to capture the true essence of Māori words, expressions, the human elements of pūrākau. More importantly, I did not want to be artificially removed from the analytical experience of engaging with the participants' wairua. Bergin (2011) points out the issue with NVivo distancing researchers from their data and thus distorting the analytical process. Bundjalung Goenpul woman, Mareese Terare (2020), also

found NVivo did not support her study's data analysis claiming that the program limits processes of reflexivity, which is a critical part of Indigenous research. While NVivo has its benefits for achieving robust interpretations of data, it was important to decolonise the analytical aspects of my PhD. However, the Ara Wairua tool has its own limitations, as it requires researchers to actualise intuition, which is contentious in research because intuition is a type of knowing that is invisible (Hodgkinson & Healey, 2008). While I acknowledge this is a limitation, the Ara Wairua tool also has valuable strengths in that intuitive knowing is what kept me fully connected to the participant's stories (Fox, 2025). Once the pūrākau were analysed, the next task was to study the themes and elicit the aka matua (research findings).

Key Kaupapa and Aka Matua Results

My study yielded six key themes and twelve key findings, which were then synthesised with relevant literature to help address the research problem. The following kaupapa organically emerged from the pūrākau and philosophical kōrero during in-depth wānanga.

1. Ngā whakaaro o te hinengaro: Mental health concepts from a Te Ao Māori worldview

2. He mauri tū, he mauri ora: Displacement and relational healing principles for praxis

3. Ma te ariki, ma te tauira: Disseminating knowledge for non-Indigenous practitioners

4. Te hua ā ngā rangatira: Occupying space with responsibility and spiritual sensitivity

5. Apiti hono tātai hono: Creating nuanced understandings of two worlds for wellbeing

6. Ki te whei ao ki te ao marama: Indigenising social work through systemic change

Using codes and memos helped me to get from topics and questions to the actual analysis. This process is likened to praxis which, Kaupapa Māori theorist Graham Smith (1997) suggested is the cyclic process of thinking, being and doing in an adult educational context.

Smith borrowed the term conscientisation and praxis from Paulo Freire (1970, 1974), which is a combination of action and reflection across the learning journey. My interpretation and reflection of each kaupapa similarly prompted reflexivity and deep listening to understand the metaphors and proverbs contained within the pūrākau. In doing so, the process of praxis and linking theory to practice helped draw out a number of key findings that emerged from each of the kaupapa listed above. For example, kaupapa 1) *Ngā whakaaro o te hinengaro*: Mental health concepts from a Te Ao Māori worldview were a core theme extrapolated from various pūrākau, and within that theme, emerged two key findings: (1) Traditional healing is embedded in Māori epistemology and ontology, and (2) Healing is the practice of unconditional aroha (love) from the heart. Table 1 highlights twelve key findings, which helped informed my study's research problem and address gaps social works' knowledge base.

Table 1: Research findings for *Mā Te Ara Wairua, ka kite he oranga: A Kaupapa Māori study into the development of traditional healing knowledge and spiritual concepts in social work*'

Theme		Aka matua: Research findings
1	**1**	Traditional healing is embedded in Māori epistemology and ontology.
	2	Healing is the practice of unconditional aroha (love) from the heart.
2	**3**	Social workers ought to acquire an understanding of wairua (eternal spirit) and whakapapa (ancestral connections).
	4	Healing in social work is centred on tapu (sacred)-enhancing practices.
3	**5**	Māori healing knowledge must be included in all levels of social work, within a framework which is taught in accordance with tīkanga (cultural protocols).
	6	Non-Māori practitioners cannot integrate traditional Māori knowledge with Western social work, but they can apply cultural humility and be indigenist.
4	**7**	Social work is at increased risk of isolating traditional knowledge.
	8	Traditional healing can only be actualised when accepted by mainstream.
5	**9**	Traditional healing requires financial support from governments.
	10	Healing knowledge in social work is a process which sustains whakapapa.

6	**11**	Social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and cultural supervision in Aotearoa.
	12	Social work must advocate for mana motuhake (divine authority) and the protection of traditional Māori healing knowledge.

Presenting the baskets of knowledge for social work

This section presents three baskets of knowledge containing useful insights, spiritual views and recommendations for social work. The first basket of healing knowledge is called Te kete whakapapa, which is the basket of genealogy. The baskets are symbolic of the psychospiritual journey our ancestor Tāne-nui-a-rangi undertook to acquire knowledge for humankind from Te Kaihanga (The Creator/God). Doing a PhD was also an inner journey of discovery into Māori spiritual concepts and the end result being knowledge production for the social work profession.

Te Kete Whakapapa: The Basket of Genealogy

The basket of genealogy weaves concepts such as the value of whanaungatanga, whakapapa knowledge and principles of cultural humility into social work. Cultural humility encourages social workers to actualise their own unique worldviews and to be willing to learn rather than rely on what one already knows (Foronda et al., 2016). Participants argued that Māori healing concepts cannot be used in a tokenistic way but must be informed in a tikanga (cultural protocol) based way. Examples from the themes mentioned earlier include building whanaungatanga with community, promoting spiritual belief systems with whānau, connecting people with kinships as part of healing, and having a commitment to self-evaluation and self-critique. Exercising cultural humility is how non-Indigenous practitioners can integrate aspects of Indigenous knowledge to their work while having a critical awareness of their limitations in terms of who they are and what shapes their attitudes and

beliefs. Good cultural manners are about applying principles of whanaungatanga in such a way that practitioners can perceive the spiritual world (Fox, 2021). Aka matua (6) reinforces this sentiment suggesting that non-Māori practitioners can apply cultural humility and be relational with others. In addition, the study highlighted how participants not only apply whanaungatanga, whakapapa, and cultural humility in everyday life, but their ability to critically analyse intangible principles and knowledge to practice. These practices give the same mauri (life force) to the environment and humans while binding all creation to the cosmic centre (NiaNia et al., 2016). The basket of genealogy centralises the findings of this work around those relationships with community, the physical and spiritual worlds, and fulfilling the obligations of tūpuna (ancestors) to raise whakapapa consciousness.

Whakapapa consciousness and awareness is about deep knowing. One of the issues with social work is that the profession generally tells us how to think, act and behave within the parameters of Western knowledge and theory (Dominelli & Hackett, 2012). The research findings, aka matua (3), social workers ought to acquire an understanding of wairua and whakapapa, and aka matua (10), healing knowledge in social work is a process that sustains whakapapa, shows us that a deeper sense of knowing depends on the social worker's acquisition of their epistemology, values and skill to understand someone else's cultural frame of reference (Fox, 2024). The acquisition of whakapapa knowledge is very much part of healing work, as some participants insisted that these teachings cannot be used by those who do not hold an Indigenous worldview. However, there is potential for others to apply aspects of traditional healing knowledge to practice with cultural humility and relationality.

When we talk about soul wounds, these are the experiences of colonisation resulting in intergenerational trauma and pain carried across multiple kin and community manifesting as suicide and mental illness (Brave Heart et al., 2011) The loss of whakapapa through high Indigenous suicide and "the loss, disruption or displacement of traditional healing practices

went hand-in hand with the undermining of worldviews and the destruction of a way of life" (Kirmayer, 2012, p. 253). Non-Māori do not experience soul wounds like Indigenous Peoples do; however, they can have a willing heart to work from a place of cultural humility and appreciate that this reality does not go away but informs where our future takes us (Fox, 2024). As such, the role of traditional healing knowledge in social work, is to develop cultural identity, combat the sociohistorical impacts of colonisation and interact with spiritual concepts in a meaningful way. This sentiment is vital because the profession lacks the confidence to integrate spirituality in education and practice resulting in serious concerns about the diversity of social work (Canda et al., 2019). As such, further work must be done in terms of how spiritually responsive practices are positioned within social work and the way in which non-Indigenous practitioners operate using cultural humility and relationality.

Te Kete Wairuatanga: The Basket of Spirituality

The basket of spirituality emphasises strengths-based approaches, wairua knowledge and aroha in social work. Wairua has transient meanings, but it can be understood as the ultimate reality for Māori whereas aroha is the unconditional love for all things (Mark et al., 2017; NiaNia et al., 2016). Other cultures have insisted that we need to find ways of "seeing through engagement with mind, body, and spirit in order to develop a different consciousness" (Aluli-Meyer, 2006, p. 263). As I have argued, wairua is generally omitted from social work, but aroha on the other hand has some contextual relevance to the profession. Many participants described common expressions that people can relate to such as love, connection to Te Kaihanga, the sacredness of individuals, and their inherent worth (Fox, 2024). Some analysed their own understandings of aroha and transferred this concept to examples such as healing from soul wounds and establishing interventions for the treatment of spiritual afflictions. For example, research participant *Bonnie* stated that "Wairua is a knowing and a feeling, and you cannot measure that. I guess the emotion that we can link it to

is aroha…the divine breath of the Creator within us" (Fox, 2024, p. 111). In addition to these examples of aroha and wairua knowledge, aka matua (1) supports the claim that wairua experiences are often pathologized, resulting in the misdiagnosis of spiritual phenomena in our communities. This is problematic because the ongoing neglect of spirituality in social work, coupled with the sustained reliance on Western diagnostic criteria for experiences of wairua, results in further damage to our ways of dealing with grief and healing. Hence, my research shows that aroha and wairua are part of the person-centred interventions in social work and have a critical role to play in mental health assessments, but also highlights how spiritual concepts require transparency into other ways of seeing the inner and outer worlds.

The basket of spirituality also informs a critical part of the research problem whereby, if social work struggles to translate and adapt Indigenous concepts in practice, how might healing knowledge assist with developing culturally nuanced approaches for the profession? What the study indicated is that we ought to get a better understanding of how to interpret spiritual experiences and how to reconnect people with their culture and aroha. Mark and others (2017, p. 84) affirmed that "aroha is the most important, powerful tool that's ever used because it's part of your love that helps with the healing as well." As social workers, we are 'spirit workers' because we work at an intrinsic level with people and communities (Fox, 2021). As Māori social workers, we also provide space for whakatangi (crying) and releasing emotions, whakapuaki (sharing stories), whakaratarata (setting healing goals with potential solutions for healing from grief), whakaora (taking control of one's wellbeing) and whakaoti (celebrating wellness; Ihimaera, 2004). Spirituality is embedded in these ideas and emerged in my PhD as a point of reference in aka matua (4), where healing in social work is centred on tapu (sacred)-enhancing practices.

These findings illustrate how healing is interpreted and how participants adapt to a changing world. Indigenous healing is focused on wellness, warmth and the conceptualisation

of change from a spiritual and loving stance (Fox, 2024). Research participant *Nikorima* further spoke about wairua and its relationship to health. He asked the question "…how do we validate claims by whānau who are saying that they are experiencing mental illness verses spiritual famine?" I believe that Te kete wairuatanga provides a basis for normalising Indigenous healing concepts in social work because it gives directions for operationalising both wairua and aroha as part of holistic interventions with Indigenous peoples and community. As mentioned above with the term whakaora, taking control of one's wellbeing and the praxis of healing knowledge in social work, appreciates wairua to bring a sense of wellness. Māori practitioners are in a constant process of thinking, seeing and doing, which gives effect to our obligations enshrined in whakapapa (Fox, 2024). That is, restoring a sense of wellness, bringing comfort and warmth to whānau and reconceptualising change from a spiritual and loving stance.

Te Kete Mohiotanga: The Basket of Philosophy

The basket of philosophy connects diverse understandings of Kaupapa Māori theory to practice and our resistance to colonial policies, which diminish traditional healing knowledge in social work. My doctoral study has argued that Indigenous spiritual concepts have a place in social work both locally and internationally. Royal (2012) supports this claim suggesting that the revitalisation of traditional knowledge is about understanding our future and our past. Indigenous Peoples seek resolutions to issues and promote restoration by reimagining the future and enacting mana motuhake (Fox, 2024). This was highlighted by the finding aka matua (7), social work is at increased risk of isolating traditional knowledge, and aka matua (8), traditional healing can only be actualised when accepted by mainstream.

The majority of participants pointed to how Māori healing knowledge provides possible solutions for mental health, spiritual and planetary wellbeing. Ruwhiu et al. (2008) argued that is important for the mainstream to recognise Māori assessment frameworks and

healing knowledge, while NiaNia et al. (2016) inferred that the spiritual side also requires equal attention. That said, Indigenous epistemology is associated with principled approaches to combat cultural dissonance by reframing a critical gaze of traditional knowing (Fox, 2021). Enacting mana motuhake and increasing spiritual healing knowledge make up the dimensions identified by participants as a local expression of experiences uniquely filtered through a Māori worldview. An example is with the 'Ngā tohu o te ora' research, which pointed out that the application of Māori healing knowledge, reflects the significance of local diversity in terms of understanding wellness domains at each stage of intervention (Ahuriri-Driscoll & Boulton, 2019). The basket of philosophy also provides evidence for capacity building in terms of social work supervision and cultural expertise in practice with newly qualified workers. Fox (2024) suggests that cultural supervision is vital to Māori social work practice and traditional healing should be part of supervision frameworks.

This is critical to highlight because two-thirds of social work is currently made up of non-Māori practitioners; therefore, ongoing workforce development must incorporate mana-enhancing approaches to service delivery (Ruwhiu, 2009). Participants spoke to their professional frameworks and the delivery of cultural supervision; however, an important finding was that kaumātua and tohunga are often called into this process, drawing on their knowledge of life and death. I found that spiritual knowledge is localised and a direct perception of reality or real practice wisdom that can only be developed when spiritual awareness is emphasised at all levels of social work. Moreover, the use of pūrākau provides a slice of life into participants' stories of survival, their struggles and their resilience, which is exactly what social work emphasises (Lee-Morgan, 2019; Fox, 2024). Thus, aka matua (11), reinforces how social work must reinstate traditional Māori healing knowledge as a core part of tertiary education and supervision.

Illuminating the Possibilities for Future Work

The implications of my PhD for social work are quite profound in that this work privileges Indigenous voices in a predominantly Eurocentric profession. The study also affirms the legitimacy of healing knowledge in practice, expands on whakapapa concepts and reframes cultural ways of knowing and doing. The three baskets of knowledge have created space for non-Māori practitioners to critique and re-define Western perspectives of healing and therapy when working with whānau seeking social work input. Several recommendations are outlined below.

Whakarongo: Active Listening

Social work must listen to the concerns of Indigenous practitioners, healers, and community leaders by critically appraising the processes and policies, which tend to favour a one-size fits all paradigm. At a minimum, social workers must value traditional healing knowledge as part of the interventions when working with community.

Whakamanawatia: Empowerment

Social work should empower practitioners and educators, to develop the application of traditional healing knowledge in practice by prioritising and coordinating effective programs that can enhance cultural initiatives and meaningful engagement across government sectors.

Whakapono: Belief

Social work should seek to maintain cultural humility and create spiritually responsive practices in its design and frameworks. If wairua knowledge is not part of our assessments involving basic human survival, then there is critical problem with spiritual inclusion in social work.

Whakahonohono: Connection

Social work should aim to reconnect people with their worldviews and ways of being by contributing to piloting work and establishing initiatives that connect service users to cultural identity, whakapapa and mana motuhake.

Whakamarumarutia: Protection

Social work ought to commit to the ongoing protection of traditional Māori healing knowledge in practice and education by critically analysing how the sector enables tino rangatiratanga (sovereignty) and shields mātauranga the harms of cultural misappropriation.

Whakatumatuma: Advocacy

Social work must advocate for the utility of traditional healing knowledge in health care, justice, education systems through ongoing consultation with local government bodies and find ways to enhance biculturalism with the broader community.

Whakawhitingia: Interconnectedness

Social work must ensure that the intergenerational weaving of knowledge, genealogy, experience, and culturally nuanced strategies are part of the movements towards creating healthier relationships between service users and Indigenous Peoples globally and locally.

Trustworthiness of the Research

The trustworthiness of my PhD was enhanced by aligning aspects of the research with Guba's (1981) Trustworthiness of Qualitative Research model. Guba identifies four aspects of enhancing trustworthiness: (1) truth value, (2) applicability, (3) consistency, and (4) neutrality. Truth value is established by having prolonged engagement with participants. As explained earlier in this paper, I started workshops with healers in 2008 and built

relationships in that way. Applicability refers to the degree in which findings can be applied to other contexts. For example, the basket of genealogy and suggestions for social work namely, whakahonohono (connection), reiterates that the findings are conclusive and provides evidence for non-Māori to be relational through cultural humility and linking theory to practice (Fox, 2024). In terms of consistency the Ara Wairua analysis tool allows the methodological processes to be replicated and used by non-Indigenous researchers (Fox, 2025).

Trustworthiness was also enhanced through peer debriefing with Indigenous mentors and supervisors, ensuring that observations were recorded and raw data was systematically analysed using the Ara Wairua tool, which further supported the consistency and applicability of my study's findings. The final point Guba (1981) makes is with the notion of neutrality. As a researcher with Māori whakapapa and connections to participants through prolonged engagement in the healing community, it is difficult to be neutral in research. I explained my positionality, emphasising the importance of staying connected with the analytical experience. Rather than striving for neutrality, I remained 'natural,' ensuring that my claims of knowledge were validated through a cultural lens, keeping our pūrākau intact and keeping wairua as the central theme that bound each story together.

Conclusion

A wide gap in knowledge existed where we knew very little about the integration of Māori healing concepts and traditional views on spirituality in social work. This PhD set out to establish critique and describe our understanding of cultural practices and Indigenous epistemology as it relates to holistic health and the wellbeing of communities locally and internationally. '*Mā te ara wairua, ka kite he oranga'* means by the spiritual pathway, we shall see wellness. This paper presents three baskets of spiritual healing knowledge for social work and explains the analytical processes employed to source this knowledge from the

perspectives of sixteen participants who are living and breathing whakapapa. Social work is a profession that emphasises connections between people, our interactions with the environment and the way in which we relate with others. The central question that guided the study was: what is the role of traditional Māori healing knowledge in social work? As such, several key recommendations emerged, one of which was whakawhitingia (interconnectedness) and how social work must ensure that intergenerational weaving of knowledge, genealogy, experience, and culturally nuanced strategies are part of the movements towards creating healthier relationships within the spheres of social work. We do that by reframing aroha as an authentic practice of love, bolstering whakapapa as a healing modality, embedding cultural humility and praxis to support non-Indigenous practitioners and creating spiritually responsive approaches working with the mainstream and government services. The findings of this research affirm social work is at increased risk of isolating traditional knowledge and the fact that traditional healing can only be actualised when it is truly accepted by mainstream systems. This research provides possible solutions to issues where Indigenous lives matter. *Tihei mauri ora* - Let there be life.

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