# Story, Myth, and Pūrākau: An Exploration of the use of Narrative in the Therapeutic Setting in Aotearoa New Zealand

## Meredith Standing and Ella R. Kahu
### School of Psychology, Massey University, New Zealand

The use of culturally appropriate approaches to therapy is in its infancy in Aotearoa New Zealand, with western psychological models dominating. This study explored how psychological health professionals in Aotearoa New Zealand use story, myth, and pūrākau[1] in their practice. Practitioners were asked about their rationale for choosing this approach, its advantages and challenges, and their beliefs regarding the fit of this modality within psychological practice. The findings reveal a collective appreciation of the value of story, myth, and pūrākau alongside other therapeutic modalities particularly, but not exclusively, for Māori. Story, myth, and pūrākau are valued for allowing clients to bring their own meaning and significance to the narrative, as well as the benefits of self-determination. The power of the archetype is explored, and the importance of connecting with unconscious and spiritual elements when working therapeutically with Māori.

**Keywords:**  *Māori, Indigenous Psychology, Clinical Practice, Narrative, Pūrākau*

## Introduction

The discipline of psychology is founded in logical positivism; historically, scientific knowledge was only defined as such if it met a logical positivist definition of well supported empirical evidence gathered via systematic scientific observation (Dienes, 2008). Ideas sitting outside this paradigm were considered pseudo-science (Dienes, 2008). Today, this logical positivist epistemology still underpins clinical practice in western countries, driven, in part, by a desire to verify and build on scientific knowledge with an absolute reliance on funding from specific instrumental and influential powers (Berry, 2015; Levy & Waitoki, 2015). The western institutions, systems, rules, and artefacts that constitute good clinical practice have been exported globally with limited consideration of whether the inherent values, beliefs, and practices embedded within this epistemology are psychologically helpful for peoples of diverse contextual and cultural backgrounds (Berry, Poortinga, Segall, & Dasen, 2002). Non-western cultures and Indigenous peoples have used culturally aligned approaches to health and wellbeing effectively for centuries (Berry, 2015). Despite this, these approaches have been disestablished and replaced with a western 'one size fits all' approach that is considered the empirically and scientifically valid way of assisting all peoples with their mental distress (Christopher, Wendt, Maraceck, & Goodman, 2014; Rohleder, 2012).

The validity of a western scientific approach to wellness is not in contention in this study as there is ample evidence of its merits for certain populations (Rohleder, 2012). Rather, the argument rests on the shortcomings of this approach in the face of a legitimised other (Tipene-Leach, Abel, Hiha, & Matthews, 2019). For Indigenous peoples globally, their traditional, culturally appropriate, and historically validated approaches to wellness have been consigned to a lower order, or silenced completely (Berry, 2015; Levy & Waitoki, 2015). A disastrous outcome of this is that communities of people from different cultural backgrounds have been relegated to the position of "consumer or subject" of western psychological practice (Berry, 2015, p. 343). That is, western psychological models have been 'tried out' on them, in the hope that it might make a difference.

At the same time, psychological practices that differ from the current western paradigm have long been espoused in the field of psychology (Lahad, 2017). Of particular significance to this research project is Jungian theory. Jung's (1961) theory was based on the premise that emotional distress or complexes of the psyche could in part be reconciled by exploring comparative mythological material as a means of constructing a new reality by way of moving from the unknown to the known. According to Jung (1961), mythological material offers a symbolic and psychological bridge, a pathway forward from discomfort and uncertainty by way of archetypal characters and storylines (Adams, 2001).

Joseph Campbell (1949), a scholar in mythology and world religions, also valued story, mythology, and legend for their therapeutic contribution and inclusivity of symbolic reference. He argued that, regardless of culture, society, or religion, a monomyth exists which represents a developmental model associated with change in conscious and unconscious life patterns. According to Campbell (1949), "It would not be too much to say that myth is the secret through which the inexhaustible energies of the cosmos pour into the human cultural manifestation" (p. 1). As such, storytelling was valued as

---

[1] Te reo Māori words are used without English translations in this article. A glossary of definitions is provided.

an opportunity for growth, conflict resolution, and transformation (Campbell, 1949; Kottler, 2015).

### Universal Content and Themes

The idea of 'universality' has been rejected by some minority groups, Indigenous peoples, and critical theorists as being representative of a way of thinking that has silenced differing epistemological voices in science and psychology (Levy & Waitoki, 2015; Rohleder, 2012). Other researchers and theorists have employed the term 'universal' to explain the idea that regardless of geographical location or culture, there are 'universal' narratives, themes, and symbols captured by story, myth, and pūrākau (Campbell, 1949; Lahad, 2017). Māori define pūrākau as a narrative passed down over time to provide Māori with a road map or charter to live by and to assist and make sense of life and human existence (Levy & Waitoki, 2015).

This idea of there being 'universal' narratives, themes, and symbols in story, myth, and pūrākau, can be easily identified in the story of creation where multiple cultures and nations across the globe have captured and given voice to a similar narrative, each narrative in the story of creation describing a place of darkness, chaos, and gaping emptiness. For Māori, pūrākau uses the term te kore (the void) to define the time preceding the earth's beginning (Lahad, 2017). The resounding question is how this content, these symbols and metaphors, could be so similar given the magnitude of geographical distance and diversity (Lahad, 2017).

Jung's (1961) theory of archetype and the collective unconscious addresses this. He theorised that all people have a collective unconscious, a universal pattern of thought which has been replicated since the beginning of time. Within this, archetypes become a part of every individual's psyche with story deeply embedded in our collective unconscious, and as such, woven into the fabric of culture across the globe. These stories and their meaning serve as an antidote to the daily stresses encountered in a sometimes chaotic and unpredictable world (Campbell, 1949).

Theorists have identified different but related benefits of myths and stories. Lahad (2017) argues that mythology has been closely linked with survival. Etching stories into the walls of caves, or telling the tragic tale of Icarus' fall from the sky, was less about storytelling for enjoyment, and more about managing uncertainty and fear. People tell stories as a way of meaning-making in the face of difficult circumstances; for example, incorporating feelings associated with near death experiences into an understandable, palatable narrative (Lahad, 2017). In te ao Māori, pūrākau are seen as more than just stories – they are used to portray and share ancestral knowledge as a guide to how to be in the world.

Rollo May, whose work centred on the value of mythology in regard to psychological wellbeing, argued that human beings have an innate desire to believe in something greater than themselves to bring meaning and purpose to their lives (Rabinowitz, Good, & Cozad, 1989). May suggested that, prior to the twentieth century, myth provided moral standards and a vision of promise to enable people to connect life's complicated and diverse experiences. He suggested society's loss of interest in myth as a spiritual guide has resulted in a global, exponential upsurge in spiritual, social, and psychological discontent (Rabinowitz et al., 1989).

In a final example, Thakrar, Mukadam, Patel, Lakdawala, and Thakrar (2019) explored how western theory aligned with Indian mythological concepts, acknowledging the tension in Indian culture between science and spirituality in relation to wellness. According to Thakrar et al. (2019), the therapeutic value of mythological stories is that they provide simple, lucid, and palatable explanations for psychological distress. Thakrar et al. (2019) suggest that a balance between science and spirituality is important, highlighting that those who remain faithful to the spiritual and religious explanations afforded by mythological narrative profit from an alternative explanation; this explanation is beneficial in terms of a broader understanding of the genesis of the psychological disturbance and its possible trajectory.

### Practices Across the Globe

Despite the dominance of western psychologies, there are examples of cultures and practitioners that have remained loyal to the therapeutic benefits of story and myth as primary psychological tools of practice. For example, Dwivedi (1997), a clinical teacher in the Faculty of Medicine at the University of Leicester, described a therapeutic setting whereby stories act as a template onto which clients project their own life events. Like Jung and Campbell, Dwivedi (1997) purports that the power of story and myth lies in the client putting themselves into the shoes of the characters, offering a bridge to understanding and a solution to reducing psychological distress.

Grounded in a similar theoretical framework, the Sesame Approach to Drama and Movement explores personal material in the therapeutic space (Porter, 2014). This goes beyond simply exploring the mythical storyline, valuing enactment and embodiment through drama and movement (Aguilera, Reed, & Goulding, 2020; Natan, 2011; Pearson, Panufnik, Smail, & Watts, 2013). Like Jung, proponents of the Sesame Approach believe that myths are ancient stories that contain images and symbols reflective of all human experience. This offers an opportunity to make meaning via the revelatory content in the myth, which the client may previously have been unaware was available to them (Pearson et al., 2013).

Another example is seen in play therapy. According to Rubin and Livesay (2006), story and mythology, specifically Joseph Campbell's Hero's Journey, are critical to the efficacy of play therapy. Rubin and Livesay (2006) suggest that the hero in mythological or fantasy story facilitates focus with regard to what is important to the individual child engaged in therapy. The character's journey offers hope for the future and new social insights via symbols and metaphors that are easily understood and integrated (Rubin & Livesay, 2006).

In a final example, Padulo and Rees (2006) have used storytelling with young women with eating disorders. As control issues related to denial and resistance to change are prominent features in these disorders, Padulo and Rees (2006) argue that a therapy which removes control from

the therapeutic space can be more effective. A narrative therapy approach externalises the eating disorder from clients, allowing attention to be given to the symbols and metaphors in story, and mediating the client's need for control in the therapeutic space.

### Aotearoa New Zealand

Psychological practitioners and researchers in Aotearoa New Zealand are also looking to alternative practices to meet the psychological needs of its people. Māori are overrepresented in mental health statistics, including reporting significantly higher rates of disorders such as anxiety and depression (Kvalsvig, 2018), and the limitations of western scientific psychology are increasingly being recognised (New Zealand Psychological Society, 2002). Professionals and researchers are recognising that cultural heritage, te ao Māori, and mātauranga Māori require space in the field of psychology to heal those who are spiritually, mentally, and physically unwell.

Black and Huygens (2016) suggest that, alongside Indigenous psychology, a distinctly Pākehā psychology, which endorses and supports both western and te ao Māori health practices, needs to be developed. This psychology would not assume western academic values and principles as the foundational epistemological standpoint, but would promote epistemologies, processes, and practices familiar to Māori, negotiated and accounted for alongside tangata whenua (Black & Huygens, 2016). Incorporating the values, beliefs, and ways of knowing familiar to the worldview of those who are receiving the psychological assistance would be a step towards cultural social justice (Black & Huygens, 2016; Tipene-Leach et al., 2019).

Of particular relevance to the current research is discussion on how pūrākau might add value to the therapeutic setting when working alongside Māori (Levy & Waitoki, 2015). Māori do not use the term myth to describe the cultural stories of their tīpuna. These taonga are described as pūrākau. Pūrākau are considered a cultural narrative inspired from the natural, social, and spiritual worlds of Māori. Pūrākau are intricately crucial to Māori identity, and the sustainability and health of Māori people. They are shared to generate knowledge, and articulate expectations for whānau, iwi, and cultural practice. Pūrākau promote resiliency, offer hope, and inform collective responsibility for a Māori way of life. As such, pūrākau are considered sacred to Māori (Levy & Waitoki, 2015). For Māori, pūrākau are a validating and instructionally legitimate charter to live by, central to communication, building an understanding of life, and the human experience. According to Levy and Waitoki (2015), pūrākau can be drawn on as a template for therapeutic practice in current healthcare settings.

Many psychological health professionals in Aotearoa New Zealand including clinical psychologists, counsellors, and arts therapists, strongly espouse the virtues of using story, myth, and pūrākau in clinical practice. For instance, Auckland arts therapist Marion Gordon-Flower (2019) has developed an archetypal arts therapy approach, based on Jung's work, to assist people with physical disabilities. She uses art, dance, drama, and music to explore historically significant archetypal characters, mirroring the client's own therapeutic journey and challenges. Gordon-Flower (2019) suggests working this way is liberating and empowering, enhancing client self-esteem.

More specifically, clinical psychologist and kaupapa Māori teaching clinician, Lisa Cherrington (2003) argues strongly for the place of pūrākau in Māori psychology. Pūrākau such as the creation story transmit Māori historical knowledge, support social mores and conventions, and have benefits for Māori mental health and wellbeing. Cherrington (2003) suggests there is considerable therapeutic benefit in telling stories about atua to tangata whaiora and whānau to enable the exploration of personal experiences of those who have gone before, in relation to individual characteristics and traits. Alongside pūrākau, Cherrington (2003) espouses the value of including a broad range of creative Māori cultural practices to deepen the therapeutic process.

In 1996, while employed as a psychiatric nurse, Dr Diana Kopua developed Mahi a Atua, a Māori therapeutic intervention that involves the sharing of pūrākau with whānau members to provide support, and to help reconnect with Māoritanga and mātauranga Māori principles and practices (Kopua, 2020). Those who have engaged with Mahi a Atua as a practice have suggested that this taonga has helped shift perspective and has created movement and provided healing; the spiritual qualities embedded in this taonga are considered extremely valuable to the therapeutic process. The service Te Kūwatawata in Gisborne, Aotearoa New Zealand has been founded on Dr Diane Kopua's work, Mahi a Atua. This is a space which has been established alongside local mātauranga Māori wānanga to deploy a te ao Māori methodological approach to mental health and wellbeing within a mainstream mental health service (Rangihuna, Kopua, & Tipene-Leach, 2021; Tipene-Leach et al., 2019). Te Kūwatawata clinicians use pūrākau in a myriad of ways: as an engagement tool, as part of the assessment framework, and as an intervention process. Pūrākau and the associated archetypal characters provide an external focus for discussions of psychological distress and trauma. The service does not abandon western psychological approaches to wellness, but rather seeks to emphasise and promote Māori voices, cultural practices, and processes as beneficial to tangata whenua (Tipene-Leach et al., 2019). According to Kopua, Bracken, and Kopua (2020), the use of pūrākau in Aotearoa New Zealand as the primary psychological framework to treat mental health issues is promising, however research on its success is currently limited. They presented two case studies using Mahi a Atua and pūrākau in different mental health scenarios to help the families involved make meaning of the conflicts and difficult emotions they were experiencing. From that they identified factors that might facilitate or constrain the use of Māori interventions such as pūrākau including the identity of the clinician, their perceived knowledge, confidence and ability to integrate two world views, as well as wider systemic factors related to resourcing and the need for specialized Kaupapa Māori training and wānanga for staff.

### Research Aims

Despite these examples of practice, little is known about the experiences of psychological health practitioners currently using story, myth, and pūrākau in their practice. This research addresses this gap, exploring how practitioners in Aotearoa New Zealand are challenging the status quo relative to what is considered good clinical practice according to western scientific psychology. Specific research questions include: how and why do practitioners use story, myth, and pūrākau in their practice; and what do they see as the benefits and challenges of this approach.

## METHODS

### Participants

Eight therapeutic practitioners (seven female, one male) with at least four years' experience in the field of psychological health and wellbeing were recruited through the first author's professional networks. Seven participants were trained in arts or narrative therapy and one in clinical psychology. Two participants identified as Māori, one as British, one as Hungarian, and four as Pākehā or New Zealand European. To ensure participants' anonymity, pseudonyms were chosen by the participants and any identifying details were removed during transcription.

### Procedure and Analysis

Semi-structured, one-hour interviews were conducted online, recorded, and transcribed. The interviews explored participants' training backgrounds, experiences, and perspectives on the use of story, myth, and pūrākau in clinical practice. Specific questions included: how participants use pūrākau, story, and mythology as an intervention when practicing therapeutically with those in their care, their rationale for choosing this way of working, the strategies and techniques they tend to employ, the advantages and challenges of these approaches, and their thoughts on how practitioner training could facilitate the use of these approaches.

Interpretative Phenomenological Analysis (IPA) is a valuable method of qualitative analysis to explore sensitive or under-explored topics (Flowers, Davis, Larkin, Church, & Marriott, 2011) and therefore was appropriate for this project. The idiographic commitment of IPA lends itself to meaning making, which requires the explication of feelings, thoughts, and expressions regarding the phenomenon of interest (Smith, 2019); in this case, participants' lived experiences of using story, myth, and pūrākau in practice. Both the participants' experiences and the researcher's interpretation of those experiences are critical to the IPA process. IPA aims to uncover hidden themes by exploring clues to the lived experience of the phenomenon, which lie within the transcribed material (Martin & Sugarman, 2001). The primary analysis was conducted by the first author who, as is appropriate within IPA, immersed herself in the transcripts to identify initial themes which captured singular perspectives or shared understandings of the lived experience of the phenomena of interest. Following the establishment of initial themes, each theme was given a code as a way to easily identify and allocate portions of the text. From this point forward, the transcripts were each meticulously read and reread, with portions of the text highlighted and coded back to the initial themes. This process came to a close when each transcript had been coded completely, indicating all perspectives and shared meanings had been coded to a particular category.

## RESULTS

Participants advocated for the use of story, myth, and pūrākau in the therapeutic setting within the Aotearoa New Zealand mental health space. They predominantly discussed the advantages of using this modality with both Māori and non-Māori clients, and considered the approach as a valuable adjunct to a range of other therapies.

Four themes structure the findings:
- Benefits of narrative: metaphor and identity
- Safety in distance
- Beyond just cognitive therapy
- Pūrākau: kia tūpato

### Benefits of Narrative: Metaphor and Identity

Metaphor is a way of connecting not just words but conceptual frameworks; it is a transition of thinking from one constellation of concepts to another. The use of metaphor in narrative is part of the creative process and is not intended to simply convey facts but rather it enriches a storyline with imagery. A metaphor literally stimulates the mind to imagine (Maratos, 2006).

The participants discussed the value of metaphor in narratives in contrast to western approaches to diagnosis. They were somewhat critical of the direct and targeted approach of western psychological models when working with both Māori and non-Māori clients. Participants highlighted how western psychology relied on categorical diagnoses, along with complex language and jargon, indicating that this framework was unhelpful. They suggested the language embedded in these ways of working was often clinically orientated and therefore inaccessible to the clients' understanding of their psychological distress.

> "[Story, myth or pūrākau] moves away from that DSM-4 pathology… in terms of diagnosing me as, you know, I'm an addict, or I'm a 'this'… I'm stuffed, this is me, I'm broken'." – Selina

Selina emphasised the consequences of labelling for clients who have been diagnosed with a mental health disorder, indicating that the stigma attached to a diagnosis can invoke feelings of defeat and self-deprecation. Selina's perspective illuminated the potential negative effect of clinical analysis, noting that this was at times unfavourable when there was another legitimate and less intimidating pathway to explore issues of concern or psychological distress.

In terms of working specifically with Māori clients, Althea went further, explaining how western psychology, as well as psychotropic medication and the biomedical model, have narrowed how mental health professionals in Aotearoa New Zealand have typically viewed Māori in terms of identity and hauora.

> "Well, I think it, it [story, myth, and pūrākau] says, I see you as a Māori person, despite the fact that you

might not have felt seen as Māori by other clinicians, other services, and that because I see you as Māori, I see that there is more to hauora for you, than psychotropic medication and, you know, a biomedical model. And I think the use of story and referring back to tīpuna and whakapapa is inherently validating to that person as a Māori patient." – Althea

Althea's kōrero implies two positions. The first, if story and pūrākau are used as therapeutic tools with Māori clients, differences between Māori and non-Māori in terms of hauora and approach to treatment are legitimised by the clinician. Second, Māori need to be recognised by health professionals as having potentially differing realities to Pākehā: "I see you as a Māori person". Althea is illuminating the importance of Māori identity in the space of health and wellbeing in Aotearoa New Zealand, in terms of this being appreciated as 'other', while also acknowledging the critical need for a holistic approach to wellness, which includes something greater than a consideration of hinengaro and tinana. Althea's narrative suggests that if clinicians adopt a story-based approach, the message from clinician to client is, I celebrate you as a Māori person, and that this is inherently validating and healing in terms of Māori identity, particularly when contrasted with the invisibility Māori have experienced in the past when seeking services from mental health professionals.

### Safety in Distance

Participants suggested that the characters or motifs in the narrative often held deep meaning for clients in relation to their connection with personal traits, their journey, trials, and tribulations. They discussed the benefits of suspending the client's story within the narrative until the client was ready to make that story their own.

"… And your client can stay safely in the realm of story until they're ready to go…there was one person I worked with that stuck strongly with story and the character for a very long time until they said, 'I'm that person, I need to make some changes'. And we could say, 'well, how might that look? What do you need to do? What does this character need? What can we create?'" – Kathryn

Kathryn described the narrative as a container or a place of suspension, a place where the client could situate their emotional distress until they felt secure and safe enough to accept the presenting issue as a reflection of themselves. She suggests this modality is protective, deferring the strength of emotional pain relevant to the presenting issue, and is a way to ease into what might otherwise be a difficult and/or vulnerable conversation. Then, once the client is ready to turn toward their psychological distress, they detach or uncouple themselves from the comfort and remoteness of the character or character's traits, and can attribute the significance of these elements to themselves.

[Talking to a young client]: "Is there anything in the story that reminds you of your story? And [the young client's response might be] 'yeah, I'm like the

boy…I used to tell a lot of lies, so I suppose I was in the valley of lies". – Caitlyn

Here, Caitlyn described the role of the character in the narrative as a place for the client to project their own story or their own trauma, a place to temporarily affix their psychological distress. The success of this approach lies in the non-confrontational dynamic afforded by the use story, myth, and pūrākau made apparent within the therapeutic space.

Relatedly, participants explained that using story, myth, and pūrākau in the therapeutic setting for both Māori and non-Māori clients helped to create "distance" from the emotion surrounding an issue. Participants considered this an advantage and a way to offset the intensity that clients often experience in therapy when using western psychological models. Several participants referred to the value of an indirect therapeutic journey to discovery afforded by the use of narrative when clients are presenting with issues that may be difficult or painful to articulate.

"[Story, myth and pūrākau] gives that person the opportunity to explore themselves without threat, without stress, without harm...because it sits over here, and we can work with it and there's not so much kind of full spotlight…of having to share that immediate experience." – Huia

"[Story, myth and pūrākau] gives you some distance from your own direct process…then through that, you're a little bit removed from it, but at the same time the healing agents are still working." – Mariana

This idea of narrative allowing "distance" suggests that the participants saw real value in the less direct approach to therapeutic engagement offered through using story, myth and pūrākau. Anchoring the problem in the narrative, as mentioned by Huia, seems a safer encounter in therapy "without threat, without stress, without harm". The participants felt this distance offers the clients freedom and flexibility to be able to separate themselves from the intense thoughts, memories, and/or emotions which are often experienced in therapy when concentrating directly on the presenting problem.

### Beyond Just Cognitive Therapy

The participants promoted the idea that using story, myth, and pūrākau in the therapeutic space goes beyond a cognitive process; that this approach can provide access to other parts of the self. Several of the participants, such as Huia, referred to the process of engaging with narrative as employing other "senses".

"So, you know, it is about using all of our five senses and I will use that kind of language with our clients and families, you know, we're a whole person, and we do have two parts of our brain…and we can get more out of ourselves if we use both sides of our brain. And this is how we can do it, through story and image and colour, dancing or singing." – Huia

In addition, and in line with the idea of narrative extending beyond a cognitive process, Mariana, Stephen, and Orla all suggested that this process transcends the physical world. As such, engagement with narrative

creates something "bigger" and in doing so fosters a connection with a spiritual realm. The participants' descriptions engender a notion of something otherworldly, which is not easily, or logically, rationalised or defined.

> "I have to say it, it's like a spiritual connection or it's a connection with um, the unconscious, it takes you into the unconscious realm ….I believe it is one where healing happens, and confidence can be built, because you kind of put yourself aside somehow to be in that space as well, and that's another thing that you kind of move into a role and you can be something bigger, someone bigger." – Mariana

> "[Story, myth and pūrākau] takes us beyond the everyday life… it takes us beyond our limitations as well… it captures things that connect us to the universe…[and]also positions our self in that sort of wonderful ground that you are really little, and things are much bigger than you…It's what takes [us] beyond language…..it's quite sort of magical, it's hard to rationalise in many ways." – Stephen

These accounts illustrate the idea that narrative unlocks an opportunity to access the whole self in a way that transcends western psychology approaches and may be more in line with a Māori perspective of hauora and wairua. Stephen and Mariana describe a practice at work that goes "beyond" the client's perceived limitations, where all five senses come to life and contribute to the therapeutic process.

Stephen's use of the term "magical" implies that an ethereal element greater than the therapeutic relationship is operational, an ingredient that goes beyond the delivery of a therapeutic technique or strategy, and an element that is in excess of the content of the session. The participants' messaging about the use of story, myth, and pūrākau implies a connection with something of "universal" significance, something "bigger" at work that is situated outside the rational mind, independent of logic and reason, a place of wonder, mysticism, and imagination, an element of therapeutic value.

### Pūrākau: Kia Tūpato

As well as talking about the use of narrative and story more broadly, participants discussed the specific advantages of using pūrākau in therapeutic settings in Aotearoa New Zealand. Several felt pūrākau can be helpful for both Māori and non-Māori clients.

> "[Pūrākau can be used not only] for working with Māori, but for everybody. And I think sometimes our stories can get lost, so I think there's a huge, huge benefit to this. For using story, I think you'd have to be kind of aware of how it would be used, you know? And what the parameters would be." – Orla

Although the participants had varying degrees of knowledge of pūrākau, their accounts were similar in that they all believed that pūrākau should be used in therapy with caution and care. There were two sub themes in this: clear parameters in terms of cultural identity are necessary when practitioners use pūrākau as a therapeutic element in their practice; and pūrākau needs to be applied with

sophistication and sensitivity. The participants cautioned against the indiscriminate use of these sacred treasures, the strongest reference being that when employed by non-Māori practitioners, or training institutions with a bias toward western psychological models and practice, there was a real risk of misappropriation.

> "I think it's like any tool. I think it depends on how you use it and your understanding of when you might use it, and when you might not, and how you might use it. Because any tool that's used bluntly, you know, it doesn't necessarily have the benefit that, well, than if it's used in a more sophisticated way. And I think I've been, I've been realizing that the clinical training programme, given that it's only three years long, is limited in the skills that it can impart and so, perhaps pūrākau, the use of pūrākau might be more appropriate as an advanced pathway." – Althea

The participants underscored the importance of "awareness" when using pūrākau, their sentiments highlighting the need for caution when using these taonga. Althea advocated for an advanced pathway of psychological teaching and training in the use of pūrākau. Her rationale implied that practitioners should be well versed in foundational training connected with their professional body before they use pūrākau in their practice, to ensure the application of this modality is done with sensitivity.

### DISCUSSION

This research aimed to gain greater understanding of the use of story, myth, and pūrākau by psychological health professionals in Aotearoa New Zealand. The findings highlight that the participants supported the use of story, myth, and pūrākau in the therapeutic setting. In particular, there was an emphasis on using this modality as an alternative to western psychological models to avoid complex terminology and the negative impact of labelling implicit in diagnosis. The client's use of characters as a reflection of self is also revealed in the findings; this use of characterisation offering space for psychological issues to emerge at a pace and distance more comfortable for the client. In addition, story, myth, and pūrākau were described as a gateway to going beyond the cognitive realm, to places where other senses and/or spirituality could play a role in the therapeutic process. The findings also illuminate the importance of treating pūrākau differently than story and myth with a need to use care and sensitivity when using these taonga in practice. The implications of the findings are discussed further below.

### Self-determination and Therapeutic Change

Well-constructed metaphoric stories are both interesting and enjoyable, they capture the listener's attention, inspire imagination, and propose new considerations of situations in unique ways (Moon, 2007). The indirect delivery of the message, disguised by imagery, offers the opportunity for a less threatening exchange between therapist and client. All that is expected if a story is implicit, is a simple response to the surface meaning of the narrative. This indirect approach fosters self-determination: The client assigns the meaning of the

metaphor and its application to their own circumstances as opposed to advice or assertions being imposed by the therapist. Self-determination promotes the client's responsibility for their journey of therapeutic change in terms of what they attend to, and the pace at which the therapy proceeds (Moon, 2007). Self-determination is critical to the therapeutic process and, according to Carl Rogers, the freedom to choose has value for clients working through their own process of change, in their own time (Prochaska & Norcross, 2018). The findings from the current research highlight the value of story, myth, and pūrākau as tools in that process.

### The Power of Story

This project emphasises the power of story. The findings suggest that an approach that includes story, myth, and pūrākau as part of therapeutic practice, and which values and promotes engagement with unconscious and spiritual elements in the narrative, has value for both Māori and non-Māori clients. Both Carl Jung (1961) and Rollo May (1983) noted that a serious flaw in modern society is our estrangement from mythopoeic thought, a hypothetical way of thinking using myth to inform the meaning and significance of life. The continued emphasis on empiricism in psychology with its associated rules, systems, and ideologies has tended to overshadow the creative matrix afforded by story and this, according to Jung, is a travesty in that not only has myth made progress possible for humanity, myth also has irreducible value in terms of the enhancement of human 'being' as a whole (Adams, 2004). The luminescent power of archetype within story, myth, and pūrākau resonated throughout the participants' accounts. Whether it be the goddess, warrior, crone, trickster, or hero, the value in recognising a mirror image in the narrative and unpacking the salient details of the psychic world of these entities, in relation to the client's personal challenges, is noteworthy. Accounts suggest that, despite being in conscious control of emotions, thoughts and behaviours, people are piloted, far more than they realise, by the unconscious mind (Jung, 1961).

Jung's theory of archetype and the collective unconscious supports the findings in that when a story, myth, or pūrākau offers the reader a hero crossing a threshold, a wall of immense proportion that must be scaled, or an island of sizable proportion that is fished up, an archetypal figure and/or an archetypal situation is presented (Storr, 1991). The narrative and the characters within, like music, "can transmute the mud of the banal into the gold of the transcendent" (Storr, 1991, p. 36). According to Jung, when an archetypal situation is introduced, a connection is made available that may offer answers to life's bigger questions and in turn may promote freedom from angst and improved health and wellbeing.

### You are Māori: Distinguished and Set Apart by your Culture, Whakapapa, and Tīpuna

The findings affirm an epistemological standpoint which does not assume western academic values and principles are the only pathway to psychological wellness (Waitoki & Levy, 2016). Critically then, this acknowledges the importance of having a range of therapeutic approaches in the kete when working with

Māori in psychological practice. Tipene-Leach et al. (2019) advocate for a shift in thinking for mental health professionals (particularly Pākehā) in terms of adopting differing approaches to working with Māori. This viewpoint is supported by Macfarlane, Blampied, and Macfarlane (2011) in relation to current western approaches to clinical psychological assessment in Aotearoa New Zealand; their research suggests a different approach when working alongside tangata whenua is imperative. Black and Huygens (2016) also support this notion, espousing the value of an alternative Pākehā approach to psychological practice in Aotearoa New Zealand.

As well as the broader benefits of myth as discussed above, findings indicate that when a story-based approach is used with Māori within the therapeutic space, the psychological practitioner's inherent messaging in terms of Māori identity is validating. According to Durie (1999), identity is an essential prerequisite for Māori mental health and wellbeing, and real support for this notion requires more than a cursory understanding of iwi geographical location and whakapapa. Improving the quality of service for Māori is critical to Māori mental health outcomes and, for this reason, interventions should be geared toward familiar cultural experiences if they are to enhance cultural identity and wellness (Kopua, 2020). Māori experiences in the therapeutic space should not be at odds with te ao Māori worldview, instead experiences should be familiar, responsive, flexible, and accommodating, to enhance psychological health (Durie, 1999).

All helping professions, professional bodies, and mental health training institutions in Aotearoa New Zealand are aware of their obligations in terms of honouring Te Tiriti o Waitangi and delivering interventions and approaches that are culturally safe when working with Māori. However, according to Levy (2018, cited in New Zealand Media Council, n. d.), this constitutional obligation could be more vigorously applied in practice. In particular, Levy suggests training material for undergraduate and graduate programmes in psychology are largely insufficient in terms of Māori focused content. Cultural initiatives are central to building psychological competency in the workforce and the need for future programmes, professional bodies, and training providers to broaden the types of treatment approaches used to meet the needs of Māori, in line with the findings of this research, is paramount. The inclusion of a story-based approach as an adjunct to working with clients experiencing psychological distress is but one example of this. Such a shift in focus in the field of psychology may have an impact for Māori who seek mental health services, and in turn may go some way to improving the unacceptable and inequitable mental health outcomes for Māori (Kvalsvig, 2018).

### Pūrākau and Protecting Rights and Interests of Māori

Participants saw value in using pūrākau with both Māori and non-Māori clients, however this was tempered with concerns around the protection of traditional Māori knowledge and culture. According to Ayoubi (2019),

Māori knowledge and customs such as pūrākau have historically been open to misappropriation by non-Māori, and oversight in terms of the rights and interests of Māori has been commonplace in Aotearoa New Zealand. However, innovation for Pākehā when working with Māori is less about commandeering proficiency in the use of taonga that are not theirs to claim, and more about finding approaches and practices that make sense to Māori who are engaging with Pākehā psychological professionals in therapy (Black & Huygens, 2016).

Developing platforms for dialogue with psychological practitioners, researchers, and tangata whenua to explore alternative approaches to current psychological practice in Aotearoa New Zealand is one of the broader aims of this study. Research exploring the application of alternative approaches to health and wellbeing in Aotearoa New Zealand is scarce, and therefore it is critical that, if we are to purposefully address the inequalities prevalent within our mental health system with regard to outcomes, we as practitioners must engage in targeted conversations, research practice alternatives, and adopt methods that work in the best interest of all peoples of Aotearoa New Zealand.

### Further Research

The current study was limited to mental health professionals who were familiar and well-practiced in the delivery of creative therapies and their allegiance to this way of working was, for the most part, well established. While the use of story to facilitate therapeutic change is not completely new to the field of psychotherapy, it is not commonplace in Aotearoa New Zealand, particularly for those trained in western psychological models (Prochaska & Norcross, 2018). Future research could sample a more diverse range of practitioners including those using creative therapies and other psychotherapeutic approaches. Within this, it would be valuable to canvass the views and experiences of psychological practitioners who have been trained and who practice from an approach that has a significant bias toward traditional psychological models, to capture what benefits and challenges these mental health professionals might consider relevant to using story, myth, and pūrākau in psychological practice.

There is a need for further research on narrative alongside other psychological models employed in practice, as current literature for the inclusion of story, myth, and pūrākau in Aotearoa New Zealand is limited (Aguilera et al., 2020). Capturing the opinions of clients who have been in therapy where story, myth, and pūrākau have been employed as the primary modality, and/or have been employed as a tool among many others in the delivery of psychotherapy, is important for better understanding what works and what does not for clients in Aotearoa New Zealand. Research such as this may provide further evidence for the efficacy of this approach, and may offer a direction for story-based training programmes when working alongside both Māori and non-Māori clients in Aotearoa New Zealand.

### Conclusion

This research captured the experiences of eight mental health professionals' use of story, myth, and pūrākau in the mental health setting when working with both Māori and non-Māori clients. The findings are of interest and benefit to both researchers and practitioners. By garnering the opinions of these practitioners, this research provides a detailed account of the benefits and challenges of using this modality, and opens consideration for an alternative epistemological approach to practicing that might be more fitting for both practitioners and clients alike in terms of cultural awareness, identity, and wellness. These findings suggest a means to bring us a little closer to working in psychology in a way that better meets the psychological needs of all people, but particularly tangata whenua, in Aotearoa New Zealand.

### Glossary of Terms

These definitions are drawn from the https://maoridictionary.co.nz/ which is based on John C Moorfield's (2011) dictionary.

**Atua** – ancestor with continuing influence, god, demon, supernatural being, deity, ghost, object of superstitious regard.
**Hinengaro** – mind, thought, intellect, consciousness, awareness
**Kete** – basket, kit
**Kōrero** – to speak, read, talk,
**Mātauranga Māori** – the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices
**Pūrākau** – legendary, mythical
**Tangata whaiora** – client
**Tangata whenua** – local/indigenous people
**Te ao Māori** – the Māori worldview
**Te Kore** – realm of potential being, The Void
**Tinana** – body, physical self
**Tīpuna** – ancestors, grandparents
**Wānanga –** seminar, conference, forum, educational seminar

### References

Adams, M. V. (2001). *The mythological unconscious*. Karnac.
Adams, M. V. (2004). *The fantasy principle: Psychoanalysis of the imagination* . Routledge.
Aguilera, L., Reed, K., & Goulding, J. (2020). Experiences of engaging in therapeutic storytelling. *Mental Health Review Journal*, *25*(1), 47–61. https://doi.org/10.1108/MHRJ-11-2018-0036
Ayoubi, L. (2019). Intellectual property commercialisation and protection of mātauranga Māori in New Zealand universities. *New Zealand Universities Law Review*, *28*(4), 521–559.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3497970

Berry, J. W. (2015). Global psychology: Implications for cross-cultural research and management. *Cross Cultural Management*, *22*(3), 342–355. https://doi.org/10.1108/CCM-03-2015-0031

Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. R. (2002). *Cross-cultural psychology: Research and applications* (2nd ed.). Cambridge University Press.

Black, R., & Huygens, I. (2016). Pākehā culture and psychology. In W. Waitoki, J. S. Feather, N. R. Robertson, & J. J. Rucklidge (Eds.), *Professional practice of psychology in Aotearoa New Zealand* (pp. 49–66). The New Zealand Psychological Society.

Campbell, J. (1949). *The hero with a thousand faces.* Pantheon Books.

Cherrington, L. (2003). The use of Māori mythology in clinical settings: Training issues and needs. In L. W. Nikora, M. Levy, B. Masters, W. Waitoki, N. Te Awekotuku, & R. J. M. Etheredge (Eds.). (2003). *The proceedings of the National Māori Graduates of Psychology Symposium 2002*: *Making a difference (pp. 117–120).* University of Waikato.

Christopher, J. C., Wendt, D. C., Maracek, J., & Goodman, D. M. (2014). Critical cultural awareness: Contributions to a globalizing psychology. *American Psychologist, 69*(7), 645–655.

Dienes, Z. (2008). *Understanding psychology as a science: An introduction to scientific and statistical inference*. Palgrave Macmillan.

Durie, M. (1999). Mental health and Māori development. *The Australian and New Zealand Journal of Psychiatry*, *33*(1), 5–12.

Dwivedi, K. N. (1997). *The therapeutic use of stories*. Routledge.

Flowers, P., Davis, M. M., Larkin, M., Church, S., & Marriott, C. (2011). Understanding the impact of HIV diagnosis amongst gay men in Scotland: An interpretative phenomenological analysis. *Psychology & Health*, *26*(10), 1378–1391. https://doi.org/10.1080/08870446.2010.551213

Gordon-Flower, M. (2019). *Arts therapies with people with physical disabilities: An archetypal approach.* Jessica Kingsley Publishers.

Jung, C. (1961). *Memories, dreams, reflections*. Vintage Books.

Kvalsvig, A. (2018). *Wellbeing and mental distress in Aotearoa NZ: Snapshot 2016.* Health Promotion Agency. http://www.hpa.org.nz/

Kottler, J. A. (2015). *Stories we've heard, stories we've told: Life-changing narratives in therapy and everyday life*. Oxford University Press.

Kopua, D. M. (2020). Factors that facilitate and constrain the utilization of a Kaupapa Māori therapeutic approach with Mahi-a-Atua. *Australasian Psychiatry*, *27*(4), 341–344. https://doi.org/10.1177/1039856218810158

Kopua, D.M., Bracken, P. J. & Kopua, M. A. (2020). Mahi a Atua: A Māori approach to mental health. *Transcultural Psychiatry, 57*(2), 375–383. https://doi.org/10.1177/1363461519851606

Lahad, M. (2017). *The lonely ape that told himself stories: The necessity of stories for human survival*. Nova Science Publishers.

Levy, M., & Waitoki, W. (2015). Our voices, our future: Indigenous psychology in Aotearoa New Zealand. In W. Waitoki, J. S. Feather, N. R. Robertson, & J. J. Rucklidge

(Eds.), *Professional practice of psychology in Aotearoa New Zealand* (3rd ed., pp. 27–47). Psychological Society.

Macfarlane, A. H., Blampied, N. M., & Macfarlane, S. H. (2011). Blending the clinical and the cultural: A framework for conducting formal psychological assessment in bicultural settings. *New Zealand Journal of Psychology*, *40*(2), 5–15.

Maratos, J. (2006). The power of myth as metaphor. *Group Analysis*, *39*(1), 87–99. https://doi.org/10.1177/0533316406062089

Martin, J., & Sugarman, J. (2001). Interpreting humankinds: Beginnings of a hermeneutic psychology. *Theory & Psychology*, *11*(2), 193–207. https://doi.org/10.1177/0959354301112003

May, R. (1983). Myths and culture: Their death and transformation. *CrossCurrents, 33*(1), 1-7. https://www.jstor.org/stable/24458583

Moon, B. L. (2007). *The role of metaphor in art therapy: Theory, method, and experience*. Charles C Thomas.

Moorfield, J. C. (2011). *Te aka: Māori-English, English-Māori dictionary and index*. Longman/Pearson.

Natan, E. (2011). The voice of dramatherapy: Fragments of voice work with a group of dramatherapists according to the Sesame approach. *Dramatherapy*, *33*(1), 28–44. https://doi.org/10.1080/02630672.2011.558356

New Zealand Media Council (n. d.). *Michelle Levy against RNZ.* https://www.mediacouncil.org.nz/rulings/michelle-levy-against-rnz

New Zealand Psychological Society. (2002). *Code of ethics for psychologists working in Aotearoa New Zealand.* New Zealand Psychological Society.

Padulo, M. K., & Rees, A. M. (2006). Motivating women with disordered eating towards empowerment and change using narratives of archetypal metaphor. *Women & Therapy*, *29*(1–2), 63–81. https://doi.org/10.1300/J015v29n01_04

Pearson, J., Panufnik, C. J., Smail, M., & Watts, P. (2013). *Dramatherapy with myth and fairytale: The golden stories of Sesame*. Jessica Kingsley Publishers.

Porter, R. (2014). Movement with touch and sound in the Sesame approach: Bringing the bones to the flesh. *Dramatherapy*, *36*(1), 27–42. https://doi.org/10.1080/02630672.2014.926957

Prochaska, J. O., & Norcross, J. C. (2018). *Systems of psychotherapy: A transtheoretical analysis* (9th ed.). Oxford University Press.

Rabinowitz, F. E., Good, G., & Cozad, L. (1989). Rollo May: A man of meaning and myth. *Journal of Counseling & Development*, *67*(8), 436. https://doi.org/10.1002/j.1556-6676.1989.tb02112.x

Rangihuna, D., Kopua, M. & Tipene-Leach, D. (2021). Mahi a atua: A pathway forward for Māori mental health? *New Zealand Medical Journal, 131*(1471), 79–83.

Rohleder, P. (2012). *Critical issues in clinical and health psychology*. Sage.

Rubin, L., & Livesay, H. (2006). Look, up in the sky! Using superheroes in play therapy. *International Journal of Play Therapy*, *15*(1), 117–133. https://doi.org/10.1037/h0088911

Smith, J. A. (2019). Participants and researchers searching for meaning: Conceptual developments for interpretative phenomenological analysis. *Qualitative Research in Psychology*, *16*(2), 166–181. https://doi.org/10.1080/14780887.2018.1540648

Storr, A. (1991). *Jung*. Routledge.

Thakrar, M., Mukadam, P., Patel, F., Lakdawala, B.M., &
Thakrar, R.A. (2019) Mythological conceptualization,
cognitive and ego development: Is there a correlation?
*Indian Journal of Mental Health*, *6*(2), 130-133.
http://www.indianmentalhealth.com/pdf/2019/vol6-
issue2/Review_Paper_1.pdf

Tipene-Leach, D., Abel, S., Hiha, A. A., & Matthews, M.
(2019). *Rangahaua Te Kūwatawata! The Te Kūwatawata
evaluation: Final report.* Māori and Indigenous Research
and Innovation Centre, Eastern Institute of Technology.

Waitoki, W., & Levy, M. P. (2016). *Te manu kai i te
mātauranga: Indigenous psychology in Aotearoa/New
Zealand*. The New Zealand Psychological Society.

**Corresponding Author**
Meredith Standing
Email: meredithstanding@gmail.com