

The use of Māori mythology in clinical settings: Training issues and needs

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Within therapeutic settings, narrative approaches are increasingly being used as a way of creating new understandings and new stories. This paper discusses the use of purakau as a Māori focused intervention when working with Māori tangata whaiora (clients) and their whānau. This paper will outline the rationale and relevance of using purakau with Māori. However, the emphasis is on the training provided to clinicians in the use of purakau. An outline of the training process is provided. In doing so, issues regarding the use of these taonga (treasures) in clinical psychology will be raised. It will be argued that Māori mythology must have a place in the kete of Māori psychology

The question is asked, what is Māori psychology? Does this exist given that the area of psychology is primarily a Western concept, laden with Western beliefs and values? In offering a perspective on the issue of Māori psychology, Durie (2001) has described how the marae encounter identified “key processes that contributed to a better understanding of Māori thinking, feeling and behaving – a Māori Psychology” (Durie, 2001, p. 69). The same can be said for purakau. The purpose of this presentation is to discuss how purakau can be utilised therapeutically, and the possibilities of utilising purakau in clinical psychology training. It is vital that we continue to discuss and research our own therapeutic models as a way of adding to this growing kete called ‘Māori psychology’.

The use of purakau with clinical settings

The use of Māori purakau and pakiwaitara as a therapeutic medium is not a new process¹ for Māori. However, little

has been written and researched about the use of purakau as a therapeutic technique. Overseas, research into the use of cultural and narrative modes of therapy is just as sparse. Malgady et al., (1990) conducted research into culturally sensitive psychotherapy with Puerto Rican children and adolescents using Puerto Rican folktales in modelling therapy. They used the characters of traditional folktales as ‘therapeutic peer models’. This was based on the idea that such models portrayed the beliefs and values which children could identify with. The stories were read out to the children by their mother and therapists. Group discussions of the characters’ feelings, behaviours, and the morals of the story were conducted. The family was then asked to dramatise the story and resolve the conflict.

This story-telling modality was further developed for Puerto Rican adolescents using biographical stories of heroic Puerto Ricans. Group discussions were then conducted regarding the biographies, focussing on cultural themes and coping strategies. Group members then compared their own experiences with the biographies, and further alternatives to maladaptive behaviours were identified. Both approaches using the story telling modality were aimed at identifying relevant cultural peer models which the adolescents could relate to, identify with and whose coping strategies they could imitate. The results of their research indicated that these cultural interventions produced generally more favourable outcomes than no research. However, were inconsistent findings highlighted the need for further pragmatic research in this area. Despite the mixed

¹First presented at the Joint RANZCP Faculty of Child and Adolescent Psychiatry Conference and Child and Adolescent Mental

Heath Conference, Auckland, New Zealand, 29 – 1 July 2000. Revised and adapted for the National Māori Psychology Graduates’ Symposium, Waikato, New Zealand, 2002

findings, this type of research assists in exploring culture specific treatment modalities. This type of treatment is not dissimilar to how purakau have been used with Māori.

Traditionally, purakau have been handed down from generation to generation to provide advice and insights to the thoughts, actions, and feelings of our ancestors. In *Mauri Ora: Māori Women's Stories* (Māori Women's Welfare League, 2002) it is written "korero purakau provide us with a way of reviewing and reconnecting our actions of today with the actions of our tupuna".

As stated by Robyn Kahukiwa in her introduction to 'Wahine Toa: Women of Māori Myth':

Myths provide answers in human terms to the way things are in our world. The characters act as we do but on a grand scale. They can be an important guide to philosophy, values and social behaviour; to correct procedures for certain acts. They can show us the results of certain acts and provide pointers towards social order
(Kahukiwa, 2000, p. 10)

In contemporary Māori society knowledge and use of purakau has increased alongside the resurgence of Māori language and identity. We now also have a generation of Māori who have gone through Kōhanga Reo and Kura Kaupapa, who have been well educated on purakau and incorporate the atua into their everyday lives. Within the mental health sector, the advent of Kaupapa Māori Mental Health Services and Iwi health services in New Zealand has resulted in an increasing pool of Māori professionals who are further developing appropriate Māori models of assessment and therapy. The use of purakau is one such method that has the potential to be utilised within both assessment and therapy.

How could purakau be used in Clinical settings?

The challenge for clinicians working with Māori, is in utilising these purakau. Diana Rangihuna, a former colleague at Te Whare Marie (Māori Mental Health

Service) refers to the process she uses of incorporating purakau into therapy as 'Mahi a nga atua'. She will re-tell the stories of the various atua (gods) to tangata whaiora and whānau, and wananga (discuss and debate) with them about the similarities between the atua's trials and tribulations and the reality facing them in the present. Intertwined with this approach is the acknowledgment of te taha wairua, and the belief that as descendants of nga atua we often display characteristics or traits that reflect different atua. Whilst there is no quantitative data to substantiate the effectiveness of this intervention, it has added mana (prestige) because the purakau come from our early ancestors and in re-telling the story we are acknowledging te taha wairua. This type of intervention was initiated by Diana Rangihuna at Te Whare Marie and has continued to be utilised by kaimahi in differing ways.

The process of wananga about the purakau is the essential element when using purakau in assessment and therapy. Areas to be covered in this process would typically include:

- Ensuring the tangata whaiora and whānau become familiar with the stories and each different atua.
- Identifying which particular atua they relate to or are interested in most.
- Re-telling parts of the story (usually concerning the atua they most identify with).
- Identifying and acknowledging the strengths and weaknesses of each atua and the family.
- Being able to identify individual and whānau strengths and weaknesses.
- Identifying alternative solutions/stories.
- Finding balance with the other atua (i.e., Tumatauenga and Rongo).

The most important part of using purakau in therapy involves re-telling the story. The method in which each story is retold is up to each tangata whaiora and whānau, but could include waiata, haka, poetry, drama, sculpting, painting, drawing, story telling, and/or writing.

Providing training on the use of purakau in clinical settings

The training I have provided to both Māori and non-Māori clinicians, on the potential use of purakau when working with Māori tangata whaiora, has been interesting and varied. The rationale for using purakau is always presented and includes the following:

- Re-telling the trials and tribulations of our atua acknowledges te taha wairua.
- The purakau promote Māori identity through acknowledgement of our ancestors. Furthermore, these stories belong to us as Māori. The stories are relevant to us as Māori no matter where we exist along the identity continuum.
- In contrast to Western based treatments, these stories have added 'mana' and are subsequently more meaningful to Māori.
- The purakau provide us with an example of a family coping with grief, change and loss. We are reminded that this family wasn't perfect either.
- The purakau assist us in normalising some of our everyday experiences
- We have a constant reminder of the atua around us at all times. For example, the wind, rain, mist, land, stars, trees, etc.
- We all display traits and characteristics of the different atua
- The purakau can be used to discuss personal similarities and differences, strengths and weaknesses.
- Through using purakau, we can then attempt to look at alternative stories or solutions to problems.

Essentially, if clinicians are to use purakau with tangata whaiora, then they need to go through the same process as tangata whaiora. They need to have their own in-depth understanding and knowledge of the atua. The process needs to tap into te taha wairua if it is to be meaningful for both the clinician and tangata whaiora. Usually the process of te taha wairua can be more fully acknowledged through creative means of re-telling the story.

In clinical training, I will ask each person to identify which atua interests him or her, for whatever reasons that might be. They are then presented with 'case information' (a compilation of readings on

each atua) and are asked to read this information and present it back to the group. This can be done either very creatively (i.e. tu whakaari (drama presentation) or in a more clinical manner (i.e., presenting problems, traits and characteristics, cultural issues, diagnoses, or formulation). The important part of the process is becoming familiar with the stories and being able to talk about these particular atua in a more in-depth manner. The aim is not to "pathologise" the atua: hence the emphasis on identifying strengths and weaknesses. What I have noticed so far with training is that non-psychologists appear to feel more comfortable with re-telling the stories creatively. Their understanding has often taken a far more meaningful and spiritual approach. Psychologists have tended to utilise and feel more comfortable using the case study approach.

The next step is to then ask clinicians to 'step outside their square box' for a moment. I ask them to imagine what it would be like for example, if in clinical psychology DSM IV no longer existed. What would it be like if, in our clinical psychology reports, we referred to the different atua? What would it be like if we were to talk about Tawhirimatea being very influential in a person's life rather than this person has ADHD or conduct disorder? What if we were to talk about Whiro rather than substance abuse disorder? What if we were to acknowledge family separation issues rather than parent-child relational disorder? What instead of offering relaxation therapy or Cognitive Therapy we might offer Rongo or Tane therapy? What would this be like? How much more meaningful could it be for Māori tangata whaiora and Māori psychologists?

The purpose of such questioning is to remind both Māori and non-Māori clinicians that, as Māori, we already have therapeutic mediums within our culture, that can be utilised when working with tangata whaiora.

Training issues

When training clinicians about the potential use of purakau, there are a number of issues that arise:

- Currently within clinical psychology training settings, the majority of students are non-Māori. How appropriate is it for non-Māori to be learning more about the purakau and possibly teaching Māori about their own stories?
- Does the use of Māori therapeutic processes have a place in clinical psychology training settings?
- Should non-Māori be receiving training in this area or does this belong to Māori only?
- The use of purakau needs to be added to the kete of Māori psychology. How does this become an integral part of clinical psychology training?

Whilst there are no clear definite answers, what is paramount is that within

Māori psychology and clinical settings, the use of purakau continues to be utilised in both assessment and therapy. In essence, our tupuna have left us with stories, waiata, and whakatauki that provide us with teachings and perspectives on times long ago. Within contemporary society, we need to make some meaning of these stories and incorporate them into our contemporary lives in a meaningful and productive way. Further symposiums such as this, discussing ideas and research about Māori focused interventions, will only add to this kete of Māori psychology, and indeed assisting in 'making a difference'.

Acknowledgements

He mihi ki a Diana Rangihuna mo to wananga 'Mahi a nga atua'. The journey continues e hoa.

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