http://researchspace.auckland.ac.nz

ResearchSpace@Auckland

Copyright Statement

The digital copy of this thesis is protected by the Copyright Act 1994 (New Zealand).

This thesis may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- Any use you make of these documents or images must be for research or private study purposes only, and you may not make them available to any other person.
- Authors control the copyright of their thesis. You will recognise the author's right to be identified as the author of this thesis, and due acknowledgement will be made to the author where appropriate.
- You will obtain the author's permission before publishing any material from their thesis.

To request permissions please use the Feedback form on our webpage. http://researchspace.auckland.ac.nz/feedback

General copyright and disclaimer

In addition to the above conditions, authors give their consent for the digital copy of their work to be used subject to the conditions specified on the Library Thesis Consent Form.

Ngā whakāwhitinga: standing at the crossroads

Māori ways of understanding extra-ordinary experiences and schizophrenia

Melissa Taitimu (Te Rarawa)

Supervisor: Dr John Read

Co-supervisor: Dr Tracey McIntosh

A thesis submitted in fulfilment of the requirements

for the degree of Doctor of Philosophy

in Psychology,

The University of Auckland

2007

ABSTRACT

Indigenous peoples and ethnic minorities are being diagnosed with schizophrenia at significantly higher rates than majority groups all around the world. Aetiological literature reveals a wide range of causal explanations including biogenetic, social and cultural factors.
A major limitation of this body of research is the assumption of schizophrenia as a universal syndrome. When viewed through an indigenous lens, experiences labelled schizophrenic by Western psychiatry have been found to vary from culture to culture in terms of content, meaning and outcome.

The current project aimed to investigate Māori ways of understanding experiences commonly labelled 'schizophrenic'. The philosophical frameworks that guided the research were Kaupapa Māori Theory and Personal Construct Theory. A qualitative approach was used and semi-structured interviews were conducted with 57 participants including tangata whaiora (service users), tohunga (traditional healers), kaumatua/kuia (elders), Pākehā clinicians, Māori clinicians, cultural support workers and students.

Four categories were derived from qualitative thematic analysis. These being: making sense of the experiences, pathways of healing, making sense of the statistics and what can we do about the statistics. Overall, Māori constructions related to other indigenous constructions of mental illness and wellbeing cited in the international literature but were in stark contrast to current psychiatric constructions. The current project indicated Māori participants held multiple explanatory models for extra-ordinary experiences with the predominant explanations being spiritual. Other explanations included psychosocial constructions (trauma and drug abuse), historical trauma (colonisation) and biomedical constructions (chemical brain imbalance). Based on these findings, recommendations for the development of culturally appropriate assessment and treatment processes are presented.

ACKNOWLEDGEMENTS

This research was made possible by the awhi, tautoko and aroha (trust, support and love) of all of the research participants, rangahau whanau (Advisory Group) members and Māori organisations who shared their knowledge and experiences with me. The overwhelming sense of commitment and support I encountered from all gave me the fuel required to keep the fire of the research going. Most importantly, I want to thank the tangata whaiora who participated in this research. Although your journeys were varied, many of you took part for a similar reason. I often heard the phrases, "I want to do this for other Māori in my situation", "maybe I can share what helped for me and they won't have to go throughout what I went through," as the motivation behind participating. This sense of commitment was both inspiring and humbling. I have learnt a great deal personally from the conversations we have had both inside and out of the interviews. Many friendships have been forged that I know will go far beyond the reaches of this project.

In addition, thank you to the organisations who provided financial and academic assistance throughout the process of the research. Namely, The University of Auckland, The Māori Education Trust, The Ministry of Health and Ngā Pae o te Māramatanga. Ngā pae represents a pool of people and resources that became my lifeline during the research process. Having the opportunity to meet so many respected researchers, Māori and indigenous from around the world, meeting other Māori conducting PhD research in support meetings, at conferences and on the Ngā Pae writing retreats has been invaluable for my personal, cultural and academic development. Thank you to all of those involved at Ngā Pae for your support and constructive challenges that always made me believe I could achieve my goals.

The Advisory Group was developed to help navigate the sometimes turbulent waters of a PhD and monitor the development, maintenance and outcomes of the research. The whanau consisted of Dr Rhys Jones, Naida Glavish, Dr Patte Randal, Dr Jason Turuwhenua, Dr John Read, Dr Tracey McIntosh, Unlce Pio and Aunty Kiri Jacobs.

Rhys, your own research regarding rongoā Māori and primary health care was inspiring and informed the background for this project. Naida your korero each time we met facilitated a much deeper understanding of the concepts discussed in the thesis. You have a beautiful way of teaching about tikanga Māori. Patte, your path, your drive and your courage is a lesson to us all in the power of the spirit. Jason, even though you told me that you haven't done anything, you did! Your presence, your input and quiet way of supporting the kaupapa was much appreciated.

And a big, KIA ORA to my supervisors. John, your commitment and passion for your work has inspired many students, including myself. You have introduced me to some of the leading theorists and researchers in the area of schizophrenia from around the world. It is not until we are in these international forums that I realise the mana you have in this arena. I am privileged to have worked with one of the best. There is no other Pākehā I would trust more or recommend to supervise Kaupapa Māori research. You have a deep respect for our tikanga and eagerness to learn and understand. Tracey, I had to go in search of a Māori supervisor and you came to the rescue. I apologise if you have a long line of Māori psychologists asking for research supervision now as I cannot stop telling everyone how amazing it has been to have your support and guidance. You balanced my research with wider social implications within an international context. This multi-disciplinary collaboration, I believe, has enhanced the research in an immeasurable way. You are a wonderful role model for a budding young researcher such as myself.

Finally, to my kaumatua and kuia, Uncle Pio and Aunty Kiri. Aunty Kiri, you bestowed the name upon this research and gave it wings. Your encouragement and belief in another young woman from Pawārenga has been felt throughout. Uncle Pio, your humour and korero about some of the stories from up north (how it used to be) has given me so much. Your wisdom and ability to *see*, are what have made this research possible. I cannot thank you enough. You both blessed the research from the beginning. I know it made nanna much happier to know you were part of the journey.

I would also like to acknowledge my whanau. First to my siblings, you are all part of what makes me feel whole. Dean, I could tell you were impressed as a few time you would introduce me to a new person and within five minutes you'd say, "she's doing her thesis, it's gotta be 100 000 words, big ay?" Each time I wanted to get away from it all you were there with a ticket and a spare bed for me to come wherever you were around the world. Your company and the fun times have been the best medicine for the soul. Shelley, your encouragement and support was constant. Our surf trips and conversations were a lifeline, even though you keep on dropping in on me!! Chris, even though we are at opposite ends of the country I know your love and support is constantly there if needed. You, Gill and the girls are awesome. Thanks also to the rest of the whanau, cousins, aunties and uncles (especially Aunty Daph, Uncle Doc and Uncle Bob Pirini for helping with the process of interviewing up North). Our reunion gave me the extra motivation to head into the home stretch in the last six months. Special thanks to my nanna who has shared with me so many stories, helped me with the hui and interviews up North and has constantly been there for me even though it seemed this thing called a thesis would never end. You are the nucleus of our family, our heart beat. I also want to thank my partner Dave, your support and belief in my ability (even when mine was waning) on so many levels has made the completion of this thesis possible. Every partner should get a handbook at the beginning of a thesis outlining the trials and tribulations they will have to endure while with someone undertaking the task. This includes the inattention while I write for 12 hours on end, the ramblings about minute details of the research for hours, the proofreading, the freaking out because a file cannot be found and turning bedrooms/houses into mountains of books, journals and papers. Our trips away to take a break have given me so many beautiful memories and helped to recharge the batteries. To Dave's parents, Gail and Rau Kapa, your support to help conceptualise some of the concepts and providing a roof over our heads twice throughout this journey has been an immense help.

Finally, there are two people I want to say a special thank you to who were still felt in the spirit throughout the research. Aunty Becky, your phone call to a young Australian girl

saying ‘come over here, I have a job for you’ was the beginning of a journey that has brought me back to myself. Without your guidance and support to start university, I know I would not be here today writing this. Uncle Eddie, we really only got to know each other well through this research. Before you could see it’s fruits you were taken from us. I found a side to you that was selflessly committed to the wellbeing of the young men you worked with.

TABLE OF CONTENTS

ABSTRACT ..... **I**

ACKNOWLEDGEMENTS ..... **II**

LIST OF TABLES ..... **IX**

LIST OF FIGURES ..... **IX**

LIST OF APPENDICES ..... **IX**

GLOSSARY OF TERMS ..... **XI**

THESIS OVERVIEW **1**

1 WESTERN CONSTRUCTIONS OF SCHIZOPHRENIA **4**

1.1 A BRIEF HISTORY OF MADNESS 5
1.1.1 Spirits and shamans of prehistoric times *5*
1.1.2 The age of reason: knowledge versus beliefs *5*
1.1.3 The Church and State: Sinners and saints *6*
1.1.4 The great confinement *8*
1.1.5 The birth of psychiatry *8*
1.2 SCHIZOPHRENIA: A HISTORICAL PERSPECTIVE 10
1.2.1 Schizophrenia according to Kraeplin and Bleuler *10*
1.2.2 Schizophrenia today *13*
1.2.3 Scientific constructs: reliability and validity *13*
1.3 AETIOLOGICAL THEORIES 15
1.3.1 Biological and genetic explanations *15*
1.3.2 Psychosocial constructions *21*
1.3.3 Psychodynamic theories *22*
1.3.4 Family Pathogenesis Models *23*
1.3.5 Bio-psycho-social constructions *23*
1.3.6 Spiritual constructions *24*
1.3.7 The Experiencer's perspective *27*
1.4 SCHIZOPHRENIA: NEW ZEALAND MAINSTREAM TREATMENT 32
1.4.1 Alternatives to hospitalisation *33*
1.5 SUMMARY 35
1.5.1 The current research *36*

2 CULTURE AND PSYCHIATRY: THE INTERSECTIONS, THE SIGNPOSTS AND THE DIRECTIONS **37**

2.1 DEFINITIONS OF CULTURE AND INDIGENEITY 37
2.2 CROSS-CULTURAL PSYCHOLOGY, TRANSCULTURAL PSYCHOLOGY AND INDIGENOUS PSYCHOLOGY 39
2.3 COLONISATION: THE COLLISION OF CULTURE AND PSYCHIATRY 40
2.3.1 Historical trauma *41*
2.4 CROSS CULTURAL PSYCHIATRY: INVESTIGATING SCHIZOPHRENIA ACROSS CULTURES 45
2.4.1 Higher rates of schizophrenia for ethnic minority populations *48*
2.5 TRANSCULTURAL PSYCHOLOGY: RECOGNISING CONTEXT 52
2.5.1 The DSM-IV as a cultural construct *52*
2.5.2 Recognising socio-cultural context *53*
2.5.3 Recognising cultural explanatory models *54*
2.5.4 Culture bound syndromes *56*
2.5.5 Transculutral counselling and treatment *62*
2.6 INDIGENOUS PSYCHOLOGIES 63

2.7 SUMMARY 65
2.7.1 The current research *66*

3 MĀORI CONSTRUCTIONS OF ILLNESS AND WELLNESS 68

3.1 RESEARCHING MĀORI SPIRITUALITY 69
3.1.1 Continuity between the physical and spiritual realms *70*
3.1.2 Māori society *75*
3.1.3 Māori constructions of wellness *75*
3.1.4 Māori constructions of illness *77*
3.1.5 Resilience of Māori constructions and healing practices *80*
3.1.6 Tohunga: Māori healing *84*
3.1.7 Matakite *86*
3.2 COLONISATION AND MĀORI HEALTH 87
3.2.1 Taking our voices: The Tohunga Suppression Act *88*
3.2.2 Taking our words: Assimilation *89*
3.2.3 Taking our homes: Dispossession of lands and urbanisation *90*
3.2.4 Loss of identity *91*
3.2.5 The aftermath *93*
3.3 MĀORI EXPERIENCES OF MAINSTREAM TREATMENT 97
3.4 SOLUTIONS: FINDING A VOICE AND RETURNING HOME 101
3.4.1 The development of a Māori workforce *104*
3.4.2 Bicultural models practices and services *107*
3.4.3 Kaupapa Māori services *109*
3.4.4 Kaupapa Māori psychology *112*
3.5 SUMMARY 115
3.5.1 The current research *116*

4 THEORETICAL FRAMEWORK 118

4.1 QUALITATIVE METHODOLOGY 118
4.2 KAUPAPA MĀORI THEORY 121
4.2.1 Emergence of KMT *121*
4.2.2 KMT and research *124*
4.2.3 KMT principles *124*
4.3 FINDING A PSYCHOLOGICAL THEORY 132
4.4 PERSONAL CONSTRUCT THEORY 134
4.4.1 Emergence in the field of psychology: knower and known cannot be separated *134*
4.4.2 The experience cycle *134*
4.4.3 PCT: philosophical position *135*
4.4.4 PCT Corollaries *136*
4.5 SUMMARY: KMT AND PCT UNDER A QUALITATIVE PARADIGM 140

5 METHODOLOGY 141

5.1 WHO AM I? 142
5.2 WHERE DID I WANT TO GO? 147
5.2.1 Preparing the ground *148*
5.3 HOW DID I GET THERE? 151
5.3.1 Recruitment process *151*
5.3.2 Participants characteristics *152*
5.3.3 Pilot Interviews *155*
5.3.4 Final interview schedule and process *157*
5.3.5 Managing and analyzing the data *159*

6 RESULTS 163

6.1 MAKING SENSE OF EXTRA-ORDINARY EXPERIENCES 165
6.1.1 Common everyday experience........ 166
6.1.2 Whakapapa/ Tupuna........ 167
6.1.3 Matakite: Gift........ 171
6.1.4 Mate Māori: Māori illnesses........ 173
6.1.5 Trauma........ 179
6.1.6 Haurangi: Drug and alcohol abuse........ 180
6.1.7 Boundaries: cultural experience vs. Pākehā illness........ 182
6.1.8 Making sense of schizophrenia........ 189
6.1.9 Silence........ 193
6.2 PATHWAYS OF HEALING 194
6.2.1 Mainstream pathways........ 195
6.2.2 Māori pathways of recovery........ 206
6.2.3 Cultural/clinical interface........ 219
6.2.4 Assessment questions for Extra-Ordinary Experiences........ 230
6.3 MAKING SENSE OF, AND WHAT CAN WE DO, ABOUT THE STATISTICS 236
6.3.1 Making sense of the statistics........ 236
6.3.2 What can we do about the statistics?........ 242

7 DISCUSSION........ 247

7.1 ISSUES........ 247
7.2 LIMITATIONS 248
7.2.1 Sample characteristics........ 248
7.2.2 Methodological limitations........ 249
7.3 STRENGTHS OF STUDY........ 253
7.4 SUMMARY OF MAJOR FINDINGS........ 254
7.4.1 Making sense of EOE and schizophrenia 254
7.4.2 Pathways of healing........ 255
7.4.3 Making sense of, and what can we do about, the statistics?........ 257
7.5 RELATIONSHIP TO PREVIOUS FINDINGS 258
7.5.1 Resilience of Māori constructions........ 258
7.5.2 Multiple explanatory models of extra-ordinary experiences 263
7.5.3 Boundaries between cultural experience and Pākehā illness 265
7.5.4 Experiences of mainstream treatment........ 267
7.5.5 Experiences of Māori pathways........ 270
7.5.6 Facilitators and barriers to the success of the Cultural/clinical interface........ 273
7.5.7 Colonisation as an historical trauma for Māori........ 274
7.6 CLINICAL AND TRAINING IMPLICATIONS........ 277
7.6.1 The three C's: Centralising (Māori constructions) Control (of power in assessment processes) and Choice (of pathways for treatment)........ 277
7.6.2 Clinical and cultural descriptions of EOE 280
7.6.3 Towards a clinical/cultural assessment for EOE 281
7.7 THEORETICAL IMPLICATIONS 286
7.7.1 Kaupapa Māori Theory........ 288
7.8 FUTURE RESEARCH........ 289
7.9 PLAN FOR DISSEMINATION 292
7.10 CONCLUSIONS 293

REFERENCES 296

LIST OF TABLES

TABLE 1: DIFFERENCES BETWEEN MĀORI AND WESTERN HEALING SYSTEMS 85
TABLE 2: MĀORI IDENTITY DETERMINANTS AND MARKERS 92
TABLE 3: A COMMUNITY-UP APPROACH TO DEFINING RESEARCH CONDUCT 126
TABLE 4: KAUPAPA MĀORI RESEARCH: FINDING A BALANCE 128
TABLE 5: PCT PRINCIPLES IN RELATION TO CURRENT RESEARCH AIMS AND QUESTIONS 139
TABLE 6: DEMOGRAPHIC FREQUENCIES AND PERCENTAGES OF INTERVIEW PARTICIPANTS 153
TABLE 7: SUMMARY OF FOUR CATEGORIES AND THEMES DERIVED FROM PARTICIPANT INTERVIEWS 163
TABLE 8: THEMES AND SUB-THEMES FOR MAKING SENSE OF EXTRA-ORDINARY EXPERIENCES 165
TABLE 9: THEMATIC BOUNDARIES PLACED BETWEEN CULTURAL EXPERIENCE AND PĀKEHĀ ILLNESS ... 182
TABLE 10: SUMMARY OF THEMES AND SUB-THEMES FOR WHAT CAN WE DO ABOUT THE EXPERIENCE ... 194
TABLE 11: THEMES AND SUB-THEMES FOR MAKING SENSE OF THE STATISTICS AND WHAT CAN WE DO .. 236
TABLE 12: SUMMARY OF THE BOUNDARIES BETWEEN PĀKEHĀ ILLNESS, MATE MĀORI AND MATAKITE TAKEN FROM PARTICIPANT QUOTES 266
TABLE 13: CLINICAL IMPLICATIONS IN RELATION TO TREATY PRINCIPLES 278
TABLE 14: COMPARISON OF CLINICAL SYMPTOMS AND MĀORI CONSTRUCTIONS 281
TABLE 15: ASSESSMENT QUESTIONS FOR CONTENT, EFFECT, PERSONAL UNDERSTANDING AND CONTEXT OF EXTRA-ORDINARY EXPERIENCES 283
TABLE 16: ASSESSMENT QUESTIONS FOR FORM, DURATION, SUPPORT AND ATMOSPHERE OF EXTRA-ORDINARY EXPERIENCES 285

LIST OF FIGURES

FIGURE 1: TE PŌUNAMU MODEL 108
FIGURE 2: VISUAL REPRESENTATION OF THE RELATIONSHIP BETWEEN MĀORI AND MAINSTREAM PATHWAYS OF HEALING 280

LIST OF APPENDICES

APPENDIX A: DISSEMINATION BROCHURE

APPENDIX B: PARTICIPANT INFORMATION SHEET

APPENDIX C: PILOT INTERVIEW SCHEDULE

APPENDIX D: PILOT QUESTIONNAIRE

APPENDIX E: FINAL INTERVIEW SCHEDULE

APPENDIX F: CONSENT FORM

GLOSSARY OF TERMS

Term	Definition
Aotearoa	New Zealand
Aroha	Love
Atua	Māori gods
Awhi	Support, trust
Hapu	Sub-tribe
Hau	Property, wind
Hauora	Wellbeing
Haurangi	Under the influence of alcohol or drugs
He tangata he tangata	The people, the people
Hinengaro	The mental dimension
Iwi	Tribe
Ka nohi ki te ka nohi	Face to face
Karakia	Prayer
Kaumatua	Elder
Kawa	The processes of tikanga
Kehua	Ghosts
Kuia	Elders
Makutu	Curse
Mamae	Pain
Mana atua	Power derived from the gods
Mana Māori	Power of Māori as a collective
Mana tangata	Power derived from ones own life story
Mana tupuna	Power derived from ancestors
Mana whenua	Power of the land
Māori	Indigenous peoples of New Zealand
Māramatanga	Understanding/Clarity
Matakite	Seer, gifted person
Matauranga	Knowledge
Mate atua	Illness of the gods
Mate Māori	Māori illness
Mauri	Vital essence
Mirimiri	Māori healing via touch and massage
Moemoeā	Dreams
Mōhiotanga	Knowing
Ohonga	Part of the person e.g. hair
Pa	Traditional communal site
Pākehā	European New Zealanders
Papakainga	Home
Pohauhau	Form of mate Māori
Pōrangi	Form of mate Māori
Poroporoaki	Farewell ceremony

Rāhui	Restriction in order to restore mauri
Ritenga	Customary practice
Rongoa	Medicinal plants
Tangata	People
Tangata whaiora	People seeking wellness
Tangi	Funeral
Taonga	Treasure
taonga tuku iho	Treasures passed on by ancestors
tapu	Sacred, being with potentiality for power
Tatau	The collective
Tauiwi	Non-European New Zealanders
Tautoko	Support
Tikanga	Principles and practices set out by atua
Tinana	The physical dimension
Tino rangatiratanga	Self determination
Tohu	Signs
Tohunga	Traditional Healer
tuakana	Older sibling
Turangawaewae	A place to stand
Utu	Reciprocity
Wai	Water
Waiata	Song
Waiora	Wellbeing
Wairangi	Form of mate Māori
Wairua	The spiritual dimension
Wairuatanga	Spiritual practices
Waka	Vessel for travel
Whaiwhaia	Form of makutu
Whakama	Ashamed, embarrassed
Whakapapa	Genealogy
Whakawatea	Cleansing ceremony
Whakawhanaungatanga	The practices of family
Whanau	Family
Whare	House
Whare marie	House of learning the dark arts
Whare wānanga	House of learning
Whatumanawa	Emotional dimension of the self
Whenua	Land

THESIS OVERVIEW

Over the last couple of centuries a single paradigm, the medical model, has come to dominate the explanation and treatment of illness in Western society. Via legal and political means, indigenous models of illness and wellness have been wiped out or forced to the margins of many societies. This thesis aims to challenge the dominant medical model that has privileged psychiatric knowledges while suppressing others by repositioning indigenous construction at the centre of the research via a Kaupapa Māori framework.

Chapter One aims to deconstruct current medical constructions by presenting psychiatry as a culture in itself as opposed to a discipline dedicated to scientific truths. This chapter posits that t he culture of psychiatry has lead many clinicians to suffer from "cultural blindness" when working with indigenous and ethnic minority groups. Chapter One uses the tools of science to question the scientific validity and reliability of the construct "schizophrenia". I conclude that this construct is "unscientific" in itself. I will also look at three themes highlighted by other researchers regarding the treatment of mental illness throughout Western history: treatments are used as a form of social control; treatments can be dehumanising; and the dominance and power of the medical model to define who and what is considered ill. Chapter One also acknowledges the significant role of the consumer movement in developing more humane treatments.

Interactions between culture and psychiatry via colonisation are outlined in Chapter Two. I also critique research that is conducted cross culturally in terms of whether researchers attempt to establish the reliability of universal diagnoses or recognise local and unique constructions. Chapter Two challenges the commonly cited finding of higher rates of schizophrenia for ethnic minorities and indigenous peoples by questioning the validity of foreign cultural constructs to explain indigenous forms of illness. This chapter recognises indigenous and cultural constructions of what psychiatry labels 'schizophrenic'. To illustrate, three 'culture bound syndromes' will be discussed. The development of indigenous psychological paradigms is also presented to position the current research within this wider international movement.

Chapter Three summarises Māori constructions of illness and wellness. This chapter predominantly draws from early anthropological literature and subsequent psychological studies to represent the resilience of Māori constructions of experiences commonly labelled schizophrenic. In accordance with the experiences of other indigenous populations, this chapter also recognises the impact of colonisation on Māori beliefs and practices relevant to maintaining wellness. To illustrate the effect of colonisation, disparities in statistics between Māori and non-Māori for admissions and readmissions to inpatients units for psychotic disorders will be discussed. Explanations for these disparities will also be outlined. Within Chapter Three, the resistance and revival of Māori constructions is also recognised as a function of the development of bicultural and Kaupapa Māori Services.

Chapter Four, summarises the theoretical orientation of the research. This research is qualitative and assumes a post-modern critical paradigm. Two theoretical frameworks were used within this research (Kaupapa Māori Theory and Personal Construct Theory) to represent the two worlds in which the research was conducted (Indigenous and Western).

Chapter Five outlines the methodology by recounting a somewhat layered journey. Within the first section, 'Who am I', I have positioned myself by sharing my journey towards conducting this project. The second section, 'Where did I want to go', outlines the research aims and process of consultation. The final section summarises 'What I did' in terms of qualitative interviews and the process undertaken for interpretation and presentation of the data.

Chapter Six presents the results of the research according to the four categories developed from qualitative analysis. These were: 'Making sense of extra-ordinary experiences', 'Pathways of healing', 'Making sense of the statistics' and 'What can we do about the statistics'. Within this chapter I have attempted to present quotes with as little interpretation as possible (over and above sorting of themes) to allow the reader to make their own interpretations before reading the discussion.

Chapter Seven summarises the major findings from each category and relates the results to the national and international literature. Clinical and theoretical implications are discussed with

recommendations for future research. The limitations and strengths of the research are highlighted and conclusions drawn from the research journey. The plan for dissemination is also presented.

Finally, I want to share a somewhat personal reflection of the process of this research to provide the reader with an idea of my orientation to this topic. When I was younger I would play a game on the shore of the ocean that reminds me of my journey throughout this thesis. The goal of the game was to try and stand on the sun's reflection in the wet sand. No matter how much I chased the reflection, I was never closer to it. Sometimes I would stand in one spot, very still, as though the sun would be tricked if I snuck up on it. If I remained very patient and quiet and lifted my leg slowly it always felt as though I could get just that much closer to my target and maybe, for the first time, I would stand on it. But just as soon as I stamped my foot in a swift motion to capture the sun, it's reflection would escape and stop just as far away from me as it was in the first place. I am not sure about the physics of this phenomena but it kept me entertained for hours. This thesis truly felt like my old game. Each time I felt as though I was closer to 'standing' on the 'answers' they would slip away from me in an ocean of complexity. Just as I learnt to accept that the sun would always run away from me as a child, I have learnt to accept over the course of this research that complexity is the very essence of the experiences I have chosen to write about. The experiences I have written about change in shape and form depending on who we are researching, who is conducting the research, the approach undertaken, the setting, the time and so on. I suspect extra-ordinary experiences (experiences variously defined as psychotic, cultural or spiritual depending on our orientation) will never be clearly defined (as is the goal of biological psychiatry). So, in writing this thesis I am not attempting to put my foot down definitively upon *the* Māori way of understanding extra-ordinary experiences. I simply want to share my journey of understanding more about this set of experiences at a particular time, in a particular way with a particular group of people.