



A story illustrating Narrative Therapy in a cross-cultural conversation with someone approaching death (Revised)

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Abstract

This paper uses ethnographic fiction to explore and illustrate the Narrative Therapy practices I might engage with when meeting with a Māori woman who has a life-threatening illness. In it, I seek to show how I, as a Pākehā counsellor committed to honouring Te Tiriti o Waitangi might go about a therapeutic conversation with a Māori woman for whom marginalising discourses and the colonisation of Aotearoa New Zealand have had a key role in shaping her experience of cancer. This teaching story illustrates the unfolding of deconstructive questioning and working with the impact of oppressive discourses to begin a process of re-authoring some harmful identity descriptions.

Keywords: Narrative Therapy, Māori, cross-cultural, palliative care, cancer

An unexpected beginning¹

It was a busy morning at the hospice. I made my way into the community team's office and was greeted with a buzz of activity. One of the nurses called me, and I turned to greet her. In her hand was a referral letter. "Sasha, I was wondering if you would see this woman for counselling? Her name is Louise and she has advanced lung cancer.² Louise is refusing all treatment. It seems someone thought she was 'in denial' but I saw Louise yesterday and she told me she's not having any chemo' because she doesn't think she's worth it. Louise is Māori, but she's refused cultural support. Could you see her?" she repeated, as she handed me the letter.³

¹ For those readers interested in the use of stories to learn or teach narrative therapy see Carlson et al (2018) and Heath et al (2022). For additional examples of stories illustrating narrative therapy see Epston, 1989; Heath, 2015; Ingamells, 2014, Ingamells & Epston, 2016; Pilkington, 2014; 2016; 2021; 2022.

² This story was written with the permission of the person in it. All identifying information has been changed.

³ In Aotearoa New Zealand, Māori have a higher incidence of lung cancer and poorer survival rates than Pākehā (non- Māori). A number of barriers to early diagnosis and treatment have been identified including access to care, engagement with specialists, communication with specialist services and lack of culturally appropriate services (Kidd et al, 2021). Even though Louise's lung cancer was incurable, chemotherapy would offer her the chance of improved quality of life and an extended life span.

When someone responds in ways that others don't understand, it is common for judgements to be made from a position of "knowing best" what is right for that person. I find it more helpful to be curious about another person's world and to try and understand what is important *to them*. I also want to learn what they are taking into consideration that matters to them and is restraining them from taking a particular course of action. For example, what was Louise concerned about or prioritising that she had chosen not to accept chemotherapy? Often, when I have fully inquired into what matters to a person and what they are weighing up, their decision-making process and reasons becomes clear. At other times, the questions I ask can lead them to reconsider their decision and take another path. (See Chochinov, 2022)



“Of course,” I replied, disturbed by the thought that Louise didn’t feel she was worth treatment, but grateful the nurse had looked beyond the judgement that Louise was ‘in denial’ (Pilkington, 2017; Zimmermann, 2004). Before I could say any more, the nurse was summoned to the ‘phone and with a smile, I left to call Louise.

A few days later I pulled up in a beautiful driveway. Plants nourished by an attentive hand surrounded the house in front of me. As I got out of the car, I saw a slight woman emerge into the sunlight. Her dark hair gleamed as the rays of sun caught it and as I came closer, I saw she was smiling. Louise welcomed me warmly and, after I had removed my shoes, guided me into the house. We sat down at the kitchen table. Nearby stood a large kete⁴ filled with driftwood, each piece carefully placed to reveal a story. Woven mats hung on the walls and outside I could see clusters of red berries hanging below the fronds of a nikau palm. Artistry was evident in creating this home and I looked around with admiration.

After some further introductions, Louise eased herself back in her chair and looked at me expectantly. Tentatively I responded to her silent invitation with, “People are so much more than the illness they are living with and their current situation. Would it be OK to begin, maybe, with me asking you a bit about yourself... so that I might learn a little about who and what matters to you?”⁵ I

⁴ A kete is a basket usually woven from flax. Māori words are in common usage in Aotearoa New Zealand. I have chosen to leave such words in this text out of respect for the person in the story, and to uphold the mana of Te Reo Māori (the Māori language).

⁵ My intention in asking this question is twofold. I wanted to get to know Louise aside from the difficulties she was living with in ways that dignified her and brought forward her preferred stories of who she was. I also wanted to create space for culturally respectful ways of getting to know each other without assuming how she might wish to go about that. A broad question such as this one creates space for Louise to answer in ways that fit for her. In some instances, I may ask a person if there is a particular way they wish to begin, in order to create space for karakia (a ritual chant or prayer) or any other ritual that may be meaningful to them. Louise’s talk and refusal of cultural support led me to think such an invitation might be uncomfortable for her. I therefore held back on this occasion knowing I could raise it another time.

Building a relationship in ways that honour and create space for possible cultural identities a person may hold is important, especially if that culture has been oppressed. Such respect has effects on what kinds of conversations are made possible and can open up areas that are often overlooked. For example, acknowledgement of tikanga Māori (Māori cultural processes) can underpin the engagement of Māori in treatment (Kidd et al, 2021) and can be significant in generating a relationship in which stories of suffering can be told.

It was unusual for me to have this first meeting with Louise on her own. (It was Louise’s decision to do so.) I usually meet with many different constellations of families and most often see someone who is unwell with at least one other member of their family/ whānau. Louise introduced me to her family after this conversation and later brought different members of her wider whānau/ family in to see me when they visited from other parts of the country.



didn't name the illness as I didn't know what language she preferred to use or how she might wish to speak about her experience.

Louise responded immediately. "Sure! I'm married to Pete and we have three children. They're all really supportive, in and out of the house every day..."

Louise continued to share stories of her day-to-day life and I listened attentively, occasionally asking her questions so that I could learn more of what was important to her. I quickly learnt Louise was a hard worker and a committed parent. She made no mention of where she was from or her tīpuna.⁶

After a time, Louise paused and reached across the table to pick up a piece of paper. "Well, it's lucky you've come to see me on your own. I don't like groups because I lie in them. I'm a liar," she stated in a forthright tone, waving what I now realised was a support-group invitation from the hospice.

Struck by her honesty and trust in me, a stranger, I replied, "Would it be OK to ask what you mean when you say you lie?"⁷ In my mind was an awareness that some truths are more easily spoken than others, and for some people it was unsafe to voice or live their truth.

Louise responded, speaking in rapid buoyant tones, "Oh, I say what I think I should in groups...but then later I discover it would have been all right if I'd said what I really thought."

With all the respect I could convey, I replied, "What is your understanding of why you say what you think you should?"

Immediately Louise explained, "Oh, I tell a story to fit in."

I reflected that people usually have good reasons for what they do. "What is important to you about fitting in, do you think?"

Louise sat back in her chair looking thoughtful. "I like to fit in. When I'm in a community I'm proud of it. I like belonging to clubs. I wasn't brought up to do any sport or anything, so it means I can choose. I'm not tied to one thing."

⁶ The people Louise was descended from. For some Māori, this is an important part of forming a connection and getting to know each other.

⁷ This was a significant deconstructive question in our conversation. Deconstructive questions pull apart the threads of an idea so that a person can examine them. When we take up a stance of curiosity and ask a person about the particular meaning of common words and ideas to them, new therapeutic directions can open up.





Curious, I responded, “Would you mind me asking... how do you go about this fitting in?”

Louise paused. “I don’t know, but I’m really good at it,” she finally said.

“Are you a flexible kind of a person?” I offered.

“Sure am.” Louise nodded.

“Which kinds of communities or clubs do you like to fit in with?” I continued.

“I take the best of what’s around. People are good to me, kind,” Louise answered, as if she couldn’t quite believe her good fortune.

“Would you say you are someone who both accepts and appreciates the generosity and care of others?” I asked, noticing her gratitude.⁸

Louise began to tell me how she appreciated homemade gifts as opposed to bought ones. She elaborated on the care and effort in the presents people made and gave to her. Homemade fudge was so much better than a box of chocolates, she explained.

“Do you see the intention behind the gift, the love maybe?” I asked. Louise nodded as if this was obvious to her.

“What do you give to people in return when you accept their gifts, noticing the care and effort that has gone into making them?” I asked, highlighting the reciprocity in the way she received gifts.⁹

“They must feel the magic, because I do,” Louise answered matter-of-factly.

“People are kind,” she reiterated. “I have lung cancer. It’s an ugly cancer. I was so

⁸ As I learn more about Louise’s life, I am listening for *how* she goes about what is important to her and whether that way of living expresses Aristotelian ‘virtues’ that she values, such as for example; generosity, compassion, kindness, courage and love. I gather more stories of these expressions of *goodness* that are valued by Louise and these stories make up the backbone of the re-authoring process (White, 2007). I am mindful that ideas of what is important and considered virtuous sit inside cultural frameworks. Such themes of what people are engaged with in their life, and the virtuous ways they go about what engages them, are called “narrative values” by the philosopher Todd May (p. 73, 2015). May says it is these stories that can give a person a sense of living meaningfully. Such identity stories that describe valued qualities of a person are very helpful at the end of life. Not only do they lend meaning to a person’s life but they offer a way of responding to illness, treatment and dying that is not reliant on a well body. They can give a person a sense of agency at a time when they may be experiencing a lack of influence over their life (see also Pilkington, 2022).

⁹ Ideas that position a person who is unwell as ‘only receiving’ can lead them to feel a burden on others. I often inquire in detail into *how* a person receives the care of others and the experience they generate in the carer with the intention of highlighting the reciprocity in the relationship. The way we receive can give another person an experience of themselves as generous, kind, significant and worthy for example.





happy when they included me in the make-up day for women with cancer. I didn't think they would, what with me having a dirty cancer and them all having the pretty pink kind."

Taken aback, I responded, "Would it be okay to ask what you mean when you talk about your cancer as being dirty and theirs as a pretty pink kind?"

Louise lowered her head as she answered me. "My cancer is dirty because it's a smoker's cancer. It's my own fault."

Infusing as much respect into my voice as I could, I asked her in a quieter tone, "Would you mind me asking you some questions about how you began to smoke?" I reflected on how hard it would be to be a smoker with cancer and not afforded the support that other people living with cancer are offered. I tried to imagine being shamed at one of the worst moments in life, not allowed to feel sad or angry but being repeatedly blamed both vocally and silently.

"It was the 'in thing' to smoke," Louise explained. I nodded. Louise and I both came from a time when many people smoked.

"When I was 10, 11, 12 years old I pinched my mother's cigarettes for a naughty puff," she told me with a mischievous glint in her eye, evoking glimpses of childhood fun away from the surveillance of adult eyes.

"When you were 10, 11, 12 years old, do you think it was possible for you to realise the full implications of the naughty puffs?" I inquired, hoping to lessen the harsh judgement she extended towards herself alone.

"No. I didn't realise in my teens either. It wasn't 'till much later when I came to live around people who didn't smoke," she told me.

"How do 10-, 11-, 12-year-olds come to smoke, do you think? How do they come to think it's a good thing?" I responded.

"It's the way I was brought up. It was a hard life. It wasn't 'till I started playing sport that I realised there were different ways of living, that some kids had a bed each and enough to eat.¹⁰ My parents were hard people. They smoked and drank," Louise conveyed with a frown.

¹⁰ Moana Jackson vividly describes the processes of how colonisation robbed Māori of a sense of home in their own land and what was lost. "When you take away the whenua from a people who regard themselves as tangata whenua; when you take away their ability literally to touch the mountains; if you limit their ability to dream their own dreams; if you take away the earth upon which they stood with love; then you render them homeless in the



In my head I did a few calculations. Louise would have been growing up after the Second World War when many Māori were living in poverty. I thought about her family and wondered if Louise had a grandfather who fought in World War One. I knew of Pākehā returning servicemen who had been allocated a farm in the ballot after fighting in World War One, while my friend's *tīpuna*¹¹ who fought in the Māori Battalion returned to discover his ancestral lands had been confiscated. There were many possible reasons for why Louise's family experienced hardship.

"What is your understanding of how they came to be like that?" I asked.

"Maybe it's 'cos they grew up in the Depression.¹² It was a hard life, and they worked hard and partied hard. Yeah, they were hard people," she repeated.

"Hard lives can have people turning to cigarettes and drink to ease things, especially when there is trauma and hurt that comes with it," I commented.

"What do you make of there being cigarettes for sale when we all know they kill people?"

We pursued this line of questioning for a bit longer, with me seeking to broaden the responsibility for smoking into our societal context so that Louise wasn't left to shoulder it entirely on her own. However, I noticed myself beginning to labour a little in the conversation and started to wonder if I might be more interested in taking such a direction than Louise was. So, I listened harder for what was important to her.

"Yeah, well..." Louise pondered. "I left home at 13 to get away from it all. I knew I had to get out. The beatings, the life... My fault I smoked... Miracle I survived this far. The shame of it has been with me since I've had children."

"What was important to you that you knew you had to get out?" I wondered.

"I wanted to get away from the cigarettes and the booze...", Louise elaborated.

"Do you know what it was that was important to you that you wanted more from life, that you didn't just accept the cigarettes and booze?"

most complete sense (Jackson, 2022, para 25." (Whenua means land and tangata whenua means people of the land.)

¹¹ *Tīpuna* means ancestor in the Māori language.

¹² During the depression Māori were harder hit than Pākehā. Māori were often the first to lose work, and were paid lower unemployment benefits than Pākehā. The situation with benefits was only rectified in 1936 (Waitangi Tribunal, 2004, p. 659).





“I wanted a better life and to live it,” Louise explained.

“May I ask, what sort of better life did you want?”¹³

Louise told me how she wanted a home and security. “I wanted a bed of my own and to know where I was sleeping each night,” she explained.

“What steps did you take towards getting a better life?” I inquired.

“I went white.”

The words hung in the air, heightening my awareness that I, a privileged Pākehā, sat at her table. I wondered how I was selling her short.

Louise continued, “I knew I had to leave if I was to survive, so I hung around with my white friends. When I left, I got away from a lot. Not just the cigarettes. I made sure I fitted in, and it was my ticket out.”

“Would you say fitting-in saved your life?” I asked her.

“Definitely, I had to get away from the other lot.”

She watched me, seeming to wait to see how I would respond. I reflected on Louise calling her own people “the other lot.” I could hear the racist discourse ringing in my ears, inviting the harshness to be because they were Māori, rather than taking into account the devastating effects of colonisation on generations of Māori people.

“Could you help me understand a little more of what you mean when you say ‘the other lot’?” I inquired.¹⁴

“Māori,” she replied, sounding like she was repeating something rather than truly believing it.

Louise waited, her body tense and alert.

“Colonisation has been very hard on the Māori people,” I ventured, thinking of the decades of injustices Māori had endured. “Do you think that the drinking and smoking and what you went through was because they were Māori, or do you

¹³ I cannot assume I know what “a better life” means to another person.

¹⁴ My intention in asking this question was to make the racist discourse visible so that we could examine it together.



think it could have been because of the hardness of life and what it did to the family?”¹⁵

Louise’s shoulders dropped and she was quiet for a moment. “I’ve forgotten who I am,” she rasped sadly.¹⁶

Before I could respond, she ploughed on, seeming to contradict herself with what could have been growing pride in her voice. “I do all the old stuff: knitting, cooking, sewing, carpet-making. I paint.”

“Are you a creative person?” I asked her, smiling. “And the garden?”

Louise enthused about her garden.

“Are there threads of who you are in the old arts?” I asked her.

Louise considered. “Yes, I think there are.” She seemed to meditate on this for a moment, then looked me in the eye. The corners of her mouth crinkled up as a smile formed briefly. “But then I forget,” she added, looking shamefaced again.

“Colonisation can do that to people...get in the way of being connected to who you are... Not surprising when there were laws trying to do just that,” I said sadly.¹⁷ I reflected on the children who had been beaten in school because of laws that forbade them to speak Te Reo Māori and the efforts to suppress Māori cultural practices. “There can be a heavy cost when you are forced to turn ‘white’

¹⁵ Note the way I scaffold my question with a statement. Louise immediately recognised how I was positioning myself and responded. Consider the harmful impact if I had let the moment pass without addressing such an idea and one that included Louise in its judgements. We could ask, what was made possible in the conversation following these moments when I sided with her and her whānau against racist discourses?

¹⁶ This is an example of how Māori meanings can be lost in translation (Mutu, 2004). When Louise referred to who she was, she was not speaking of an individual internal construct of self but a relational self. Included in who she understood herself to be were her connections to her tīpuna, her whānau, the whenua (land) and moana (sea). In this conversation, Louise is considering the elements of whanaungatanga that she wishes to be connected to and that have been disrupted by colonisation. I, in turn, am referring to a relational self when I reflect on what has got in the way of her connecting to who she is. When I asked my colleague Barbara O’Loughlin of Marutūāhu and Ngāti Hauā, to describe her understanding of who she was, she answered me, “I whakapapa to the maunga (mountains), to the moana (sea), the awa (river), to my tīpuna, to my whanau and to te ao Māori (the Māori world), (personal communication, November 24th, 2022)”. There is no “I” or “self” that matches the construct shaped by dominant Western discourse in her understanding of who she is.

¹⁷ In the late 19th century and early 20th century, statutes were passed that suppressed Māori cultural practices (for example the 1907 Tohunga suppression act that intended to stop traditional healing practices), and forbade children from speaking te reo Māori (the Māori language) in school (Crocket, 2013).





to survive. Would it be OK to ask if there has been a cost for you?”¹⁸ I thought about what it might be like to forget who I was. Emotion stirred in my belly.

“I don’t have a belonging,” Louise confided. “I feel I’m a betrayer.”

Deep sadness leaked into the air around us. It hovered, seeming to draw us together. We sat in silence.

After a time Louise gradually seemed to recover, and in a bright voice she said: “You know I’m Scottish. I identify as Scottish.” I looked into her beautiful brown face, with its broad nose and dark brown eyes, framed by the sweep of almost-black hair.

I responded then, not as I would to a Pākehā with a question, but in the way of Māori (Lacey, Huria, Beckert, Gillies, & Pitama, 2011) who connect through the people and the land they come from, *whanaungatanga*.¹⁹ I adjusted my phrasing according to shades of *tikanga* Māori²⁰ and said, “The people I come from are Scottish. They belong to the clan of Callum. They come from the highlands of Scotland.” My intention was to tell her we were connected, and in telling her this and in the way I phrased it, I wanted to say, “I also acknowledge your Māori side and it is beautiful,” though this was implicit.

My disclosure resonated with Louise immediately. Laughing, she jumped out of her chair and rushed off to gather photos of all her grandparents who had died long ago. She introduced me to her Scottish grandmother, whom she loved dearly. “She taught me the old arts,” Louise explained.

“Were you a willing learner?” I asked her.

“Yes, I took in what I wanted and spat out what I didn’t.”

¹⁸ How we step into questions can create space for new responses or directions. The acknowledgments leading into my question are important scaffolding in generating possible ways of responding from Louise.

¹⁹ *Whanaungatanga* is the practice of including, fostering, nurturing and developing a sense of belonging in family relationships. I understand *whanaungatanga* to be the honouring of a person’s connections, that of family and social relationships in the broadest sense. This includes both people who are living and those who have died. *Whanaungatanga* stands in contrast to Western ideas of individualism.

²⁰ Māori processes/ protocols, in this case a process of introduction. I am speaking in English some of the words from my *pepeha* (my formal introduction in the acknowledgements section) at the beginning of this paper. A *pepeha* is a way of introducing yourself that tells who you are through the land, water and people you are connected too. Louise easily recognised my statements of where my people came from as respect for her Māori ancestry.



“May I ask what you value about your Māori side?” I inquired, appreciating that the photos were of both sides of her family.

“Māori love fully and unconditionally, no questions asked, no grudges.”

“How do *you* love?”²¹ I asked, hoping to make visible a thread of whakapapa²² (see Swann, Swann & Crocket, 2013).

Louise proudly announced: “I love like a Māori!”

Warmly, I responded, “Can you tell me some stories of how you show that knowledge of loving?” I wanted to strengthen Louise’s description of herself as having the ability to love fully. It stood out in contrast to her sense of not being worth chemotherapy.

Louise was off, taking centre stage. I listened, grinning, delighted by her rich and lengthy stories of such loving. I then asked her questions of how she came to learn such loving and we tracked knowledge of love through the generations in some long overlooked stories.

“Who in your life knows that you have this knowledge and way of expressing yourself?” I asked.

“All my friends!” Louise responded enthusiastically.

“Could it be that you have captured aspects you value from both worlds with your fitting-in ability?” I asked, after a moment’s reflection. Louise embraced this possibility seemingly for the first time. Her enthusiasm bubbled. We went over her mothering and loving of her children, with Louise adding details such as “...but the car is warranted.”

“Could it be you are not a betrayer if you’ve made the best of both your Māori and Pākehā sides?” I slipped in the word Pākehā, the Māori word for non-Māori, to give weight to Māori knowledge. “You’re right, I’m not,” she told me. Then, as she thought about it, her voice firmed. “No. I have been clever, I haven’t got off-

²¹ When people make broad generalisations, I often ask them a question that makes the statement personal and relating to them rather than getting into a discussion about the generalisation and how accurate it is.

²² *Whakapapa* means genealogy. It refers to a “framework that links all animate and inanimate, known and unknown phenomena in the terrestrial and spiritual worlds” (Rāwiri, accessed 2021). In this case I am seeking to link Louise to her Māori heritage in such a way that she feels connected to the mana (prestige) of those who have gone before her.



side with anyone. I have danced on both sides of the fence.” Louise smiled fully at me. It was a beautiful sight.

Smiling back, I continued, “If you were to think of yourself as a person who can dance on both sides of the fence, what difference might that make to how you are living your life?”

“Well, just everything,” she exclaimed exuberantly. Idea after idea quickly followed.

“If this ability you have to dance in two worlds was one that you kept in your mind, what might it keep you in touch with that is important to you?”

“That I’m OK. Sasha, it’s going to change my life!” Louise’s joy once again spilled over. I was overwhelmed. How generous she is, I thought.

“Do you think it will make a difference to how you live with cancer?” I asked.

A little later, I started to draw the conversation to an end mindful that we still had more to talk about.

“Sasha, I like this talking,” Louise exclaimed, with bouncing joy. “Today I discovered I’m not a liar!”²³

I drove back to the hospice with sadness stuck to me rather than her happiness. All I could think of was Louise...a Māori in a sea of Pākehā. I thought of the times when I have felt apart, out of step, disconnected and the only one. I tried to take myself there, but I knew it was not the same. When I arrived back at the hospice, I wondered what I might have missed, what I didn’t ask. Later, as I reflected with Niwa, my Māori colleague and friend, I was reminded of the bridges that friendship, love and respect can provide.

A few days later, I heard from the nurses that Louise had decided to have treatment for her cancer. Louise later explained to me, “I felt worth it after we talked.”

When Niwa and I met with Louise and her family a few weeks later, we heard the good news she was improving. A short time of respite from the cancer beckoned.

²³ Our identity descriptions don’t just speak to our past and to whom we think of ourselves as being, they influence our future decision making and what we think is possible for us. When Louise reached the conclusion she wasn’t a liar, new possible ways of responding became available to her. Louise told me later that she never again said things she didn’t really believe in order to fit in. Instead, she chose to use her fitting in ability in ways that honoured her past and more closely aligned with her values.



Postscript

This story illustrates one way a counsellor might go about such a conversation. It is not the only way to respond. I carry the knowledge that I have many blind spots, especially in conversations that are cross-cultural. I am also aware that I am the recipient of the kindness and generosity of the people with whom I meet. This story does not represent a 'right way' to practice but rather is written in response to a question I ask myself: "What does my commitment to the principles of Te Tiriti O Waitangi²⁴ look like in practice?"

References

- Crocket, A. (2013). Exploring the meaning of the Treaty of Waitangi for counselling. *New Zealand Journal of Counselling*, 33(1), 53-67.
- Carlson, T.S., Epston, D., Haire, A., Corturillo, E., Lopez Huerta, A. & Pilkington, S.M. (2017). Learning narrative therapy backwards: Exemplary tales as an alternative pedagogy for learning practice. *Journal of Systemic Therapies*, 36(1), 94-107. <https://doi.org/10.1521/JSYT.2017.36.1.94>
- Chochinov, H. M. (2022). The platinum rule: Anew standard for person-centered care. *Journal of Palliative Medicine*, 25(6), 854-856. <https://doi.org/10.1089/jpm.2022.0075>
- Epston, D., Heath, T., Ingamells, K. & Pilkington, S.M. (2016). Exemplary tales: Virtual apprenticeships. *Journal of Systemic Therapies*, 35(2), 56-70. <http://www.narrativeapproaches.com/wp-content/uploads/2018/03/jsyt.2016.35.2.56.pdf>
- Epston, D. (1989). *Collected papers*. Dulwich Centre Publications.
- Epston, D. (2016). In pursuit of children's virtues: The wonderfulness interview. In D. Marsten, D. Epston, & L. Markham (Eds.), *Narrative therapy in wonderland: Connecting with children's imaginations and knowhow (npp)*. WW Norton & Company.

²⁴ The version of the Treaty of Waitangi that was distributed to Māori. The Treaty of Waitangi is Aotearoa New Zealand's founding document. There were two versions, one in English, The Treaty of Waitangi, the other in Te Reo Māori (the Māori language), Te Tiriti O Waitangi. The Treaty is an agreement between the Crown and 540 Rangatira (chiefs) that contained articles to guide the founding of a nation state and build a government of New Zealand. In the English version, Māori cede sovereignty of Aotearoa, while in the version Māori signed, they agreed to give the Crown exclusive rights to buy land in return for full rights of ownership to their land, forests, fisheries and other possessions. It was first signed on February 6th 1840.





- Freedman, J. & Combs, G. (1996). *Narrative therapy. The social construction of preferred realities*. WW Norton & Company.
- Heath, T. & Arroyo, P. (2015). Spitting the truth from my soul: A case story of rapping, probation, and the narrative practices. Part 1. *Journal of Systemic Therapies*, 34(3), 77-90. <https://doi.org/10.1521/jsyt.2015.34.3.77>
- Heath, T, Carlson, S.T., & Epston, D. (Eds). (2022). *Reimagining narrative therapy through practice stories and autoethnography*. Routledge.
- Ingamells, K. (2016). Wilbur the worrier becomes Wilbur the warrior: A teaching story for narrative family therapists. *Journal of Systemic Therapies*, 35(4), 43-57.
- Ingamells, K. & Epston, D. (2014). Love is not all you need: A revolutionary approach to parental abuse. *Australian and New Zealand Journal of Family Therapy*, 35(3), 364-382. <https://doi.org/10.1002/anzf.1069>
- Jackson, M. (2022, November 20). *Moana Jackson: What it means to be at home in this land*. E- Tangata. <https://e-tangata.co.nz/comment-and-analysis/moana-jackson-what-it-means-to-be-at-home-in-this-land/>
- Kidd, J., Shemana, Cassim, S., Rolleston, A., Chepulis, L., Hokowhitu, B., Keenan, R., Wong, J., Firth, M., Middleton, K., Aitken, D., & Lawrenson, R. (2021). Hā Ora: Secondary care barriers and enablers to early diagnosis of lung cancer for Māori communities. *BMC Cancer*, 21(1), 1-9. <https://doi.org/10.1186/s12885-021-07862-0>.
- Lacey, C., Huria, T., Beckert, L., Gilles, M. & Pitama, S. (2011). The Hui Process: a framework to enhance the doctor-patient relationship with Māori. *The New Zealand Medical Journal*, 124(1347), 72-78.
- May, T. (2015). *A significant life. Human meaning in a silent universe*. The University of Chicago Press. <https://doi.org/10.7208/9780226235707>
- Monk, G., Winslade, J., Epston, D. & Crocket, K. (Eds.).(1997). *Narrative therapy in practice: The archaeology of hope*. Jossey-Bass.
- Mutu, M. (2004). The humpty dumpty principle at work. In S. Fenton (Eds.), *For better or worse: Translation as a tool of change in the South Pacific* (pp. 11-29). Routledge.





- Pilkington, S. M. (2014). Traveling on the journey to death: A story illustrating narrative practice with someone approaching death. *Journal of Systemic Therapies*, 33(4), 79-93.
- Pilkington, S.M. (2016). Insurance policies for miracle cures: A story illustrating narrative counselling practice with someone approaching death. *Journal of Systemic Therapies*, 35(2), 71-87.
- Pilkington, S.M. (2017). Deconstructing denial: Stories of Narrative Therapy with people who are dying and their families. *Journal of Narrative Family Therapy*, 1, 54-75.
- Pilkington, S.M. (2018a). A story illustrating Narrative Therapy in a cross-cultural conversation with someone approaching death. *New Zealand Journal of Counselling*, 38(1), 39-49.
- Pilkington, S.M. (2018b). Writing narrative therapeutic letters: Gathering, recording and performing lost stories. *Journal of Contemporary Narrative Therapy*, Special Release, 20-48.
- Pilkington, S.M. (2021). Narrative Therapy with someone experiencing significant loss and grief: An illustration with reflections on practice. *Journal of Contemporary Narrative Therapy*, 1, 58-97.
- [Pilkington, S.M. \(2022\). Deciding how to die: Narrative Therapy in palliative care with someone considering stopping dialysis. *Journal of Contemporary Narrative Therapy*, 2, 27-61.](#)
- Swann, B., Swann, H. & Crocket, K. (2013). Whakapapa narratives and whānau therapy. *New Zealand Journal of Counselling*, 33(2), 12-30.
- Rāwiri, T. (n.d). 'Whakapapa – genealogy - What is whakapapa?'. Te Ara - The Encyclopaedia of New Zealand. <http://www.TeAra.govt.nz/en/whakapapa-genealogy/page-1>
- Waitangi Tribunal. (2004). The mohaka ki ahuriri report. *Waitangi Tribunal*, <http://www.waitangitribunal.govt.nz/reports/view.asp>.
- White, M. (2007). *Maps of narrative practice*. WW Norton & Company.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. Dulwich Centre Publications.



Zimmermann, C. (2004). Denial of impending death: A discourse analysis of the palliative care literature. *Social Science & Medicine*, 59(8), 1769-1780.