

HONOURING TIKANGA: CULTURALLY ADAPTING DIGITAL STORYTELLING FOR MĀORI WITH CHRONIC PAIN

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Introduction:

Digital Storytelling (DS) workshops are increasingly used in health research to give voice to people's lived experiences. For Māori, storytelling is already a deeply held cultural practice. This study explored how DS methods can be culturally adapted for Māori with chronic pain and how participants experienced these adapted workshops.

Figure 1. Established Process for Digital Storytelling Workshops and Digital Story Creation



Method:

Two DS hui (workshops) were held on marae, guided by kaupapa Māori research principles. The hui focused on stories of opioid tapering for chronic pain. Māori participants (n=11) and Māori research team members (n=5) were interviewed about the digital storytelling process and their experiences. Interviews were recorded (where possible, or extensive notes were taken), transcribed and coded by two researchers. Analyses: 1. Cultural adaptations that were made to the established digital storytelling workshop processes were listed and the Māori values that each adaptation upheld were established through team discussion. 2. Interview data were analysed using the six steps of reflexive thematic analysis to describe experiences of cultural adaptations to digital storytelling. The study was approved by the Health & Disability Ethics Committee and all participants provided informed consent.



Results:

Cultural adaptations were grounded in eight key Māori values, displayed in **Figure 2**. The eight values were:

- Wairuatanga (spiritual care and connection), supported by karakia (prayer) and blessing hui
- Whanaungatanga (relationships) established using whakwhanaungatanga (introductions to form connections)
- Whānau (family) were included and young children welcomed
- Respect for Tikanga & Āhurutanga (customary protocols and safety). A powhiri was held
- Manaakitanga (hospitality) and sharing kai (food)
- Hikitia ngā tangata katoa (to lift people up, support them) with respect and empathy
- Tātou Tātou (reciprocity) including gifting personalised artwork of stories
- Kotahitanga (togetherness) established including through waiata (song)

Figure 2. Image displaying the key Māori values underpinning cultural adaptations made to digital storytelling methods and their impact (image credit: Te Aho Toi). The image depicts eight pou (pillars) representing the eight values, surrounding a takarangī/rauru (swirling heaven/spiral) to represent creation, generation and balance, and reflect the healing space of the story circle.



Participants' experiences were described with two main themes:

Theme One: "You were in this bubble" – tikanga (protocol) created a safe, validating space for sharing stories

Participants emphasized the importance of a safe, comfortable space to share stories, and agreed that following tikanga (protocol) facilitated this. They described feeling spiritually safe after the powhiri, feeling comfortable with the marae location, appreciating the passing of the mauri (lifeforce) stone to create connections with each other and the research team. Participants described feeling respected and valuing the reciprocity expressed through the gifting of meaningful artwork. They explained how the kai (food), welcoming children, use of karakia and waiata put them at ease.

"I've never felt more comfortable on a marae, practically ever"

"It was healing; I know I left there feeling a lot better just having released that"

Theme Two: "A massive release" – storytelling fostered healing, connection, and emotional release

Participants explained that digital storytelling was a healing experience due to four key processes. First, the whanaungatanga (connections) with others helped them overcome longstanding feelings of isolation and self-blame. Second, the process of telling their story allowed participants to express and release painful emotions. Third, participants felt empowered by the shared kaupapa (purpose) to create a resource to support others with chronic pain. Fourth, participants experienced validation that their stories were respected and valued by others.

Conclusions:

When grounded in kaupapa Māori values, DS can become a culturally safe and transformative research method for Māori living with chronic pain. The process itself offered healing and strengthened collective wellbeing through connection, expression, and shared purpose, giving it potential to be used as a therapeutic tool.

The digital stories have now been co-designed into an online resource for people with chronic pain considering tapering opioids. The research team are trialling the resource and currently recruiting adults with chronic non-cancer pain who are considering reducing opioids.

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